AN EXPLORATION OF THE CHALLENGES FACED BY HOSPITAL BASED SOCIAL WORKERS DURING THE COVID-19 PANDEMIC IN THE OMUSATI REGION, NAMIBIA

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DEDICATION

This research paper is dedicated to my late dear father, Immanuel Mutilitha, who brought me into this world and laid a solid foundation for me, and from whom I learnt that success requires dedication and hard work. My heartfelt gratitude also goes to Scholastika Lucian, my dearest mother, who taught me discipline. To my sister Agrippine Kaanandunge, who has been constantly motivating and encouraging me to complete my work with genuine self-assurance for years and months. To Jerobeam Shatiwa, my husband, who has sacrificed his time to care for ourfamily when I was not present.

DECLARATIONS

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ABSTRACT

The purpose of this study was to explore the operational challenges that hospital based social workers faced throughout the period of the COVID-19 pandemic. The research also focused on the effects of the COVID-19 on hospital based social workers, and the coping strategies hospital based social workers employed to reduce the severity of the challenges brought about by the same pandemic. The research utilized an exploratory qualitative design. In-depth interviews were performed with ten (10) individuals who were intentionally selected, and their comments were recorded, transcribed, examined, and reviewed. Participants were hospital-based social workers recruited via non-random, deliberate sampling procedures. Through thematic analysis using open coding, themes and subthemes were developed, and these were examined in detail with supporting literature. The findings of the study were safety concerns and risks, professional dilemmas, decreased capacity to engage in self-care and increased adoption of unhealthy habits, loss of interaction between social workers, and emotional discomfort. The impacts of the pandemic extended as far as having hospital-based social workers (SW) participate in distant operations with diminished engagement; happiness was affected; there was the loss of jobs, early retirement for some, and stress, among other things. To try to reduce the detrimental consequences of the pandemic, several coping strategies were put in place, such as the WFH policy, decontamination of offices, national lockdowns, natural cures, and the provision of tele-behavioral therapy to clients. Building on existing pandemic preparation frameworks, these findings might enable future studies to create both individual and systemic solutions. It will also assist Ministry of Health and Social Services to request training institutions of higher learning to actively enroll men in the social work course. Furthermore it will help in fast-track access to technology for the Omusati Region staff, which consists of hospitals, health centers, and clinics, and to provide devices (e.g. smart phones, laptops) to the focal emergency staff. Clients can become more comfortable with technology-enabled care, such as using existing training curricula, by receiving training on how to use Zoom, Teams, and other platforms of communications.

Keywords: *operational challenges, social workers, COVID-19 pandemic, coping*

strategies,

LIST OF TABLES

ABBREVIATIONS & ACCRONYMS

COVID-19	Corona Virus Disease -2019
IEQ	Indoor Environment Quality
IT	Information Technology
JDR	Job Demands Resources
MoHSS	Ministry of Health and Social Services
NASW	National Association of Social Workers
SARS	Severe Acute Respiratory Syndrome
SW	Social Worker
WFH	Working-From-Home
WHO	World Health Organisation
PTSD	Post-Traumatic Stress Disorder

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

The rapid spread and high incidence of mortality globally led the World Health Organization (WHO) to declared COVID-19 a global health pandemic in March 2020 (WHO, 2020). Its ugly effects have brought a noxious health, psychosocial and economic impact all over the world (Liu, Kakade & Fuller, 2020), with unmatched universal travel restrictions (Kumar, Kumar, Aggarwal, & Yeap, 2021). There was overwhelming demand for services including social work services. This pandemic also retarded the operations of social workers in many ways. The rationale behind the study is to investigate the various operational challenges faced by hospital social workers in the Ministry of Health and Social Services (MoHSS) in the Omusati Region of Namibia as a result of COVID-19 2020-2021.

This chapter presents the background of the study, the statement of the problem, the significance of the study, and the research objectives of the study. It also presents the aims of the research, the limitations and delimitations of the study, as well as the definitions of the main terms in the research.

1.2. Background to the Study

According to WHO (2020), COVID-19 was likely to place healthcare workers at a greater risk of infection in their various workplaces even when provided with all the necessary protection tools. The first COVID-19 cases in Namibia were recorded in Khomas Region in March 20, 2020, and in Omusati Region in July 20, 2020. Namibia declared state of emergencies on the 17 March 2020 and on the 23 March 2020, Namibia was put on down. After the multi-sectoral intervention committees were set up to fight the pandemics. Social services were mobilized to provide psychosocial support services to COVID-19 patients and their families under precarious circumstances.

The global outbreak of the coronavirus pandemic prompted the shift to remote work in many industries to prevent the spread of the virus (Kniffin & Ashford, 2021). However, in the health sector these proved not applicable to all staff members' especially health care workers such as nurses and doctors, Allied Health care workers such as pharmacists, social workers, occupational therapist, physiotherapist, and support services such as cleaners, cooks, facility maintenance officers and drivers.

The new norm under which frontline workers operated became challenging for social workers to provide services (Liu et al., 2020). Counselling and interviews are conducted face-to-face but with the new COVID-19 protocols, health workers including social workers were wearing PPEs that covers the whole body and face masks, providing counselling became challenging. SW's conducted services like home visits and provided services to clients at home which meant that they encountered infected and possible infected clients.

The use of telephones and virtual meetings to talk to clients are some of the alternatives that were also used to render services (WHO, 2020). These methods required gadgets and technical know-how (Liu et al., 2020). This made the work of social workers more complex and riskier as they had to visit clients at their homes. Dhama et al. (2021) found out that in India, social workers expressed anxiety, stress, and fear whilst providing direct client care during COVID-19 pandemic. This study will highlight challenges experience by social workers in the health ministry during this period.

1.3 Statement of the Problem

The outbreak of the COVID-19 epidemic has prompted an unprecedented surge in the demand for essential medical equipment, protective accessories, and vital supplies, all aimed at safeguarding the well-being of healthcare workers (Hill et al., 2021). In the annals of 21st-century diseases, the COVID-19 pandemic stands distinguished, recognized by none other than the World Health Organization (WHO) as one of the most highly

contagious and impactful global health crises (Liu et al., 2020).

Amidst the intricate web of uncertainty that shrouds the facets of COVID-19 – its transmission dynamics, preventive measures, and trajectory – a group of unsung heroes emerged: social workers. Positioned at the forefront of healthcare, these individuals undertook the vital role of delivering much-needed psychosocial support to both those afflicted by the virus and those who became its victims (WHO, 2020). In this daunting context, the pandemic presented a grim reality: more than 40,000 healthcare workers worldwide fell prey to the virus as they valiantly cared for their patients (World Health Organization, 2020). This impact resonated across regional borders, making itself felt in neighbouring territories like the Republic of South Africa, where the toll of the pandemic saw over 500 healthcare workers infected since its initial emergence.

In the midst of the global COVID-19 pandemic, Namibia, situated in the same geographic region as the Omusati Region, faced its own set of formidable challenges. The Ministry of Health and Social Services (MoHSS, 2021) highlighted the significant impact of the virus on healthcare professionals in Namibia. Disturbingly, the report revealed that over 50 healthcare professionals, including hospital-based social workers, were infected with COVID-19 while rendering essential aid to patients in local hospitals. The shockwaves from these infections reverberated through the healthcare system, creating palpable tension and exposing the vulnerabilities within the country's health infrastructure.

The consequences of these infections were profound, particularly in healthcare facilities where hospital-based social workers played a vital role. The Ministry of Health and Social Services (MoHSS, 2021) reported that some healthcare facilities grappled with the complexities of reduced staffing, as hospital-based social workers who tested positive for COVID-19 were compelled to quarantine. The strains on the workforce not only affected the efficiency of healthcare delivery but also underscored the inherent risks faced by frontline workers, including social workers, in the line of duty during the pandemic. In the face of these frightening circumstances, social workers in Namibia emerged as the unsung heroes, occupying the frontline and standing as beacons of support and resilience. Their

pivotal role in providing psychosocial assistance to individuals grappling with the dire consequences of the pandemic was underscored by the escalating demand for their services. However, as the demand surged, so did the challenges they faced. The contradiction of personal risk and professional responsibility cast a stark light on the unwavering commitment of these social workers to the well-being of individuals confronting the multifaceted impacts of an unprecedented global crisis.

This contradiction between personal safety and professional duty is a central component of the overarching problem addressed in this study. The unique circumstances in Namibia, similar to those in the Omusati Region, magnified the challenges faced by hospital-based social workers during the COVID-19 pandemic. The study seeks to explore and understand the operational challenges, effects on hospital-based social work operations, and coping mechanisms employed by these dedicated professionals, recognizing the urgent need for insights that can inform future preparedness and support systems for social workers in the region and beyond.

Despite the comprehensive exploration of the challenges faced by hospital social workers during the COVID-19 pandemic, the existing literature does not adequately address the nuanced regional and organizational variations that may influence the operational landscape of social workers in specific contexts, such as the Omusati Region in Namibia. The literature predominantly draws from global or national perspectives, overlooking the unique dynamics and challenges faced by hospital-based social workers at the regional level. The operational challenges outlined in the literature primarily focus on broad issues like limited access to technological resources, gender gaps in productivity, work that cannot be performed remotely, inadequate resources, and more generalized challenges during the pandemic.

However, there is a research gap concerning how these challenges manifest and interact within the specific regional context of the Omusati Region. The Omusati Region, situated in Namibia, might have its own set of contextual factors, cultural influences, and organizational structures that shape the experiences of hospital-based social workers during the pandemic. Additionally, the literature has primarily emphasized challenges,

with limited exploration of effective coping mechanisms employed by hospital-based social workers in the region.

To bridge this gap, future research should delve deeper into the regional and organizational specificities that shape the challenges faced by social workers in the Omusati Region during the COVID-19 pandemic. Understanding how these challenges are navigated and coped with in this specific context would contribute valuable insights for developing targeted strategies, interventions, and support systems that align with the unique needs of hospital-based social workers in the region.

1.4. The aim of the Study

The study investigated the operational challenges that hospital-based social workers encountered while performing their duties of providing psychosocial support during the COVID-19 pandemic.

1.5. Research Objectives

The following objectives were considered in this study:

1. To explore the operational challenges experienced by hospital-based social workers in Omusati Region

2. To investigate the effects of the challenges posed by COVID-19 on the operations of social workers in hospitals in the Omusati Region.
3. To identify the coping mechanisms employed by social workers in hospitals in Omusati Region during the COVID-19 pandemic.

1.6. Rationale for the study

The study focuses on the Omusati Region in Namibia, recognizing that the challenges faced by social workers during the COVID-19 pandemic are not uniform across different regions. Investigating the unique challenges and coping mechanisms within the Omusati

Region provides context-specific insights crucial for tailored interventions. While there is an abundance of literature on the challenges faced by social workers globally, there is a notable lack of in-depth exploration at the regional level, especially in the context of the Omusati Region. This study aims to fill this gap by examining challenges and coping mechanisms specific to this region.

Existing literature may provide generalized insights, but there is a dearth of specific information about the experiences of hospital-based social workers in Namibia, particularly within the Omusati Region. This study seeks to contribute region-specific data to enhance the overall understanding of the impact of COVID-19 on social work operations. The findings of this study can inform policymakers, healthcare authorities, and social work organizations in Namibia about the region-specific challenges. The insights gained can guide the formulation of targeted policies, resource allocation, and support systems to enhance the effectiveness of hospital-based social work operations during and beyond the pandemic. Understanding the challenges faced by hospital-based social workers in the Omusati Region is crucial for the development of effective support systems. By identifying coping mechanisms and challenges, the study aims to contribute to the well-being of social workers, potentially mitigating burnout, fatigue, and other adverse effects on mental and physical health.

The study's insights can be instrumental in developing strategies for future pandemics or crises. Understanding how social workers adapt and cope with challenges during the COVID-19 pandemic can provide valuable lessons for preparing the social work sector for similar emergencies. Conducting this study is ethically grounded in its potential to benefit social workers by shedding light on their challenges and coping mechanisms. The research design incorporates ethical considerations to ensure participant confidentiality, informed consent, and respectful representation of their experiences.

1.7 Limitations of the Study

Investigating COVID-19-related issues was a very sensitive and risky exercise as a result of the stigma and contagiousness of the disease, and very few people really

wanted to share their experiences with the people they did not know. Therefore, the researcher made sure that she convinced participants that whatever the participants would provide was for academic purposes, that theresearcher would use the right methodological tools, and that she would not increase her vulnerability to COVID-19 infection. Withholding sensitive information was another limitation that was faced while collecting information from hospital-based social workers. The researcher made sure that the respondents were assured that the information given during the study was going to remain confidential.

1.8 Delimitations of the Study

The study was limited to social workers working in public hospitals in the Northern part of Namibia, in Omusati region. The hospitals are Outapi District, Oshikuku District, Okahao district, and Tsandi District. The study concentrated on the operational challenges faced by hospital-based social workers while undertaking their duties during the COVID-19 pandemic within the delimited geographical area. The study was interested in finding out the mechanisms employed by hospital-based social workers in dealing with operational challenges. As such, no mechanism employed by the government, churches, or any other stakeholder was considered by the study. The study did not dwell on the support services that were available to all health workers during the COVID-19 pandemic but focused on social workers only.

1.9. Definition of Terms

Operational challenges: These are impediments that arise that can render a business lessprofitable (Ahmed, Khan, Thitivesa, Siraphatthada, & Phumdara, 2020). Kumar et al. (2021) defines operational challenges as factors or problems relating to the working of the system orplan.

COVID-19: This is a disease caused by a strain of coronavirus. "CO" stands for corona, "VI" forthe virus, and "D" for disease. Formerly, this disease was referred to as the

2019 novel coronavirus, or 2019-nCoV (Kedia et al., 2021).

Social worker: This is a professional that works with individuals, families, groups, and communities to promote growth, development, and social justice. The professional promotes social change, development, cohesion, and the empowerment of people and communities (Ahmed et al. 2020). This is the definition that is adopted in the present study.

1.10. Outline of the Thesis

The format of the study is as follows:

Chapter One: Introduction: The chapter presents the introduction, background, research problem, aim and objectives, significance, and format of the study.

Chapter Two: Literature Review: The chapter contains a comprehensive review of relevant literature and sources that were consulted. The review was drawn from several concepts and constructs from previous research related to operational challenges and the effects of the COVID-19 pandemic. The chapter also presents the theoretical framework of the study. Multiple factors caused by the emergency of the COVID-19 pandemic that influence hospital-based social workers' operations, and these are also discussed.

Chapter Three: Research Methodology: The chapter provides a detailed outline of the methodology, study design, sampling strategy, data collection, and data analysis for the study. It also contains ethical considerations as well as the limitations and elimination of bias. Theresearch instruments and their trustworthiness, as well as the elements of validity and reliability, are also presented in this chapter.

Chapter Four: **Results, Discussion, and Interpretation of Findings** The chapter presents the findings of the study in line with the research objectives. It also has an

interpretation of the meaning of these findings. Research questions are answered through a critical interpretation of the results obtained during the research.

Chapter five: **Conclusions and recommendations**: The chapter presents the conclusion of the research. Recommendations are made to relevant stakeholders on how to improve the operational challenges experienced by hospital-based social workers during the COVID-19 pandemic. The scope for future research is also presented.

1.11. Summary of the Chapter

The outbreak of COVID-19 engendered a global health crisis along with diverse impacts on the economy, society, and environment (Kniffin & Ashford, 2021). This chapter presented theintroduction, background to the problem, the problem statement, and the aim of the study, aswell as the objectives of the study. The significance of the study and the format of the study werealso outlined. The next chapter presents a review of the literature and the theoretical framework of the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

The main purpose of a literature review is to critically investigate the existing literature in each research area, subject, or discipline, as well as find appropriate theories, key constructs, empirical methods, contexts, and available research gaps to identify what future research should concentrate on based on the identified gaps (Agee, 2009). According to Cypress (2017), the benefits of conducting a literature review are that it (1) provides an overall overview of the existing body of knowledge that the researchers are not aware of; (2) discloses topics that have already been researched on so that researchers do not waste their time researching on something that has already been researched on; (3) provides researchers with new empirical thoughts to incorporate into their studies; and (4) assists researchers in identifying research gaps or flaws in existing research. Therefore, this chapter analyzes the existing literature that contributes empirically to understanding the operational challenges faced by workers, and specifically hospital-based social workers, during pandemics such as COVID-19 and the strategies employed to mitigate their impact on work delivery.

2.2. Theoretical Framework

The theoretical framework is an existing worldview upon which the study is embedded (Denzin & Lincoln, 2018). It explains, predicts, and understands phenomena while also testing and extent modern knowledge within the limits of critical assumptions in many cases (De Vos et al, 2018). The study is informed by systems theory, which states that people are not isolated individuals but operate as a part of wider networks or systems (Shokane, Makhubele, & Blitz, 2018). The central assumption of systems theory is that a complex system is composed of multiple smaller systems, and it is the interactions between these smaller systems that result in the complex system Shokane et al. (2018). They continue arguing that systems can be employed to support the service user

to achieve change, emphasizing changing environments rather than individuals. In this study, the systems theory was used to look at how hospital-based social workers were interacting with their fellow social workers, with the clients for whom they were providing services in the health system, with the support from the supervisors, with the health system's defects in providing the necessary services needed by the social workers, with how the health system allowed the social workers to change their normal working environment, and with how the health system facilitated or allowed the social workers to learn and improve their services. In addition, it also focused on how hospital-based social workers were part of the holistic approach to addressing COVID-19.

Workers, according to the system theory, are part of a change system rather than being solely responsible for the change (Nyashanu, 2020). Hospital-based social workers have testified to this by collaborating with nurses, doctors, environmental officers, and police officers to carry out COVID-19-related activities. The system theory is used to look at how the hospital-based social workers as an entity are composed of interconnected and interdependent parts that collaborate to achieve a common goal, which is to fight the COVID-19 pandemic.

The operational challenges faced by hospital-based social workers during the COVID-19 pandemic practitioners have reported increased boundary blurring and difficulties balancing their personal and professional lives (Suzie & Weng, 2017). The pandemic has exacerbated existing disparities by expanding service provision between clients and patients. In the event of a pandemic or other emergency, social workers provide appropriate and adequate services. The profession seeks to empower vulnerable people, such as the elderly, children, and people suffering fromchronic diseases (Kodom, 2022). As a profession, social work makes significant contributions in the area of care, rights protection, and support for vulnerable populations.

2.3 Global Perspectives of the Operational Challenges Faced by Social Workers in Hospitals during COVID-19

The COVID-19 pandemic has brought about an unparalleled global crisis, disrupting nearly every facet of daily life, and stretching healthcare systems to their limits. In this landscape, hospital-based social workers have emerged as essential front liners, navigating a myriad of operational challenges that have significantly altered the nature of their roles and responsibilities. The demand for medical services and resources, including protective equipment, medical supplies, and beds, skyrocketed as healthcare facilities became in undated with COVID-19 patients (Hafermalz, and Riemer, 2021). Hospital social workers found themselves grappling with the scarcity of these essential resources, often having to navigate the complexities of resource allocation to ensure optimal care provision for patients and health care staff. Moreover, the pandemic's highly contagious nature necessitated stringent infection control measures that directly impacted the ways in which hospital social workers interacted with patients and their families. Personal protective equipment (PPE) shortages added to the challenges, often leaving hospital social workers vulnerable to exposure as they sought to provide critical emotional support and information to patients and their loved ones (National Association of Social Workers [NASW], 2020).

Hospital-based social workers have also faced unique dilemmas in their efforts to balance their commitment to patients' psychosocial needs with ensuring their own safety. The increased risk of exposure to the virus led to concerns about bringing the infection home to their families or communities, prompting ethical considerations around self-care and personal well-being (NASW, 2020). The transition to telehealth and virtual care models further underscored the operational challenges hospital social workers encountered. While technology enabled them to continue their work remotely, it also posed barriers to effective communication and emotional connection with patients and families, potentially impacting the quality of psychosocial support provided (Dingel and Neiman 2020). The overarching emotional toll of witnessing patient suffering and, at times, loss, further strained the well-being of hospital social workers. The compounding effect of experiencing personal grief alongside professional responsibilities highlighted the need for robust support mechanisms and resources for mental health and self-care (Dingel and Neiman 2020).

In navigating these operational challenges, hospital social workers exemplified resilience and adaptability (Hafermalz, and Riemer, 2021). Their ability to swiftly pivot to virtual platforms, creatively engage with patients and families, and collaborate with multidisciplinary teams stood as a testament to their dedication to patient care amidst unprecedented circumstances. As the pandemic continues to evolve, it is imperative to recognize the vital contributions of hospital social workers and address the unique operational challenges they face. Comprehensive support systems, resource allocation strategies, and attention to the psychosocial well-being of these frontline workers remain essential in sustaining their invaluable role in patient care during COVID-19 (Dingel and Neiman 2020). The operational challenges faced by hospital social workers during the COVID-19 pandemic extend beyond the confines of individual healthcare institutions and have a global impact. The pandemic's widespread effects have illuminated the interconnectedness of healthcare systems and the need for cohesive strategies to address the challenges faced by social workers on a global scale.

One prominent challenge has been the strain on healthcare resources and infrastructure. Hospitals and healthcare facilities worldwide have grappled with capacity limitations, overwhelmed emergency departments, and shortages of critical medical supplies (Hafermalz, and Riemer, 2021). Hospital social workers have had to navigate these resource constraints while still delivering vital psychosocial support to patients and their families, often requiring quick decision-making and innovative solutions. Cross-border collaboration and information sharing have emerged as crucial strategies in the fight against the pandemic. Hospital social workers have had to stay informed about evolving guidelines, protocols, and best practices for patient care and emotional support (Dingel and Neiman 2020). This has led to a greater emphasis on professional networking and the exchange of knowledge across national and regional borders to enhance the quality of care provided.

The pandemic has also underscored the importance of healthcare equity and addressing the disparities that exist within healthcare systems. Vulnerable populations, including

those with limited access to healthcare, lower socioeconomic status, and marginalized communities, have been disproportionately affected by the pandemic (Moyo, et. al., 2021). Hospital social workers have played a critical role in advocating for and ensuring equitable access to care, as well as addressing social determinants of health that contribute to disparities. In addition to these operational challenges, hospital social workers have had to navigate the complex emotional landscape of the pandemic. The grief and trauma experienced by patients, families, and healthcare workers have placed an added burden on social workers who are providing essential emotional support (Dingel and Neiman 2020). Moreover, the ongoing uncertainty and the evolving nature of the pandemic have contributed to feelings of burnout, stress, and emotional exhaustion among social workers.

The experiences and lessons learned by hospital social workers during the COVID-19 pandemic are poised to inform the future of healthcare delivery and social work practice. As the global community continues to respond to the pandemic's challenges, it is imperative to recognize the critical role of hospital social workers, provide them with the necessary resources and support, and implement systemic changes to enhance preparedness for future healthcare crises. This recognition extends beyond national borders, emphasizing the importance of a collective effort to address the operational challenges faced by hospital social workers and healthcare systems around the world.

2.4 Operational Challenges Faced by hospital Social Workers during COVID 19

The pandemic has exacerbated existing disparities by expanding service provision between clients and patients. In the event of a pandemic or other emergency, social workers provide appropriate and adequate services. The profession seeks to assist and empower vulnerable people, such as the elderly, children, and people suffering from chronic diseases (Kodom, 2022). He continued arguing that as a profession, social work makes significant contributions in the areas of care, rights protection, and support for vulnerable populations.

2.4.1 Social worker's Limited Access to Technological Resources

As COVID-19 ravaged the entire world, the universe was facing the fourth industrial revolution and artificial intelligence (AI), which are influencing economic and business growth through technological transformation (Aly, 2020). In times of social distancing to curtail the spread of COVID-19, technology enabled the continuation of work and communication in organizations (Evans, 2020). It is a known phenomenon that weak information and communication technology has the potential to impact information flow and negatively affect business operational activities and business output (Tripathi & Bagga, 2020). In addition, not every SW possesses the knowledge and skills to operate technology tools and gadgets and navigate the internet (Awadaet al., 2021).

2.4.2 Gender Gap in Productivity

A study done in Madagascar by Madgavkar, White, Krishnan, Deepa, and Azcue (2020) revealed that WFH during the COVID-19 pandemic impacted the productivity of female workers because they were spending a lot of time participating in household chores, as compared to their male compatriots. However, research conducted before the COVID-19 outbreak revealed that women's productivity at home and work was similar or equal, if not higher, compared to their male counterparts (Madgavkar et al. 2020). A study conducted by Manzo and Minello (2020) on Italian female workers with young children indicated that during the COVID-19 pandemic, only a handful of couples divided household chores and childcare tasks equally, leaving women bearing a heavier burden of these tasks than men.

Another study conducted in Wuhan stated that women took on men's roles as first-tier responderswhile continuing to serve as second-tier responders and caregivers. As a result, these women bore a "triple burden" that went unnoticed and undervalued because they did not receive a pay or status raise which commensurate with that of men (Chena & Dominellib, 2022). During COVID-19, women social workers' community care work went unnoticed and was structurally devalued. During emergency response, women

sacrificed gender equality for peace, mobilized around war work, and performed normal domestic tasks alongside health and care-related duties in communities (Chena & Dominellib 2022).

In disasters, men dominate the protector roles as first-tier responders, including evacuating people to safety as police, firefighters, and military personnel (Chena & Dominellib, 2022). They also identified that victim survivors are cared for by second-tier responders, who are mostly female health professionals and social workers. Culturally, in terms of gender roles, Madgavkaret al. (2020) observe that women are compulsorily expected to perform certain household tasks, and that has a significantly negative impact on their productivity. With reference to the gender role theory, working parents' disturbance during WFH may be viewed as harmful to women's productivity (Gutek et al., 1991). The theory cautions that with women having lots to do at home and work, this would create a gender gap in work productivity and job satisfaction.

2.4.3 Work that cannot be Performed Remotely

Some work activities require the use of fixed equipment and cannot be done remotely (Hafermalz & Riemer, 2021). The type of duties that cannot be performed online, such as reading the facial expressions of our clients when providing counselling and conducting home investigations, has a negative psychological effect on hospital-based social workers because of the fear, stress, and anxiety that they must commute to work, placing them at high risk of contracting the virus(Li et al., 2020). Evaluating the economic impact of social distancing restriction measures that were put in place to arrest the spread of COVID-19 raised several fundamental questions regarding the modern economy and jobs that cannot be performed from home (Dingel & Neiman, 2020).

A study by Pascoe (2021) about COVID 19 effects during the pandemic identified several negative perceptions of the impact of technology on relationship-based practice. These included hampered nonverbal communication, limited acts of kindness, and an increased risk of excluding the service user, all of which fall under the theme "inhibits relationship

building" and are followedby barriers to self-care. The study finds that remote work affects clients' trust in social workers' professional judgment and is also reflected in narratives of resistance to a one-size-fits-allapproach to practice and concerns that external assumptions of increased efficiency may impact future face-to-face contact. In a separate study by Samuel (2022), the inspectorate expressed concern with staff working many miles away from the communities they serve, as well as a lack of peer support and face-to-face training as a result of increased hybrid working (which may impact future face-to-face contact).

2.4.4 Inadequate Resources

Social workers play a major role in a situation like COVID-19; some of their responsibilities include helping clients find the resources and support their need (Van Wyngaarden, 2021). While helping individuals and families navigate the complexities of healthcare and community safety guidelines is an important part of a social worker's responsibility, it is also essential for educating the community at large. Giving clients clear guidance is just the first step.

Ryszard and Zarba (2020) argues that lack of pandemic preparedness, shortage of personal protective equipment (PPE), anxiety and fear amongst professionals, challenges in enforcing social distancing, challenges in fulfilling social shielding responsibility, anxiety and fear amongst residents and service users, delay in testing, evolving PPE guidance, and shortage of staff were challenges faced by frontline health and social care workers during the COVID-19 pandemic.. In some studies that were conducted, participants reported devoting more time to patients and staff in terms of discussing, implementing, and overseeing safety protocols (Weng, 2022). He further discussed that carrying out safety protocols when working with patients included putting on PPE, screening patients, and sanitizing everything between patients makes social workers to be comfortable since they are protected. Some had additional responsibilities, such as disaster relief and community response to the pandemic. A plethora of research has been carried out to investigate the

operational challenges faced by hospital-based social workers in delivering psychosocial support. Most of the studies that were conducted in the United Kingdom also highlighted the shortage of personnel and their low remuneration, lack of PPE, and general shortage of social workers (Zarba & 2020)

2.4.5 More Operational Challenges during COVID-19

As frontline workers who provide vital support to individuals and communities, social workers have experienced a fundamental shift in their tasks and responsibilities due to the COVID-19 pandemic and its associated operational issues. In the face of a worldwide crisis, these problems demonstrate the dynamic nature of their profession and span a wide range of obstacles. The way services are delivered has seen one of the biggest changes. Hospital-based social workers quickly shifted from traditional in-person contacts to remote and virtual service delivery methods in response to lockdowns and social distance mandates (Dunston et al., 2020). Although this shift made care continuity possible, it also created questions about how to preserve the individualized relationships that make their job what it is. The extensive consequences of the epidemic have also led to an unparalleled need for social assistance. The need for services including crisis intervention, financial aid, and mental health support has grown as a result of societal upheavals and economic problems (Basu et al., 2020). As social workers sorted through the growing volume of requests for help, their workloads increased.

Social professionals experienced a significant emotional and mental toll from managing these difficulties. Their ability to manage people's needs throughout the pandemic while resolving own anxieties and fears put them at risk for burnout, compassion fatigue, and mental health issues (Galea et al., 2020). It was their responsibility to put their own needs ahead of those of the vulnerable populations they were entrusted with caring for. Because there were fewer in-person interactions, conducting assessments and evaluations also got more complex. New issues arose from the necessity to collect precise data remotely in order to decide on appropriate interventions and the demands of customers (Palinkas et al., 2021). In the meantime, resource accessibility issues, interruptions in service

availability, and shortages of necessary supplies further hindered their capacity to provide comprehensive support (Galea et al., 2020).

Social workers faced moral conundrums while attempting to strike a balance between the needs of their clients and public health recommendations (Basu et al., 2020). Making choices that protected clients' safety and served their best interests created special difficulties. Hospital-based social workers and their clients were impacted by social isolation, which made it difficult to build trusting connections and offer emotional support over distance (United Nations Educational, Scientific and Cultural Organization) (UNESCO, 2020). Despite these obstacles, social workers showed incredible flexibility. In order to adapt their intervention techniques to the new pandemic reality, they came up with inventive approaches to engage clients, encourage wellbeing, and deliver essential services while upholding safety precautions (Bartolo et al., 2020). However, postponed or online-only conferences and seminars restricted their access to professional development opportunities, which in turn limited their prospects for continuing education and networking (Dunston et al., 2020).

Moreover, social workers took on an advocacy role in promoting systemic improvements and policy modifications to address the exacerbations of the problems their client’s encountered (Basu et al., 2020). They were essential in influencing the larger reaction to the pandemic's effects by bringing attention to problems including social injustice and health inequalities. Social professionals shown tenacity and passion in assisting people and communities amidst this extraordinary worldwide disaster, even in the face of operational difficulties. In light of the COVID-19 pandemic's problems, their capacity for adaptation, innovation, and advocacy highlights the critical role they play in maintaining the wellbeing of those they serve amidst the challenges posed by the COVID-19 pandemic.

2.5 The Impact of the Challenges Posed by COVID-19 on the Operations of Social Workers

The workplace environment has a significant impact on social workers' performance and productivity (Awada, Lucas, Becerik-gerber, & Roll, 2021). Kumar et al. (2021) says that social workers need to be happy with their workspace and privacy in order to be more productive. The impacts that are going to be discussed under this topic are: Introduction of remote working, Health and safety of workers, decreased work engagement, multitasking and increased workload aswel as diversity of impacts of the challenges

2.5.1 Introduction of Remote Working

Awada et al. (2021) acknowledge that shifting from working in a well-furnished and established office space is challenging for many SWs as it can be mentally draining, resulting in SW losing their vigor to perform tasks, thus diminishing their productivity. Having a properly set-upworkspace, optimal ergonomics, and the required technological tools are cardinal in creating an effective environment that can enhance productivity and motivate social workers to effectively engage productively with their work (Kumar et al., 2021). Kumar et al. (2021) concluded that telecommuting would immensely benefit organizations in terms of cost savings, reduced environmental gas emissions, shrinking office space, access to talent around the globe, and increased productivity. In addition to the workspace, indoor environment quality (IEQ) factors such as good lighting, temperature, ventilation, air circulation, and a quiet background are of utmost importance in creating an effective workplace that is capable of boosting SW's productivity (Awada et al., 2021). The abrupt shift to WFH is characterized by the following challenges:

Home interference: This involves interruptions from family members, which negatively impactswork productivity (Zheng, 2016). Moreover, work roles can notably clash with household roles, and this interference can cause anxiety, stress, and exhaustion (Zheng, 2016).

Ineffective communication: During the pandemic, SW relied heavily on technology to liaise with their co-workers, supervisors, and clients (Ahmed et al., 2020). Zheng's (2016) study indicated that most managers had poor communication with their subordinates due to the lower efficiency of technology gadgets resulting in decreased productivity.

Procrastination: Steel (2007) defines procrastination as an act of delaying something with the view of carrying it out later. Kazekami (2019) sees procrastination as a productivity assassinator that has become the biggest enemy for social workers with WFH. Social workers may lack self-regulation because they are used to being managed by their supervisors (Zheng, 2016). SW may delay performing their core activities and instead spend time on non-work- related activities during official working hours, such as surfing social media and taking long breaks (Zheng, 2016).

Loneliness: Due to social distancing, SWs are not subjected to face-to-face interactions with their clients, colleagues, and supervisors (Zheng, 2016). SW also sacrificed social gatherings dueto social distancing restrictions that were imposed (Kazekami, 2019). This means that SW lostthe opportunity to meet clients, friends, and colleagues, thereby resulting in loneliness, stress, anxiety, mental breakdown, and the psychological need to belong (Zheng, 2016*).*

To the contrary, Ahmed et al. (2020) argue that productivity is likely to increase during the pandemic by adopting the system of WFH or virtual work. Awada et al. (2021) equally argue that if organizations are providing a good work-life balance through WFH, there is a possibility for social workers to attain high productivity compared to productivity before COVID-19 because SW's felt trusted to work unsupervised and they can feel motivated. According to Awada, Lucas, Becerik-gerber, and Roll (2021), the WFH system used to mitigate the impact of COVID-19 allows SW to be innovative by applying their minds to tasks.

2.5.2 Health and Safety of Workers

The COVID-19 pandemic created anxiety, depression, fear, and other health challenges in medical workers (Bao et al., 2020). The anxiety of any disease is likely to negatively affect the motivation and behaviors of SW, thereby making it difficult to maintain appropriate performanceand productivity (Raisance et al., 2020). A study by Kumar et al. (2021) on the prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic found that depression and anxiety were common in healthcare workers as they were directly involved in nursing the infected people, which decreased their levels of productivity. Awada et al. (2021) further indicated that depression and anxiety emanated from being in direct contact with the sick, the traumatic events that patients are going through, witnessing patients dying in large numbers, and the fear of being infected themselves or infecting their loved ones. While it has been proven that low anxiety is significantly helpful in arousing SW motivation, especially among frontline workers, persistent exposure to dangerous environments may have negative mental health effects on SW and work productivity (Labrague & De Los Santos, 2020). According to Rubin et al. (2013), it is difficult for SWs to maintain high work ethics standards during the pandemic because they experienced isolation, anxiety, stress, frustration, and burnout,which led to a loss of sense of belonging with their respective organizations.

The feelings of isolation from prolonged physical distancing combined with anxiety about the future may have created additional health challenges for SWs (Kazekami, 2019). Equally, WFH has also placed people at risk of ergonomic injuries, reduced physical activity, weight gain, and related complications (Graves & Karabayeva, 2020). Moreover, extra stress may be experienced by SWs from the fear of being infected, psychological anxiety that they can spread it to their family and friends, and a burden of reduced productivity that results in unstable employment, unpaid leave, and overwork due to SW leave, etc. Such work stress can lead to destructive attitudes and behaviors among SWs and negatively impact organizational performance (Kumaret al., 2021).

2.5.3 Decreased Work Engagement

As the COVID-19 struggle forged ahead, workers tended to be confused about their expectations of and from their employers (Diab-Bahman & Al-Enzi., 2020). Ironically, from the employer's perspective, it emerged that workers' engagement and consultation during COVID-19 had significantly decreased, thereby decreasing their productivity (Ahmed et al., 2020). Work engagement is an important aspect of the workplace because it allows workers to bond with others, including their supervisors, and they feel aligned with the stakeholders of the organization (Ahmed et al., 2020).It also boosts social workers' performance by fostering information exchange, collaboration, creativity, and innovation (Russo et al., 2021).

Social workers who work online often experience a lack of social connection, fewer opportunities to interact with colleagues, and fewer chances of participating in organizational activities, thereby making it hard to establish bonds with colleagues and supervisors (Ahmed et al., 2020). They also have less access to the information that is typically shared in informal interactions such as unplanned social conversations with colleagues and this lack of information may impact performance. In addition, the absence of social signals such as facial expressions, tone of voice in their virtual interactions may lead to miscommunication, personality struggles, and distressed relationships (Russo et al., 2021).

2.4.4. Multitasking and Increased Workload

Maintaining a boundary between work and non-work has become challenging when working virtually, and this discomfort has been demotivating social workers and often leading to missed deadlines (Kumar et al., 2021). COVID-19 was associated with the closure of schools and daycare centers to prevent the virus from spreading at an alarming rate (Feng & Savani, 2020). Due to the closure of schools and day-care centers, social workers WFH were observed performing household chores such as childcare, cooking, cleaning, and so on during official working hours (Feng & Savani, 2020). Moreover,

given that all family members were confinedto home settings, it gave rise to more housework for social workers as homes were oftenbecoming untidy as everyone was eating and playing at home (Roman et al., 2021). According toFeng and Savani (2020), combining household and official tasks reduces SW official work productivity when WFH.

2.5.5 Diversity of Impacts of the Challenges

The COVID-19 pandemic has had a significant and wide-ranging effect on how social workers conduct their business. Social workers have faced unique difficulties as frontline workers while attempting to offer crucial assistance and services to people and communities in need (Diab-Bahman & Al-Enzi., 2020). The pandemic's extensive consequences can be seen in several significant ways that have an impact on how social workers do their work: One notable effect has been the demand for a change in service delivery strategies. Social workers quickly used virtual platforms and remote work to continue providing help while following social distance rules (UNESCO, 2020). Maintaining the depth of personalized contact and rapport-building that in-person interactions generally permit was difficult throughout this changeover.

The limitations of remote communication made it more difficult to gather precise information for making decisions regarding clients' needs and appropriate interventions. During the pandemic, social workers faced still another challenge: access to resources (WHO., 2020). Their capacity to offer comprehensive support was hindered by shortages of necessary supplies, alterations in the provision of services, and challenges gaining access to resources for both them and their clients (Qureshi et al., 2020). Social workers confronted moral conundrums as they attempted to strike a balance between clients' needs and safety and public health regulations (WHO., 2020). The best interests of the clients' needs had to be carefully considered while making sure that both the clients' and employees' safety was maintained.

2.6. The ways in which workers dealt with the operational problems caused by the COVID-19 pandemic.

The 2019 coronavirus pandemic pose numerous challenges for the social services workforce in (Ben-Ezra and Hamama-Raz, 2020). According to a Chinese study, 41% of the sampled social workers were experiencing moderate to severe psychological distress (Xie, Huang, & Cheung, 2021). Faced with the COVID-19 pandemic, social workers all over theworld were dealing with anxious clients, overwhelming work demands, and difficult decisions involving both client safety and their own personal safety (Blackmon & Terricka, 2022). Blackmon & Terricka (2022) continue to argue that coping mechanisms are essential for maintaining a healthy balance between work and non-work aspects of life as well as avoiding burnout.

Coping strategies can be approached in one of two ways: problem-focused or emotion-focused (Goh et al., 2020). Individuals engage in problem-focused coping by actively or behaviorally altering their relationship with their surroundings. This could be accomplished using tactics such as gathering information, seeking assistance, delaying action, or directly performing the desired action. Individuals who choose to cope by focusing on their emotions did so by altering their personal or internal meaning or relationships to alleviate or better manage their emotional misery. As a result of Volatility, which in the context of COVID-19 refers to a sudden and unexpected increase in the number of cases (Dima, Schmitz & Simon, 2021), social workers had to transform fear, grief, and loss into empowerment and social change Truell (2020). Social workers were required to think outside the box and act outside the usual scope of their practice, which could result in the crossing of professional boundaries or ethical dilemmas.

The COVID-19 pandemic has created a state of uncertainty (Dima et al., 2021). Uncertainty makes it difficult to use the past to predict the future, making accurate predictions and decisions difficult. Loss of routine and uncertainty increased stress among social workers (Dima et al., 2021). Dima et. al. (2021) continued arguing that social workers have struggled and worked creatively, like doing video calls just to see how the

patient is doing, to meet needs in dangerous and uncertain situations while also respecting people's rights to privacy and participation in important life decisions. The pandemic's complexity stems from the fact that it affects all aspects of life, including health care, social life, business, and the economy (Blackmon & Terricka, 2022). The unprecedented nature of the COVID-19 pandemic has posed a challenge for thesocial services workforce, which must ensure the delivery of safe services to children, families, and various communities. According to Bahman & Enzi (2020), during the COVID-19 pandemic, social workers worked to ensure that infected people had access to the necessary resources, received remote counselling, and organized methods to combat isolation. In addition, social workers dealt with the dissemination of information on COVID-19 to dispelmisconceptions and anxieties, approached organizations to assist with isolation and quarantine facilities to ensure that planning efforts were inclusive, and advocated for more government support (Bahman & Enzi, 2020). Social workers who continue making home visits, distributing food, and caring for the most vulnerable are frequently put in danger. According to a study conducted in Romania, social workers began conducting home visits while wearing visors and other personal protective equipment, and they also began online conferencing, which challenged the preferred modes of interaction (Dima at el., 2021). Social workers used internet connections to reduce social isolation, but a lack of digital literacy skills became a problem. During the state of emergency, work patterns in the social work system have changed significantly, ranging from remote work to office work, isolation in an institution or suspension of work, or simply how longit took to complete a specific task (Truell, 2020). The problem-focused coping strategy is the onethat tends to prevail when an individual believes that they have some control over the situation and can take action to improve it. When an individual believes that the situation is beyond their ability to change, they are more likely to rely on an emotionally centered mode of coping (Dima et al., 2021).

According to the findings from the Romanian study, during the pandemic, there were major and rapid changes in a relatively short period of time (Dima et al., 2021). It goes on to say that social workers had to adjust to changes, and many of them remembered feeling pressure from their organization, stress, insecurity, chaos, panic, fear, and frustration, as

well as new or intensified emotions compared to the pre-pandemic period. Social workers also felt the need for better communication with their leaders throughout the period, which reflects a lack of information andclarity about what to do or what will happen. The study also discovered that ambiguity in the workplace placed some social workers in difficult situations, particularly in the absence of organizational support, forcing them to overcome obstacles with difficulty. Social workers adapted to the situation and took things as they came, doing everything they could to find the best solutions to deal with the situation.

The process of coming to terms with the reality around you is comparable to reaching a crossroads: one path leads to acceptance, while the other one leads to non-acceptance (Gutek, Searle, & Klepa, 2021). As social workers continue forward with efforts to cope with COVID- 19, each came to several crossroads, and each of these moments presents the opportunity to redirect the minds towards turning the mind, which is the process of consciously choosing to travel along the route that leads towards acceptance rather than rejecting the truth around on COVID-19 (Kniffin & Ashford, 2021). When someone makes acceptance a daily practice intheir body, heart, and mind, they give themselves permission to deal with the problems and harsh
realities of the epidemic. Acceptance is a practice that can be found in Buddhist, Taoist, andother traditions (Steel, 2007). People have been influenced by COVID-19 in ways that very few predicted, which has resulted in a large amount of misery and dispute among individuals. On the other hand, coming to terms with what is happening here and now can assist in preventing the pain from becoming more severe and escalating into suffering. By cultivating an attitude of acceptance toward the difficulties social workers currently face, they may ensure that their lives continue to have significance and that they remain aligned with fundamental values (Bosua, 2016).

2.7 Research gap

Despite the comprehensive exploration of the challenges faced by hospital social workers during the COVID-19 pandemic, the existing literature does not adequately address the nuanced regional and organizational variations that may influence the operational

landscape of social workers in specific contexts, such as the Omusati Region in Namibia. The literature predominantly draws from global or national perspectives, overlooking the unique dynamics and challenges faced by hospital social workers at the regional level. The operational challenges outlined in the literature primarily focus on broad issues like limited access to technological resources, gender gaps in productivity, work that cannot be performed remotely, inadequate resources, and more generalized challenges during the pandemic.

However, there is a research gap concerning how these challenges manifest and interact within the specific regional context of the Omusati Region. The Omusati Region, situated in Namibia, might have its own set of contextual factors, cultural influences, and organizational structures that shape the experiences of social workers during the pandemic. Additionally, the literature has primarily emphasized challenges, with limited exploration of effective coping mechanisms employed by hospital-based social workers in the region. To bridge this gap, future research should delve deeper into the regional and organizational specificities that shape the challenges faced by hospital-based social workers in the Omusati Region during the COVID-19 pandemic. Understanding how these challenges are navigated and coped with in this specific context would contribute valuable insights for developing targeted strategies, interventions, and support systems that align with the unique needs of hospital-based social workers in the region.

2.8. Chapter Summary

The chapter reviewed the appropriate theoretical lens for the study and the various challenges faced by SW during the COVID-19 pandemic. This chapter also reviewed related literature aboutthe various effects of the COVID-19 pandemic. The next chapter presents the methodology that was adopted for the research.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Kothari (2017) defines research methodology as a systematic road map or set of steps undertaken by the researcher in studying the research problem. An analysis of related literature in Chapter 2 provided the foundation for this chapter. Chapter three discusses the research methodology employed by the researcher in this study, which is **qualitative methodology**. The chapter highlights the research design, the population of the study, the sample, the research instrument, the research procedure, data presentation and analysis, and research ethics.

3.2 Research Design

Denzin and Lincoln (2018) define a research design as the foundation for the whole research process and a way to ensure that the research meets its aims and objectives. De Vos et al. (2018) also define a research design as all the decisions a researcher makes in planning the study. The present research used a descriptive exploratory design to gain an understanding of the challenges faced by social workers when it comes to COVID-19. An exploratory, descriptive, and qualitative approach allows for further understanding of the topic being explored and for study participants to contribute to the development of new knowledge in that area (Sandelowski, 2000). Since the participants were exposed to COVID-19 real-life scenarios, the researcher gathered and presented data in such a way that the subjects spoke for themselves (Christensen & Johnson, 2017).

The use of a qualitative research approach, particularly employing the interpretivist research paradigm, is justified and advantageous for the present study investigating the challenges faced by hospital-based social workers during COVID-19. The justification can be expanded upon based on the insights provided by Denzin and Lincoln (2018), De Vos et al. (2018), Sandelowski (2000), and Christensen & Johnson (2017). The

interpretivist paradigm aligns with the ontological and epistemological assumptions of qualitative research. It recognizes that social phenomena, such as the challenges faced by hospital-based social workers, are subjective, context-dependent, and best understood through the meanings individuals ascribe to their experiences. This paradigm is well-suited for exploring the nuanced and diverse perspectives of social workers during the COVID-19 pandemic.

3.3 Population of the Study

The population of the study refers to the whole set of individuals that share common characteristics that are of interest to the researcher and from which a sample is drawn (Christensen & Johnson, 2012). The study recruited hospital-based social workers who were involved in COVID-19 and has experienced client's hospitalization and outreaches. In total, 10 responses were collected from the social workers in Omusati Region. The research included three (3) social workers at managerial position and seven (7) at entry level. The sample consisted of two (2) males and (eight) 8 females, with ages ranging from 32 to 51 years.

3.4 Samples and sampling procedures

Sampling is the selection of research participants from an entire population, and it involves decisions about which people, settings, events, behaviors, and social processes to observe (Blanche et al., 2006). The research employed purposive sampling to determine the sample. Purposive sampling is the intentional selection of informants based on their ability to elucidate a specific phenomenon, theme, or concept (Christensen & Johnson, 2017). Participants were selected based on how the researcher evaluated their inputs during the study and their ability to speak to the issues that the researcher is trying to understand (De Vos et al., 2018). The inclusioncriteria for the sample were that participants had to be: (1) employed as social workers in the Ministry of Health and Social Services in the Omusati Region; and (2) involved in COVID-19 information dissemination and the provision of psychosocial support.

The study thus included ten participants from the four hospitals in Okahao, Outapi, Tsandi, and Oshikuku in the Omusati Region since four social workers took part in the pilot study.

3.5 Research Instrument

These are specific instruments used for data collection, and the procedures for administering the instrument are more general for collecting the data (Christensen & Johnson, 2017). This study used face-to-face interviews with a semi-structured interview guide to collect data. Interviews allowed for the capture of information previously not anticipated by the researcher and also created an opportunity for participants to elaborate more (Christensen & Johnson, 2017). The researcher focused on the operational challenges faced by hospital-based social workers during COVID-19, explored the coping mechanisms employed by hospital-based social workers in dealing with operational challenges induced by the COVID-19 pandemic, and established the types of support services that were available to social workers during the COVID-19 pandemic.

3.6 Data Collection Procedure

3.6.1 Data Collection

During a carefully chosen timeframe, spanning from July 12 to July 15, 2022, the researcher embarked on the crucial phase of data collection. Opting for a face-to-face approach through interviews, the primary goal was to delve deep into the wealth of information possessed by the participants. This method, known for its effectiveness in yielding profound insights, offered the advantage of immediate clarification of responses. Each face-to-face interview extended over an approximately one-hour duration, allowing

participants ample time to articulate their thoughts and share detailed accounts of their experiences. Prior to delving into these conversations, the researcher conscientiously sought explicit consent from each participant, underscoring the commitment to ethical considerations and ensuring the informed willingness of contributors to the study.

A further enhancement to the data collection process came with the use of an audio recorder, permission for which was secured from the participants. This strategic decision aimed at capturing responses with precision, transforming the interviews into valuable resources for subsequent analysis.

Upholding principles of privacy and confidentiality throughout, the researcher meticulously safeguarded the identities of participants, fostering an atmosphere of trust and openness. The chosen in-depth face-to-face interview method facilitated a meticulous exploration of participants' experiences and perspectives, likely augmented by the use of open-ended questions designed to encourage participants to freely express their thoughts. The dynamic between the researcher and participants, enriched by the direct and personal nature of face-to-face interviews, played a pivotal role in establishing rapport and extracting nuanced insights. Post-interview, the meticulous process of transcribing and analysing audio recordings, coupled with any supplementary notes, formed a critical step in identifying patterns, themes, and key findings within the collected data. With a commitment to thorough data analysis, the researcher aimed not only to uncover recurring themes and patterns but also to illuminate the unique insights shared by the participants, thereby enriching the depth and validity of the study

3.7 Pilot Study

Christensen and Johnson (2017) characterize a pilot study as an initial test aimed at evaluating the validity, reliability, practicability, and comprehensibility of a data collection tool. It involves a small, carefully selected group of potential respondents to assess the tool's functionality before its application in actual data collection. In the context of the present research, a pilot study was executed involving four (4) social workers deployed across all four district hospitals in the Omusati Region, which aligns with the

geographical area covered by the main study respondents. It is important to note that these four social workers were not included in the main study participant pool.

The pilot study transpired on May 3-4, 2022. Findings from the pilot study revealed that three out of the four social workers encountered challenges in navigating their professional responsibilities during the COVID-19 period due to the intricacies of the pandemic. This complexity compelled them to navigate between their professional duties and personal lives. Additionally, three out of the four social workers expressed that the pandemic had taken a toll on them emotionally. They emphasized the need for future emotional support from their employers.

The primary objectives of the pilot study were twofold. Firstly, it aimed to contribute to the refinement of the research question, ensuring that it effectively captured the challenges faced by hospital-based social workers during the COVID-19 pandemic in the Omusati Region. Secondly, the pilot study served as a proactive measure to identify potential issues associated with the project and assess the overall feasibility of the main study. By conducting this preliminary investigation, the researcher gained valuable insights into the practicality and appropriateness of the chosen methodology, which facilitated necessary adjustments before embarking on the main data collection phase.

3.8 Data Analysis

De Vos et al. (2018) elaborate on the research process encompassing data reduction, presentation, and interpretation. Thematic content analysis was employed to analyse the data, facilitating the identification of crucial elements that contribute to a deeper comprehension of the research (Lacey & Duff, 2013). This four-step approach involved:

Transcription: This phase involved meticulously transcribing the conversations, actions, and gestures that occurred during the interviews. This transcription provided a

comprehensive view of the collected data, enabling the researcher to systematically organize and analyse the findings (Lacey & Duff, 2013). The researcher used the transcripts to transcribe what the participant has narrated and this answers were analysed to come to the findings of what the researcher found out.

Organizing the Data: The transcribed data were sorted into pertinent themes, a pivotal process for data retrieval and analysis (Lacey & Duff, 2013). This organization facilitated the subsequent steps of analysis, ensuring that the relevant information was readily accessible for interpretation.

Familiarization: In this step, the researcher immersed herself in the research data. This involved thorough examination, note-taking, and summarization of findings to establish a comprehensive understanding of the data (Christensen & Johnson, 2017). This familiarization laid the groundwork for the subsequent coding process. The researcher familiarised herself with the data with through reading and re-reading interview transcripts that she had.

Coding: Coding is the process of summarizing and structuring data to systematically capture recorded or observed phenomena (Christensen & Johnson, 2017). Here, the researcher categorized concepts into distinct themes or categories for analysis and reflection (Lacey & Duff, 2013). Themes included burnout due to long working hours, limited access to technological resources, difficulties in maintaining privacy and confidentiality, challenges in virtual work execution, anxiety over infection, and personnel shortage. This stage involved the conceptual division of raw qualitative data for analysis. The researcher created transcripts to analyse and code her data in this study.

3.9 Data Trustworthiness

This refers to a way of ensuring data quality or rigor in qualitative research (Polit & Beck, 2017).Trustworthiness needs to be ensured to motivate people to accept research findings, to base future research on them, to use them to inform public policy, and to

guide individual and community action. The model that was developed by Lincoln and Guba (1985) proposed four criteria that could be used to demonstrate trustworthiness. These criteria were credibility, transferability, dependability, and conformability. The researcher was able to demonstrate that data analysis has been conducted in a precise, consistent, and exhaustive manner through recording, systematizing, and disclosing the methods of analysis with enough detail to enable the reader to determine whether the process is credible.

3.9.1 Credibility

Credibility addresses the "fit" between the researcher's representations and respondents' views (Agee, 2009, 431). Credibility is the extent to which a study's conclusions accurately reflect the perspectives of its research subjects. A qualitative interpretation must be authentic and accurate to the descriptions of the primary participants. According to Lietz & Zayas (2010) managing the risk of research reactivity and bias is necessary for qualitative research to acquire credibility. The researcher conducted a pilot study, and it emerged that some questions were leading and not credible as a result they were modified to suit the study.

3.9.2 Transferability

Transferability relates to the extent to which the results can be used in theory, practise, or future research. (Lietz & Zayas, 2010). The resarcher further explained that the results of a study and the recommendations that followed may be transferrable to and relevant in other community organisations that offer equivalent services with comparable employees, resources, and clients. The researcher used the literature of studies done on the impact of COVID-19 on health care workers that provided insightful information despite the study being done in another country. The study findings and recommendations, similarly, can be used by other regions in Namibia to help improve social work service delivery during future pandemics.

3.9.3 Dependability

To ensure dependability in a research study, it is essential to maintain a logical, traceable, and well-documented research process (Agee, 2009). An effective strategy to demonstrate dependability is by subjecting the research process to an audit conducted by research editors, and the audit results are included in this research, attaching a letter detailing the audit process.

Throughout the study, the researcher took meticulous steps to uphold dependability. This involved keeping a systematic record of raw data, field notes, transcripts, and maintaining a reflective journal. The reflective journal not only captured the researcher's internal and external dialogues but also documented their thoughts regarding personal values, interests, and insights about themselves (Kothari., 2004). This introspective aspect adds depth to the researcher's reflexivity, contributing to the dependability of the study by acknowledging and addressing potential biases or influences.

The inclusion of an audit by research editors adds an external layer of scrutiny to the research process (Christensen, and Johnson., 2012). This external review ensures that the study adheres to established research standards and practices. By making the audit results available as part of the research documentation, the study emphasizes transparency and accountability, further strengthening its dependability. Dependability in the study was achieved through maintaining a transparent and well-documented research process, including the audit by research editors, and by consistently tracking and reflecting on various elements, contributing to the overall reliability of the research findings.

3.9.4 Conformability

Conformability in qualitative research is the assurance that the study's results are derived from the participants' responses rather than being influenced by biases or

personal motivations of the researcher (Cater, 2011). Establishing conformability involves creating an audit trail, which meticulously documents each step of the data analysis process, offering justification for decisions made. This practice aims to demonstrate that the research outcomes genuinely reflect the participants' statements.

To ensure conformability in this study, the researcher implemented several strategies. During the data collection phase, a thorough process of double-checking was employed. This involved revisiting and validating the collected data at various stages, ensuring that the information accurately represented the participants' perspectives. Rigorous attention to detail during this phase helps guard against the unintentional introduction of researcher bias or preconceived notions.

Additionally, the audit trail created during data analysis played a crucial role in establishing conformability. By transparently documenting every analytical step taken, the researcher provided a clear roadmap for reviewers or future researchers to follow. This transparency not only enhances the credibility of the study but also allows for an objective evaluation of the research process (Lacey, and Duff.,2013). Conformability was attained in the study through a combination of meticulous data collection practices, ongoing validation efforts, and the creation of a comprehensive audit trail. These measures collectively ensure that the results authentically represent the participants' voices and experiences, minimizing the impact of potential researcher bias on the study's outcomes.

3.10 Research Ethics

According to Agee (2009), research ethics are moral principles that guide researchers to conduct and report research without deception or intention to harm the participants of the study or members of society, whether knowingly or unknowingly. This refers to ways of conducting the research in a manner that does not violate participants’ rights

duringthe research (Christensen & Johnson, 2017). Ethical considerations helped the researcher adhere to the ethical guidelines in carrying out the research. Research ethics provided guidelines for the responsible conduct of research. In addition, they educate and monitor scientists conducting research to ensure a high ethical standard. The following main research ethics were observed:

3.10.1 Voluntary Participation

Voluntary participation means that all research subjects are free to choose to participate without any pressure or compensation (De Vos et al., 2018). Participants were informed before participating in the research that participation is voluntary and that they should not expect compensation of any sort in exchange for the data provided. Equally, participants were informed that they were free to withdraw from the study at any time. Moreover, the researcher was not biased either by influencing participants to answer in a certain direction or by withholding or giving incorrect information that would have influenced the study.

3.10.2 Informed Consent

Informed consent means that the researcher explains to participants the purpose of the study and makes sure that they understand all the information and decide for themselves whether to participate in the study or not (De Vos et al., 2018). This includes information about the study's significance, risks, funding, and institutional approval (Annexure 1.1). Before the interview, the researcher explained to the participants what the study is all about and its significance and presented them with an approval letter to conduct the research obtained from UNAM (Annexure 1.2) and the Omusati Region Hospital Management (Annexure 1.3), respectively.

3.10.3 Anonymity

Anonymity and confidentiality mean that the identities of participants were not revealed and that no personal information will be used to link participants to their data. The confidentiality of participants was maintained by signing a confidentiality note at the outset of the interview, and no names were used in the interview or in the reporting of data to prevent the identification of participants. The researcher coded the confidential forms instead. In addition, the information and data collected were safely kept in a locked cabinet at the researcher's residence, and theywill be destroyed after five years.

3.10.4 Intellectual Property Rights

Intellectual property rights with respect to this study mean acknowledging the work of authors through appropriate referencing. The researcher acknowledged the work of others and paraphrased to avoid plagiarism.

3.11. Chapter Summary

This chapter presented the research methodology of the study. The chapter included the research design, population, sample, research instrument, research procedures, data presentation and analysis, andresearch ethics. The next chapter deals with data analysis and interpretation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND DISCUSSION

4.1. Introduction

This chapter presents the findings of the study in the form of themes and sub-themes derived from the data collected from in-depth face-to-face interviews. The data is presented in accordance with the research questions that guided the study. Each one of the themes is discussed in detail, and supporting literature is used to reconcile, compare, and align them with the research questions of the study and in line with the research objectives which are: To explore the operational challenges experienced by hospital based social workers in Omusati Region , to investigate the effects of the challenges posed by COVID-19 on the operations of Omusati hospital-based social workers and to identify the coping mechanisms employed by hospital social workers in Omusati Region during the COVID-19 pandemic.

4.2. Biographical Information of the Participants

This section presents the biographical information of the study participants to provide the reader with a clear understanding of the participants as well as their nature and views about the study, asreflected in Table 1

Table 1: Biographical information of the participants

Participant ID	Age	Gender	Qualifications	Role	Years in social work service	Position
SW01	35	Female	Bachelor of Arts in Social Work (Honours)	Medical and Community Social Worker	3	Social Worker
SW02	32	Female	Bachelor of Arts in Social Work (Honours)	Medical and community Social Worker	4	Senior Social Worker
SW03	51	Female	Bachelor of Arts in Social Work	Community and Medical Social	9	Senior Social
			(Honours)	Worker		Worker
SW04	41	Female	Bachelor of Arts in Social Work (Honours)	Community and Medical Social Worker	5	Social Worker
SW05	38	Female	Bachelor of Arts in Social Work (Honours)	Community and Medical Social Worker	9	Social Worker
			Bachelor of Arts	Community and		Senior

SW06	36	Female	in Social Work (Honours)	Medical Social Worker	9	Social Worker
SW07	36	Female	Bachelor of Arts in Social Work (Honours)	Community and Medical Social Worker	5	Social Worker
SW08	32	Male	Bachelor of Arts in Social Work (Honours)	Community and Medical Social Worker	6	Social Worker
SW09	36	Female	Bachelor of Arts in Social Work (Honours)	Community and Medical Social Worker	3	Social Worker
SW10	34	Male	Bachelor of Arts in Social Work (Honours)	Community and Medical Social Worker	6	Social Worker

4.2.1. Gender

The study sample consisted of two (2) males and eight (8) females, which agrees with McPhail (2004b), who indicated that social work was frequently referred to as a female-dominated profession. On the other hand McPhail (2004), also highlighted that frontline service workers tend to be women, whereas at the managerial level, positions-especially executive positions-tend to be held by men. This means that gender representations in research can be influenced by a lot of factors.

4.2.2. Educational Qualifications

All participants were holders of a Bachelor of Arts in social work (honors). This implies

that the researcher worked with knowledgeable and learned individuals who were able to articulate their experiences with the COVID-19 pandemic and the experiences they had. Awada et al. (2021) explore the impact of working from home during the COVID-19 pandemic. While this focuses on a different aspect, the literature suggest that individuals with higher educational qualifications, such as a Bachelor of Arts in social work (honors), could potentially adapt better to digital transformations and maintain productivity in challenging situations. Alam et al. (2021) discuss challenges in the COVID-19 vaccine supply chain. Although not directly related to the education level of social workers, the literature highlights the complex challenges in healthcare, and having individuals with higher educational qualifications could be valuable in navigating such challenges.

4.2.3. Titles of the Study Participants at Work

Participants in the study included entry-level social workers and senior social workers who were based at Omusati Hospitals. All had a part to play, and they were responsible for the provision of psychosocial support to adults, children, and vulnerable people to assist them in regaining their self-esteem following traumatic events that occurred during 2020-2021 COVID-19 pandemic. Dima, Schmitza and Simon (2021) explore working from home during the pandemic. While this literature may not directly address the roles of social workers, it emphasizes the broader challenges of remote work, which could be relevant to social workers based in both hospitals. Awada et al. (2021) investigate the impact of working from home on office worker productivity. In the study, where social workers have roles in psychosocial support, the literature on productivity during the pandemic may offer insights into how these roles were affected by the unique circumstances of the COVID-19 pandemic.

4.2.4. Age

The ages of the study participants ranged from 32 to 51. This implies that the study included adults with the requisite work experience, and the ability to provide responses. Awada et al. (2021) investigate the impact of working from home on office worker productivity. The age range of your participants may be relevant to discussions on

productivity, as older individuals often bring more work experience to their roles. Alam et al. (2021) discuss challenges in the COVID-19 vaccine supply chain. While this literature doesn't specifically address age, the accumulated work experience of your participants may influence their ability to navigate challenges in healthcare settings

4.2.5. Length of Service in Social Work

Most of the people who took part in the study had been in the service for three to nine years, which means that most of them were experienced and able to talk about their real-life experiences in a way that answered the research questions. A study by Dima, Schmitza and Simon (2021) delves into the challenges of job stress and burnout among social workers in the midst of the COVID-19 pandemic. The research emphasizes the importance of understanding the coping mechanisms employed by hospital-based social workers, particularly those with three to nine years of experience. The length of service is identified as a crucial factor that can provide valuable insights into how social workers navigate and manage stress and burnout, aligning with the broader literature's focus on these critical issues.

Furthermore, Evans (2020), discusses the impact of the coronavirus crisis on the technology sector. Although literature sheds light on broader trends influenced by the pandemic. These trends, in turn, may indirectly affect the experiences of social workers, particularly those with varying lengths of service. By drawing parallels between the technological sector's response to the crisis and the experiences of social workers, the study recognizes the interconnectedness of diverse fields and their shared challenges during these unprecedented times.

4.3. Presentation and Discussion of Findings

The data is presented in themes and sub-themes that were developed from the transcribed data. Illustrative quotes from respondents are used to support the responses.

Table 2: Themes and sub-themes

THEMES	CONCEPTS
Theme one: Operational challenges	**Sub-theme 1.1**:Burnout owing to long working hours
	Sub-theme 1.2: Limited access to technological resources
	Sub-theme 1.3: Difficulties in maintaining privacy and Confidentiality
	Sub-theme 1.4: Failure by social workers to perform some work Virtually
	Sub-theme 1.5: Fear of being infected and anxiety
	Sub-theme 1.6: Shortage of personnel
Theme two: The effects of COVID-19 challenges	**Sub-theme 2.1**: Fatigue from overworking due to manpower shortage
	Sub-theme 2.2: Health and safety of social workers
	Sub-theme 2.3: Decreased social workers at the workplace
	Sub-theme 2.4: Multitasking and increased workload
Theme three: The coping mechanisms employed by	**Sub-theme 3.1:** Getting enough exercise
	Sub-theme 3.2: Sharpening digital skills for the social workers

	Sub-theme 3.3: Psycho-social Support 4.6.2. Sub-Theme 3.4: Material Support from Management towards Fellow Staff Members
	Sub-theme 3.4: Material Support from Management towards Fellow Staff Members

4.4. Theme One: Operational Challenges of COVID-19

This theme encapsulates the broader challenges that social workers encountered during the pandemic, reflecting their experiences in adapting to new circumstances and navigating unprecedented situations. By providing this preliminary contextualization, the study lays a strong foundation for a deeper exploration of the specific subthemes that contribute to this overarching operational challenge.

4.4.1Sub-theme 1.1: Working Long Hours

Participants found the long working hours to be stressful and unhealthy. Citations from the study participants back these claims:

"During the COVID-19 outbreak, we had to work long hours with clients who were placed in isolation and quarantine... "I also feel that because of the excessive quantity of work I have todo, I am always stressed out as a result of the excessive amount of pressure." (SW03).

"*...we find ourselves working until seven (7) o'clock in the evening. Moreover, my health has since deteriorated due to overworking, so I need to take a break from work anyway. "After all, working long hours is completely unhealthy." (*SW06)

Hospital social workers in Omusati Region were experiencing the pressure as there was demand of psychosocial support to the infected and affected victims of COVID-19.

This makes the social workers to have long hours working as they have alluded above. Working long hours further make the social workers to have physical illnesses and this affected their work productivity since they have to take a break from work. As a result this left some districts with no social workers or operating with a limited number of social workers.

When social workers are made to work outside normal working hours, they get home late and are stressed at the same time (Li & Yang, 2020; Aly, 2019). Working long hour's leads to a decrease in productivity because the human mind becomes fatigued, and as a result, an individual is unable to accomplish their responsibilities with the same level of dedication and enthusiasm that is required of them (Arntz et al., 2020). These findings are in line with those by To and Editor (2021), who highlighted that social workers who have been working long hours could have been affected by mental and physical health.

Previous results by Narayanamurthy and Tortorella (2021) indicate that employees who put in long hours are more likely to acquire heart disease, hypertension, joint discomfort, weight loss, and weariness, and this is supported by the present research. Working long hours has an additional effect on a person's attitude and behavior, thereby causing them to have difficulties concentratingon the tasks at hand, as well as less mental concentration and less motivation because of the stress that it causes (Li & Yang, 2020). A rise in one's work results in an increase in one's stress level, which can lead to exhaustion. An employee's ability to meet their most fundamental requirements might be put in jeopardy by significant financial problems, which can also keep them up at night.

4.4.2. Sub-Theme 1.2: Limited Access to Technological Resources

Limited access to technology was one of the challenges faced by the participants because the employers did not supply adequate technological resources for their employees to enable them tooperate from home.

"I found the work very challenging, for the Ministry did not supply me with enough hardware or technology to continue with work during this pandemic." (SW10)

"The clients themselves did not have enough gadgets that would allow me to contact them and carry out interviews, lessons, and counseling sessions online." (SW02)

Some clients also did not have the devices that would have allowed social workers to reach them online. As a result, counselling did not go out well and some patients did not receive counselling at all. The Ministry of Health and Social Services also did not supply the hospital-based social workers with enough technological devices and credit that can allow the social workers to provide telephonic counselling.

The above verbatim concur with those by Evans (2020), who found out that during COVID-19, technology enabled some businesses to continue working. Technology has evolved in social work practice over the past decades, playing a part in giving practitioners easy access to colleagues and their clients through fax, email, cell phones, chat rooms, and online messaging (Aly, 2020). Digital and electronic options also allow social workers to engage clients through email exchange and text messaging using their smartphones or through video teleconferencing using tools such as web cameras, Skype, Face Time, and Second Life (Kazekami, 2019). However, proper equipment such as laptops, smartphones, and high-speed internet devices to allow social workers to provide online psychosocial support was not always affordable, nor was it always available as some institutions had no capital to fund digital transformation (Raiiene et al., 2020).

4.4.3.Sub-theme 1.3: Difficulties in Maintaining Privacy and Confidentiality

Reamer (2022) alluded to the fact that with the introduction of distance counseling and other remote social services delivered electronically, social workers' ethical duty to ensure that clients fully understand the nature of these services, as well as their potential

benefits and risks, has grown. She went on to say that the rapid advancement of digital technology and other electronic media used by social workers to deliver services has added a new layer of difficult privacy and confidentiality issues.

Citations from participants support this claim.

"Some people in the neighborhood could hear me discussing over the phone with my clients very sensitive issues, and these issues would find their way on YouTube and other social media platforms." (SW01)

"My family members always overhear telephonic conversations on domestic violence, and I'm afraid it gives them a negative kind of socialization." (SW03).

Confidentiality is one of the fundamental principle of social work profession. Hospital social worker's in Omusati Region found themselves on the other line breaking confidentiality in the name of rendering telephonic counselling while they are at home or when what the social worker shared with the client during telephonic counselling leaks to social media.

These findings agreed with Kniffin and Ashford (2021), who noted that family members in a social worker's or service user's home may overhear sensitive and personal conversations while working from home. Similarly, social workers expressed concerns about the recording of video conversations and posting on social media as they were working from home (Aly, 2020).

4.4.4. Sub-theme 1.4: Failure by social workers to perform some work virtually

There are some manual and physical activities that cannot be performed remotely (Bloom, 2015). The following citations from the study participants back this claim:

"I had a challenge in that there was work that I was supposed to perform face-to-face

with my clients, but I was unable to do so due to movement restrictions." (SW08)

"Some of the work needs to be done at the site and not online. (SW09)

"I left a lot of work undone because it needed me to be present all the time with the clients."
(SW02).

Participants in the study spoke largely about the need to be present on-site with the clients when carrying out social work. They agreed that they had challenges in their operations, especially when there was a need to physically meet their clients.

The above findings agree with those by Li et al. (2020), who found that working remotely or from home was troublesome in certain industries, thereby having a negative impact on employee performance and productivity. Telephonic and virtual working from home often demands a peaceful and dedicated room to complete professional obligations, which may be a major difficulty for individuals who live in regions where there are challenges with networks and where there is noise from children (Narayanamurthy & Tortorella, 2021). Dhama et al. (2021) highlighted the fact that there has been a view that social workers need to be physically presentin the office or face-to-face with the client to carry out their duties.

4.4.5. Sub-Theme 1.5: Fear of being infected and anxiety

Workplace phobia has been a common problem in primary healthcare, but with the current COVID-19 pandemic and frontline workers being directly affected, workplace-related anxiety might be even more prevalent (Dhama et al., 2021). Fear of becoming infected with COVID-19 can trigger an anxiety-related disorder, especially in those who had a subclinical level of anxiety prior to the pandemic's onset or in those who are prone to overestimating threat, have an inflated sense of responsibility, and/or are

intolerant of uncertainty (Dhama et al., 2021). On the issue of fear and anxiety, participants had the following to say:

"Because there was no literature about COVID-19, I had difficulties fulfilling my responsibilitiesas a social worker, for I had so much fear about the disease." (SW04)

"Due to fear and anxiety, the whole process of service provision was based on trial and error,for I had insufficient knowledge as to what exactly should be done." (SW06)

"Fear and anxiety were the dominant feelings in me, for I had no knowledge of how it felt to havethe disease or what my future would be like once I got infected." (SW08)

Participants in the study focused heavily on fear and anxiety, which were dominant feelings among social workers at the time due to a scarcity of literature on COVID-19. Operating with little knowledge in the face of a global pandemic was a big challenge. Hearing that some of their co-workers and people they cared about in the profession were dead or alone made their fear and anxiety worse.

Li et al. (2020) bears the same testimony as the above findings: that the COVID-19 pandemic caused worry and anxiety in many occupations. The dangerous and unpredictable nature of COVID-19 instilled fears among specialists worldwide, including social workers (Awada et al., 2021). Hearing of relatives, friends, and co-workers being either dead or isolated triggered much fear in the social work and health fraternity (Tyrrell & Williams, 2021).

4.4.6. Sub-theme 1.6: Shortage of Personnel

The coronavirus pandemic highlighted a range of staff shortages within the social care sector, thereby placing pressure on the existing workforce (Ahmed et al., 2020). Some workers were taking turns on-site during the height of the pandemic, which had the implications that those whowould be on-site would be overloaded due to a shortage of personnel (Diab-Bahman & Al-Enzi, 2020). Also, people would end up doing every

task on-site due to this shortage. Citations fromthe study participants bear reference to these claims:

"There is no specialization at work under the new normal; I had to shoulder all the responsibilities as much as I could." (SW10)

"Every day I would leave the workplace overworked due to a manpower shortage at the workplace." (SW09)

"I couldn't clearly define my roles at work at one point because we were understaffed and would be asked to do anything" (SW01).

The study participants concurred that there was no specialization in the social work department due to a shortage of personnel. Everyone on duty on a particular day had to shoulder all the responsibilities to keep the organization functional. There was uniformity in when carrying out their work despite the different ranks they used to have before the pandemic.

These findings are consistent with those by Dhama et al. (2021), who pointed out that during the COVID-19 pandemic, workers were required to do everything to meet corporate goals regardlessof whether they had a specific area of expertise. This was due to either some socialworkers being placed in quarantine because of an infection or there not being enough social workers in the country to meet demand (Aly, 2020). During the pandemic, social workers would stretch their responsibilities over the whole profession to fill the void that was created by those who were placed in isolation (Labrague & De los Santos, 2020).

4.5. Theme 2: The Effects of COVID-19 Challenges

This theme serves as a pivotal point of exploration, encompassing the broader impact of

the operational challenges posed by the pandemic on social workers. By providing this contextualisation, the study sets the stage for a comprehensive analysis of the specific subthemes that collectively contribute to shaping the effects experienced by hospital-based social workers. This approach enhances the coherence and depth of the study's findings, allowing readers to navigate through the research with a clearer understanding of the overarching theme and its subsequent subthemes.

4.5.1. Sub-theme 2.1: Fatigue from Being Overworked Due to Personnel Shortage

Employee burnout is a specific type of workplace stress (Bönte & Krabel, 2014). Participants in the study indicated that one of the effects of COVID-19 on social work productivity was the problem of employee burnout. This was caused because of social workers working long hours in a collective effort to achieve organizational goals. Social workers became overworked, had medical problems, and were restless in trying to offer much-needed services to inpatients.

"When COVID-19 hit hard in June or July 2021, there were a lot of patients in the wards,offices, or community." "Most of the time, I just don't have the energy to get out of bed and go to work." (SW03).

Working long hours to meet deadlines or provide services to patients without rest can lead to stress, burnout, and neglect of self-care, according to the interviews with participants.

"We were always on our toes, running to provide service where it was needed. "Due to a staff shortage, I sometimes find myself acting as a cleaner, doctor, or nurse." (SW9).

"I needed to be in an environment where I could share issues with my colleagues, which is very healthy, and it was very difficult for me to find that time during COVID-19 because you are in a session providing counseling at all times." (SW06).

The participants who took part in the research underlined the fact that they felt

overworked because of the necessity to fill in the gaps left by co-workers who were absent from work at the time the study was conducted. Either they were working other shifts, were on standby, or there simply were not enough of them.

The above findings concur with Ahmed et al. (2020), who found out that contact frequency and night shifts were significantly associated with job burnout, and only reports of working longer hours than usual appeared to be strongly and consistently associated with stress, anxiety, and job burnout. Diab-Bahman and Al-Enzi (2020) say that the effects of long work hours are made worse by not having enough time off to rest and recharge.

4.5.2. Sub-theme 2.2: Health and Safety of Social Workers

During the COVID-19 pandemic, social workers were exposed to sick people, which caused them to worry about their own health, leading to an increase in cases of anxiety, sadness, and other mental and physical health issues in the field of social work (Tyrrell & Williams, 2021). Their primary concern was not that they would only become infected themselves but rather that they would innocently pass the disease on to members of their families or even to others. These ideas are supported by the citations provided by the people who participated in the study, as follows:

"What I fear the most is passing the disease on to family members, and this has been keeping me awake at night."(SW06)."

*"Our safety as social workers is not guaranteed because every day we will be dealing with sick people." (*SW02)

"I get haunted by the fact that I always see patients dying every day from the disease, and I'm quite fearful." (SW08).

The participants were constantly interacting with sick individuals, the participants

who took part inthe research said that they live in constant worry that they may become infected with the virus and pass it on to their families and other members of society. Some hospital-based social workers were shaken to the core by the shockingly high fatality rates caused by COVID-19, to the point that their safety is still up in the air.

These findings concur with Guitton (2020), who underscored that sadness and anxiety are causedby direct contact with the sick, the terrible experiences patients go through, seeing patients die in huge numbers, and the fear of getting sick and infecting others. hospital-based social workers found it difficult to perform their duties in an environment where they are constantly witnessing people succumbing to COVID-19, people in mourning, and people carrying their loved ones for burial (Diab-Bahman & Al-Enzi, 2020). Anxiety is likely to negatively affect the motivation and behaviors of social workers, thereby making it difficult to maintain appropriate performance and productivity (Assor et al., 2005). Social workers need to keep in mind that their body and psychological well-being come first (Guitton, 2020). He continued arguing that if their health is impaired or worsens to the point where they are unable to assist clients, they must stop immediately.

4.5.3. Sub-Theme 2.3: Decreased Workplace Engagement

Workplace engagement allows employees to connect with co-workers, managers, and organizational stakeholders (Raiiene et al., 2020). It also promotes information sharing, cooperation, creativity, and innovation (Russo et al., 2021). Persons working remotely have fewer opportunities to engage with colleagues, participate in organizational activities, and form connections with co-workers and supervisors (Diab-Bahman & Al-Enzi, 2020). Citations from the study participants support the sub-theme by saying:

"It was very difficult for me to fully engage myself in social work due to the distance that was created between my clients, workmates, and me." (SW01).

"I was unable to share information with my colleagues on issues that affect us as

members employed by the same organization due to restrictions on movement." (SW02).

"Practicing real social work became very difficult because the distance that was created between us and our clients was unbridgeable." (SW10)

Participants expressed that social workers did not adequately engage with one another or consistent meetings to discuss issues that were relevant to their organization. This is mainly since travel restrictions have been put into place to stop the sickness from spreading further. They were also of the opinion that it is extremely challenging to carry out social work under these conditions.

The findings agree with those that were presented by Evans (2020), who emphasized that effective social work engagement is an important initiative at work; it enables social workers to bond with others and supervisors and to feel aligned with the organizational stakeholders. The findings presented above agree with those presented by Evans (2020). This is done through increasing information exchange, cooperation, creativity, and innovation among social workers, which in turn boosts their overall performance (Russo et al., 2021). Virtual social workers frequently encounter a lack of social connection, fewer opportunities to communicate with colleagues, and fewer possibilities to participate in organizational activities. As a result, it can be challenging for virtual social workers to form connections with their co-workers and supervisors (Tyrrell & Williams, 2021). If information is not actively exchanged among team members, intellectual capital of the employees would be underutilized (Raiiene et al., 2020). They continued arguing that when information is not shared, organizational performance suffers as much as individual performance.

4.5.4. Sub-Theme 2.4: Multitasking and Increased Workload

COVID-19 resulted in social workers doing more than one task as they tried to make things workable due to decongestion. This caused an increased workload on the

part of the social workers. Surely, even without a global epidemic, our Aawambo culture struggles with multitasking (Arntz et al., 2020).This increases the workload and compromises the quality of work output as people try to perform a variety of tasks at once. Citations from the study participants back this claim:

"I used to get overloaded owing to the performance of multiple tasks at work and also at home, e.g., making sure the kids are well taken care of at home since day care centers were closed." (SW03).

"Multitasking decreases the quality of work output." (SW04).

"Multitasking makes one miss due dates for the submission of reports and other important information, like forgetting to attend a virtual meeting on COVID-19 updates." (SW05).

Participants in the study noted that multitasking was necessary since they were required to manage an excessive amount of work. This was since they were given too much to do. They were also in charge of managing their own loads, which hurt the quality of the job. On some occasions, they were unable to submit reports by the deadlines set or they forgotto participate in the virtual meetings held to discuss COVID-19 updates and this might lead to poor management of COVID-19 cases because no updated information on the pandemic. The pandemic causes most of the day-care centers had to close their doors, which meant that the responsibility of ensuring that children were fed fell mostly on the shoulders of women.

According to Feng and Savani (2020), social workers working long hours were also found to be participating in household chores while they are providing telephonic counselling or even after a long day when they come back from the field, such as childcare, cooking, and cleaning after longhours from work that can make social workers multi-task. In addition, given that all members of the family were required to remain within the confines of the home, this resulted in an increase in the amount of

housework that needed to be completed by female social workers. This was since homes frequently became messy due to the fact that everyone ate and played within the home (Dhama et al., 2021). According to the hypothesis put forth by Feng and Savani (2020), the official work productivity of social workers is reduced when they are required to perform both official and family responsibilities.

In research conducted by Labrague and De los Santos (2020), it was found that many participants reported having experienced an increased workload resulting from the COVID-19 pandemic. Working longer hours was one of the reasons for the increased workload. Oneparticipant reported that:

"To be honest, I feel as though I have had to work more as a result of COVID-19." (SW02)

(SW07) stated it this way: *"It resulted in a higher workload and extensive overtime hours," (SW08) said, while "my workloadramped up in the first few months."*

Additionally, SW09 similarly reported that:

"*My caseload has more than doubled during this pandemic because, after long hours at work, as a mother, I have to go and do home schooling for my children because they were not going to school."*

4.6. Theme 3: Coping Mechanisms employed by social workers in Omusati Region during the COVID-19 pandemic.

This thematic segment serves as a crucial bridge that connects the operational challenges faced by hospital-based social workers during the pandemic to the strategies they employed to navigate and mitigate these challenges. By providing this contextualization, the study enhances the reader's comprehension of the overarching theme's significance and the subsequent exploration of the coping mechanisms employed by hospital-based social workers. This approach contributes to a cohesive and logically structured

presentation of the research findings, facilitating a more comprehensive understanding of how social workers responded to the operational challenges posed by the COVID-19 pandemic.

4.6.1. Sub-Theme 3.1: Getting Enough Exercise.

One of the coping methods that may be used to cope with stress and burnout is to make it a priority to maintain a regular exercise regimen (Ahmed et al., 2020). Moving the body allows itto let go of the stress it has been holding while also stimulating the production of feel-good chemicals like endorphins (Hafermalz & Riemer, 2021). One may reduce tension without ever leaving the house by participating in virtual workouts such as online yoga (Li & Yang, 2020). Statements from the study participants support these claims:

"Stress management can be done either outdoors or indoors." One can practice online yoga at home and get relief from it. Before I start my day, I usually play online exercises and watch how others do them. "It always leaves me feeling rejuvenated." (SW05)

"In case I find myself knocking off before six (6) pm, I always take a walk to break the wearisomeness of the work, and as one sees a new environment, tension is gradually released." (SWO9)

"I bought myself a rolling stress ball to play games because it can relieve oneself of stress while exercising at the same time." (SW04)

The study participants felt that doing yoga indoors, taking a walk, and playing ball games were some of the activities that can help one relieve stress that stems from overworking. hospital-based social workers in Omusati Region were as well encouraged to do exercises at home to keep their body fit and cope up with stress. Stressful environments must always be avoided, as these can worsen the stress. According to Gutek et al. (1991), managing stress can be accomplished through a

variety of activities, some of which include getting a good night's sleep, participating in online yoga activities, watching movies, and going for a walk.

4.6.2. Sub-Theme 3.2: Sharpening Digital Skills for the Social Workers

To slow the fast spread of the virus, governments all over the world have implemented tough rules to manage overcrowding, including shutting down borders and businesses and implementing social separation that forbids human interaction (To & Editor, 2021). It is not that social workers voluntarily chose to do their duties with the help of technology; they had no choice. This assertion is supported by the citations provided by the participants in the present research:

"In most cases, we find ourselves being called for virtual meetings that we thought were not possible." The meetings were mostly focused on information sharing on the new developments of COVID-19. (SW01)

"I literally have to learn how to use Zoom, Teams, and other programs to make sure I get up-to- date information on COVID-19." (SW08).
"Because of the ever-evolving nature of technology concerns, it is essential for social workers to continually expand their knowledge and skill sets in order to stay apace with these developments." (SW03).

The people who took part in the research believed social workers needed to make sure that they kept their computer skills current to keep up with the ever-evolving technological landscape and the requirement to use such abilities whenever they were required to do so. The progression of technology must be in sync with the way in which individuals acquire the competencies that are required to be compatible with emerging software and virtual platforms. In Omusati Region social workers were part of the bigger picture were by they were required to join virtual meetings to learn about the novel Virus.

The findings are in agreement with those that were found by Hafermalz and Riemer (2021), who argued that the use of digital technology to work remotely has all of a sudden become a solution for keeping businesses operating in the midst of the COVID-19 epidemic. These findings agree with the fact that it was brought to the public's attention that continuing to enhance one's computer abilities was essential and necessary in the current circumstances with COVID-19. The abilities of the people who use it should advance with the underlying technology as it gets better (Graves & Karabayeva, 2020).

A study that was conducted in Toronto regarding the use of technology during COID-19 reveals that social workers' use of ICT has undergone a paradigm shift as a result of the epidemic, with a variety of ICT platforms now being used in treatment (Kumar et al., 2021). They continued arguing that there has to be further study on this significantly altered usage of ICTs in the COVID-19 environment, especially since there is not much or no primary or "formal" arguing that face-to-face care at the moment.

4.6.3. Sub-theme 3.3: Psycho-social Support

During the COVID-19 pandemic, several people were psychologically affected by the aftermath of the disease after having witnessed people passing away, either in sick bays or while bodies were being transported for burial. In a situation like this, one needed to be courageous, but for social workers, dealing with difficult situations like this had become an ordinary part of their existence. Citations from the study participants support this claim.

"Spending like the whole day seeing people dying was quite disturbing and it would send a signal to me that everything was not well at all. (SW04)."

"I just need help to recover from what I have seen happening in the hospital where I work. Forgetting it just like that is not possible. I was so touched by what this disease

did." (SW07)

People that were working during this time provisions were made by the hospital-based social workers to provide psychosocial support to the staffs that includes hospital-based social workers. In additional the participants alluded that they were left traumatized by observing dead bodies and people in critical condition. The participants narrated how is important for them to get help to recover from the COVID-19 effects.

It has been demonstrated over the course of the years that psychosocial assistance is highly helpful in assisting victims of situations in their mental and social rehabilitation (Maier& Brockmann, 2020). It has a healing effect, and as a result, the victims can reclaim their self- esteem and once again join in with society, which is where they belong.

The findings are in accord with those that were discovered by Kumar et al. (2021), who stressed that receiving psychological assistance is of utmost importance in terms of recovering from a state of distress. The claims of the authors are backed by the research of Kumar et al.(2021), who found that psychological support can help people live healthier lives. On the other hand, by not getting psychosocial support this can lead to higher levels of post-traumatic stress disorder (PTSD), poorer social role functioning, and increased psychological discomfort (Li & Yang, 2020).

4.6.4. Sub-Theme 3.4: Material Support from Management towards Fellow Staff Members

The widespread effects of the COVID-19 pandemic had a profound impact on the lives of peopleall around the world, and social workers were not an exception (Stoker et al., 2021). Their efforts would be handsomely rewarded, which would serve the function of keeping their spirits up and keeping them away from surroundings that are lonely and unpleasant. The references that the people who took part in this research provided back up these claims.

"It was a good idea when our government introduced financial incentives to social workers and other staff that worked overtime due to COVID-19 because, to me, it serves as a motivation and encouragement to operate under very harsh conditions during COVID-19." (SW03)

"Management, through its respective structures, motivates us as we endeavor to close gaps left by our colleagues to try and boost productivity within the organization and make up for lost time." (SW07).

Participants voiced their opinions on the importance of providing rewards to hospital-based social workers who willingly risked their lives to save others during the epidemic. They also discussed the need of removing themselves from upsetting settings and having someone to talk to in order to make it easier to forget the shocking activities that they had to bear witness to.

The previous findings are in agreement with those by Li and Yang (2020), who emphasized that the anguish caused by the loss of loved ones would still be haunting those that remain behind. They are suffering from a very high stress disorder, which, on occasion, should be strategically managed by at least talking to other people. This should be done in order to prevent the disorder from causing additional health problems in the lives of those who are still alive today as well as the victims. They are under a very high stress disorder. They will be receiving certain incentives to keep them going and motivate them in accordance with the fact that their effort will not go unacknowledged and that they will be receiving these incentives (Guitton, 2020).

4.7. Chapter Summary

This chapter focused on the presentation, analysis, and discussion of findings. The themes that emerged from the findings were each discussed in detail, aligning them with the reviewed literature as presented in Chapter 2 of this study. The next chapter focuses on the conclusion, summary, and recommendations of the study.

CHAPTER FIVE

CONCLUSION, SUMMARY, AND RECOMMENDATIONS

5.1. Introduction

This chapter unpacks the summary of the study, the inferences derived from the study findings, recommendations, and areas for further research. The main purpose of the study was to investigate the operational challenges faced by hospital-based social workers during the COVID-19 pandemic inthe Omusati region of Namibia. The study used a qualitative descriptive research approach or methodology and design using in-depth face-to-face interviews, which were administered to ten social workers who were purposefully selected from hospitals in the OmusatiRegion, Namibia.

5.2. Summary of the findings

5.2.1 Research objective 1: To explore the operational challenges experienced by hospital based social workers in Omusati Region

Hospital social workers in the Omusati Region reported long working hours due to extended working hours. This aligns with the broader literature on healthcare professionals facing increased workloads during the pandemic (**Stoker., 2021**). Long working hours can be viewed through the lens of systems theory, where the interconnected elements of the healthcare system influence the well-being of social workers. Long working hours may result from systemic issues such as staff shortages (Ahmed et al., 2020). The lack of access to technological resources hindered the ability of social workers to perform their duties effectively. This resonates with the broader discussion on the digital divide and its impact on work settings during the COVID-19 pandemic (Arntz et al., 2020). Systems theory emphasizes the interconnectedness of various components within a system. In this context, limited access to technology is a systemic issue that requires holistic solutions, considering the integration of technology within healthcare systems (Aly, 2020).

Hospital-based social workers faced challenges in maintaining privacy and confidentiality, highlighting the impact of the pandemic on ethical considerations in healthcare (Bloom et al., 2015). The systems theory perspective underscores the importance of ethical standards as integral components of a functioning healthcare system. Failures in privacy and confidentiality may be attributed to systemic inadequacies in policy implementation and resource allocation (Carnevalea & Hatak, 2020). The inability to perform certain tasks virtually may stem from systemic issues, including the lack of infrastructure and support for remote work (Awada et al., 2021). The systems theory perspective emphasizes the interdependence of elements within a system. The challenges faced by social workers in performing virtual work highlight the need for systemic changes to facilitate remote work in healthcare settings.

Hospital social workers experienced heightened anxiety and fear of infection, affecting their mental health and overall well-being (Bao et al., 2020). Systems theory posits that individual elements within a system are interconnected, and the psychological well-being of social workers is influenced by the broader healthcare system. Addressing the fear of infection requires a systemic approach, considering organizational support and mental health resources (Carnevalea & Hatak, 2020). The shortage of personnel is a systemic challenge that impacts various aspects of healthcare delivery, including the workload on social workers (Alam et al., 2021). The systems theory perspective highlights the interconnectedness of different elements within the healthcare system. Addressing personnel shortages necessitates systemic solutions, such as workforce planning and recruitment strategies (Bosua, 2016).

The challenges faced by hospital-based social workers in the Omusati Region during the COVID-19 pandemic can be better understood through the lens of systems theory. This perspective emphasizes the interconnectedness of various elements within the healthcare system, underscoring the need for systemic solutions to address the operational challenges encountered by hospital-based social workers. The identified challenges, including long working hours, limited access to technology, issues of privacy and confidentiality, virtual work limitations, fear of infection, and personnel shortages, all require a comprehensive

and systemic approach to ensure the well-being and effectiveness of hospital social workers in the face of ongoing health crises.

5.2.2 Research objective 2: To investigate the effects of the challenges posed by COVID-19 on the operations of Omusati social workers

The COVID-19 pandemic has exacerbated the existing issue of manpower shortage among social workers in the Omusati Region. The fatigue experienced by hospital-based social workers due to overworking can be viewed through the lens of systems theory, which emphasizes the interconnectedness of elements within a system. Manpower shortage, exacerbated by the pandemic, represents a systemic challenge that impacts the well-being and effectiveness of social workers. Adequate staffing is a crucial element in maintaining a resilient and functional healthcare system (Ahmed et al., 2020). The health and safety of social workers are paramount considerations, especially during a global health crisis. The fear of infection and anxiety among social workers during the pandemic can be linked to the broader concept of employee well-being (Chew et al., 2020). The systems theory perspective highlights the interdependence of elements within the healthcare system, emphasizing the need for comprehensive measures to ensure the health and safety of social workers. This includes providing personal protective equipment (PPE), implementing safety protocols, and offering mental health support (Bao et al., 2020).

The decreased presence of social workers in the workplace further compounds the challenges faced by the Omusati Region. This reduction may result from various factors, including health concerns, long working hours and the impact of the pandemic on workforce dynamics. The systems theory perspective underscores the interconnectedness of elements within a system, emphasizing that a decrease in the number of hospital-based social workers affects the overall functioning of the healthcare system. Addressing this challenge requires systemic solutions such as recruitment strategies and retention efforts (Alam et al., 2021). The need for social workers to multitask and handle increased workloads is a direct consequence of the challenges posed by the COVID-19 pandemic.

The increased demand for psychosocial support, coupled with manpower shortages, contributes to the complexity of social work tasks. Systems theory emphasizes the interconnectedness of elements within a system, and in this context, the increased workload is a systemic issue requiring holistic solutions. This may involve the re-evaluation of job roles, task prioritization, and the implementation of supportive measures to enhance efficiency (Bönte & Krabel, 2014).

The effects of challenges posed by COVID-19 on the operations of hospital-based social workers in the Omusati Region can be comprehensively understood through the lens of systems theory. This perspective highlights the interconnectedness of various elements within the healthcare system and underscores the need for systemic solutions to address the specific effects outlined in the subthemes. Manpower shortage, health and safety concerns, decreased workforce, and increased workload are all interconnected challenges that require a holistic and coordinated approach to ensure the resilience and effectiveness of social workers in the face of ongoing health crises.

5.2.3 Research objective 3: To identify the coping mechanisms employed by hospital based social workers in Omusati Region

The coping mechanism of getting enough exercise is a proactive approach adopted by social workers to mitigate the stress and challenges posed by their demanding roles during the COVID-19 pandemic. Regular physical activity has been widely recognized for its positive impact on mental health, reducing stress, and improving overall well-being (Bao et al., 2020). Systems theory suggests that individuals are integral components of the broader healthcare system, and supporting social workers in maintaining their physical health contributes to the overall resilience of the system. The sharpening of digital skills is an adaptive coping mechanism employed by social workers in response to the increased reliance on technology during the pandemic. This aligns with the broader literature on the importance of digital transformation in the face of global crises (Aly, 2020). Systems theory emphasizes the interconnectedness of elements within a system, and in this context, the enhancement of digital skills is a

systemic response to the evolving needs of the healthcare system. It not only aids individual social workers but also contributes to the overall efficiency of the system.

Psycho-social support serves as a crucial coping mechanism for hospital-based social workers dealing with the emotional toll of their work during the pandemic. This support may come from various sources, including colleagues, supervisors, or external mental health professionals. The literature highlights the importance of social support in mitigating stress and promoting mental well-being (Bao et al., 2020). From a systems theory perspective, the well-being of hospital-based social workers is interconnected with the broader healthcare system. Implementing psycho-social support mechanisms contributes to the overall resilience and effectiveness of the system.

Material support from management towards fellow staff members represents a coping mechanism rooted in a sense of solidarity and teamwork. The provision of resources and support from management fosters a supportive working environment and strengthens the social fabric within the healthcare system (Carnevalea & Hatak, 2020). Systems theory underscores the interdependence of elements within a system, and material support contributes to the overall cohesion and functioning of the healthcare system. It reflects a systemic approach to addressing the challenges faced by hospital-based social workers.

The coping mechanisms identified among hospital-based social workers in the hospitals of Omusati Region during the COVID-19 pandemic demonstrate both individual and systemic responses to the challenges they face. Getting enough exercise, sharpening digital skills, psycho-social support, and material support from management are interconnected strategies that contribute not only to the well-being of individual social workers but also to the resilience and effectiveness of the broader healthcare system. The adoption of these coping mechanisms reflects an adaptive and dynamic response to the evolving demands of their roles in times of crisis.

5.3. Conclusions and Recommendations from the Research Aim and Objectives

Social workers are vital members of our community. The necessity is to ensure the profession of social work has a bright future by realising its transformative potential in working with people to make positive changes in their lives, families, and communities (Udaha & Francis, 2021). To do this, a determined effort must be made to analyse the current problems and consider how social work will develop after COVID-19.

The study's objective was to delve into the challenges faced by COVID-19 hospital-based social workers during the study's timeframe. This investigation illuminated a multitude of obstacles, including burnout resulting from extended working hours, restricted access to essential technological tools, some social workers not fully utilizing available digital resources, and the persistent fear of contracting the virus due to constant interaction with a public majority affected, recovering, or confined.
Compounded by shift assignments, many hospital-based social workers witnessed a decline in their level of job engagement. Concurrently, the research also shed light on the repercussions of these challenges. These consequences encompassed feelings of exhaustion due to excessive work hours, apprehensions of infection during work-related tasks, and a reduced workplace population owing to staggered shifts designed to mitigate virus transmission risk.

Throughout the investigation, a variety of coping strategies were apparent. These tactics included engaging in regular physical activity, enhancing social workers' digital skills, and asking management and co-workers for material support and psychosocial support.

Workplace disruptions were often recorded in hospitals and educational enterprises throughout the COVID-19 outbreak. The stress and anguish brought on by the illness endure even among individuals who were lucky enough to survive the pandemic. Different strategies are being used to deal with this discomfort, emphasising how crucial it is for

participants to take part in therapeutic interventions to retain stability and reclaim the normalcy in their lives.

In sum, the findings highlight how important hospital-based social workers are to modern society. It is crucial to recognise and deal with the many difficulties these professionals face. The social work profession can continue to develop, adapt, and offer priceless assistance to people and communities in need by having a thorough awareness of these difficulties and putting appropriate coping mechanisms into practise.

To continue to enforce safety protocols,including the use of COVID-19 testing and personal protective equipment as well as physical distancing to help social workers carry out their duties with the minimum fear of being infected. Help the social workers become more comfortable with technology-enabled care, such as using existing training curricula, by providing training on how to use Zoom, Teams, and other platforms of communications. Equally important, if SWs fail to maintain confidentiality when using communication technologies such as the telephone counselling, professional ethical standards may be violated. Social workers may risk creating difficult gaps for those with disabilities and those experiencing poverty by utilizing communication technologies. Finally, there is a need to develop emergency disease outbreak response plans.

5.4. Summary, Conclusions, and Recommendations of the Chapters

The summary of chapters provides a brief account of the principal components of each chapter without giving the fullest details, for they are already enshrined in the chapters themselves.

5.4.1. Chapter One: Introduction to the Study

This chapter highlights and provides the reader with a general outline and contextual backgroundof the study, the research objectives, the research questions that are to be

addressed in the currentstudy, and the significance of the study. It also provided the statement of the problem of the study, the definition of the main functional terms used in the study, and lastly, a summary of the main aspects dealt with in this chapter.

5.4.2. Chapter Two: Literature Review

The second chapter presented the theoretical framework of the study and a comprehensive review of the literature for the study. In this chapter, the reviewed literature focuses mainly on the operational challenges faced by SWs during the COVID-19 pandemic in the Omusati region of Namibia. The reviewed literature also touched on the effects of the operational challenges faced by hospital-based SWs during the COVID-19 pandemic in the Omusati region of Namibia. It also sought to answer questions relating to the effects of the COVID-19 challenges as posed by the same pandemic and the coping measures employed by hospital-based social workers to reduce the same effects when carrying out social work duties. Some of these are still being felt to this day. However, victims are still in the process of coping with losses, stress, or trauma. It is thus advised that social workers who were impacted in a variety of ways seek out appropriate coping mechanisms that are not harmful but instead prepare them to face the world without further damage to their health and well-being.

5.4.3 Chapter Three: Research Methodology

This chapter focused on the research methodology of the study, and a qualitative descriptive research methodology was used in this case. The study participants were social workers whowere purposefully drawn from hospitals in the Omusati region to respond to the study's questions. The importance of doing research in accordance with ethical standards can be attributed to several different factors. To begin with, standards advance the goals ofresearch, such as acquiring knowledge, uncovering the truth, and staying away from making mistakes. For instance, laws that make it illegal to fabricate, manipulate, or otherwise misrepresent research findings help spread the truth and cut down on the number of mistakes made.

Second, ethical standards promote the values that are essential to collaborative work, such as trust, accountability, mutual respect, and fairness. This is important for two reasons. First,research frequently involves a significant amount of cooperation and coordination between many different people working in a variety of different fields and institutions. For instance, many of the ethical norms in research, such as guidelines for authorship, copyright and patenting policies, data sharing policies, and confidentiality rules in peer review, are designed to protect the intellectual property interests of individuals while simultaneously encouraging collaboration. It is therefore recommended that human and non-human subjects in research be always treated with respect.

5.4.4. Chapter Four: Presentation and Discussion of the Findings

Chapter four presented the findings of the study. The first part presented the demographic profileof the selected study participants. The second section presented the operational challenges faced by hospital-based social workers during the COVID-19 pandemic in the Omusati region, as well as the effectsof the challenges and the coping mechanisms that were employed to reduce the severity of the same challenges. Themes emerged from the study, and they were discussed. The assertions madeby the research participants were backed up with citations from relevant works of literature. The responses that surfaced from the people who participated in the study were transcribed here as they were collected throughout the process of data gathering. Therefore, it is of the utmost importance that the quotations be backed up each time so that they do not give the impression that the author is aware of them as being common knowledge.

5.4.5 Chapter Five: Summary, Conclusion, and Recommendation of the Study

This chapter summarizes the findings and draws some conclusions to answer the research questions from the analysis of the data collected. It makes some recommendations on how to cope with operational challenges during the COVID-19

pandemic when carrying out social work duties. The chapter also recommends other areas for further research identified during the research process.

5.5. Recommendations to the Ministry of Health and Social Services

The study recommends that there is a need to:

- Fast-track access to technology for the Omusati Region staff, which consists of hospitals, health centers, and clinics, and to provide devices (e.g., smart phones, laptops) to the focal emergency staff.
- Institutions of higher learning to entice and market the social work profession to attract more men for enrolment.
- Continue to enforce safety protocols, including the use of COVID-19 testing and personalprotective equipment as well as physical distancing, to help social workers carry out theirduties with the minimum fear of being infected.
- Increase policy flexibility to speed access to services by establishing clear rules stating that a suspect COVID-19 client will receive assistance if they go to the hospital or if they require assistance without increasing discrimination.
- Support staff well-being and health (psychosocial support), such as by providing opportunities for consultation or making staff aware of resources for providers on the front lines of the pandemic response, and
- Develop emergency disease outbreak response plans to increase future preparedness, which will include plans for ensuring adequate supplies and a leadership structure for rapid response.

5.6. Suggestions for Further Research

- This study was carried out only in one Namibian region, and as such, similar studies need to be done in all other regions.
- To assess the effects of COVID-19 once the pandemic has been officially

declared over to medical personnel in the Omusati Region and throughout Namibia

5.7. Conclusion

This research sought to identify universal challenges that hospital-based social workers experienced both personally and professionally throughout the COVID-19 pandemic. It successfully uncovered universal themes, many of which were consistent with challenges identified in past research on unexpected disasters and pandemics. From an environmental perspective, future pandemics and environmental crises are inevitable. For this reason, hospital-based social workers must incorporate interventions acquired throughout the COVID-19 pandemic into standard practice. It is advisable that individuals and systems do not look forward to a "return to normal" or an "end to COVID- 19" because that vantage point does not align with the sustainability of the individual practitioner or the social work profession. While there have been significant challenges and unsurmountable losses, COVID-19 has taught us that social workers are resilient and adaptable problem solvers who are adept at navigating crisis-level change. To maintain sustainability within the profession, macro-level policies and standards of practice must be revised considering the lessons learned throughout the COVID-19 pandemic.

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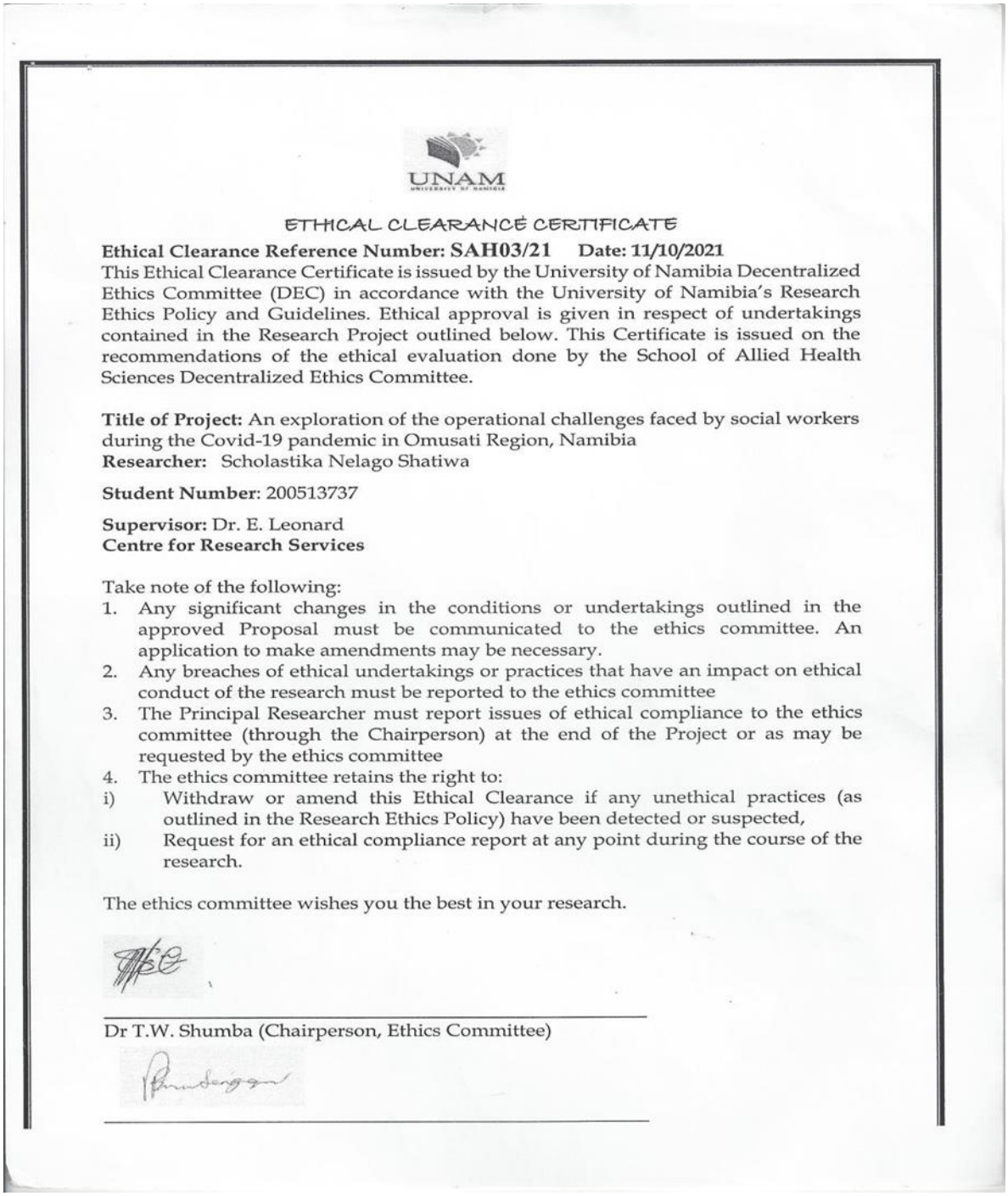
APPENDIX 1: ETHICAL CLEARANCE CERTIFICATE



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ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SAH03/21 Date: 11/10/2021

This Ethical Clearance Certificate is issued by the University of Namibia Decentralized Ethics Committee (DEC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the School of Allied Health Sciences Decentralized Ethics Committee.

Title of Project: An exploration of the operational challenges faced by social workers during the Covid-19 pandemic in Omusati Region, Namibia
Researcher: Scholastika Nelago Shatiwa

Student Number: 200513737

Supervisor: Dr. E. Leonard
Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:

i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

Dr T.W. Shumba (Chairperson, Ethics Committee)

APPENDIX 2: RESEARCH PERMISSION FROM THE MoHSS

REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building
Harvey Street
Private Bag 13198, Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel No. 061-203 2507
Fax No: 061-222 558
Andreas.Shipanga@mhss.gov.na

Ref: 17 3 3 SS
Enquiries: Mr. A. Shipanga

Date: 02 February 2022

Ms. Scholastika Shatiwa
PO Box 7227
Oshakati
Namibia

Dear Ms. Shatiwa

Re: An exploration of the operational challenges faced by social workers during the COVID-19 pandemic in Omusati Region, Namibia.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
   - 3.1 The data to be collected must only be used for academic purpose;
   - 3.2 No other data should be collected other than the data stated in the proposal;
   - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage.
   - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
   - 3.5 Preliminary findings to be submitted upon completion of the study;
   - 3.6 Final report to be submitted upon completion of the study;
   - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sincerely,

BEN NANGOMBE
EXECUTIVE DIRECTOR

All official correspondence must be addressed to the Executive Director

Mz NAMIBIA

APPENDIX 3: PERMISSION REQUEST FROM THE MoHSS HEAD OFFICE

Ms. Scholastika Shatiwa
P.O.Box: 437
Ruacana
12 October 2021

To: The Executive Director
Ministry of Health and Social Services
Private Bag: 13198
Windhoek

REQUEST TO CONDUCT A RESEARCH AT OSHIKUKU, OKAHAO, TSANDI AND OUTAPI DISTRICT HOSPITALS: AN EXPLORATION OF THE OPERATIONAL CHALLENGES FACED BY SOCIAL WORKERS DURING THE COVID-19 PANDEMIC IN OMUSATI REGION, NAMIBIA.

Dear Mr. B. Nangombe

I am Scholastika Shatiwa, a Chief Social Worker at the Ministry of Health and Social Services in Omusati Region. I am currently doing my master Degree in social work at the University of Namibia. It is part of the University to conduct a research in fulfilment of the master degree and students are obliged to write a thesis. I hereby requesting permission to conduct a research study at the above mentioned districts in Omusati on the title: An exploration of the operational challenges faced by social workers during the covid-19 pandemic in Omusati region, Namibia.

The targeted population are the social workers at the above mentioned districts. The study will be voluntary and participants will be given informed consent to sign before participating. The research will be conducted through interviews.

The MoHSS will benefit in this study as it will help the Ministry to understand the coping mechanisms employed by social workers in dealing with operational challenges induced by the COVID-19 and to understand the types of services being provided by the social workers to the COVID-19 patients in Omusati Region. It will also further help the Ministry to improve service delivery when it comes to outbreaks.

Your approval to conduct this study will be appreciated

Sincerely

Scholastika Shatiwa

APPENDIX 4: INFORMED CONSENT FORM

UREC Annex 5F: Informed Consent for Qualitative Studies

INFORMED CONSENT FORM

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UNIVERSITY OF NAMIBIA

Informed Consent for the social workers in Omusati Region, who I am inviting to participate in research about exploration of the operational challenges faced by social worker's during the provision of psychosocial support to covid-19 patients at work in Omusati region, Namibia.

Name of Principal Investigator:	Scholastika Shatiwa
Name of Sponsor:	N/A

This Informed Consent Form has two parts:

- **Information Sheet (this section, to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

My name is Scholastika Shatiwa, working for the Ministry of Health and Social Services (MOHSS) a student at the University of Namibia. I am doing research on the operational challenges faced by social worker's during the provision of psychosocial support to covid-19 patients in Omusati region, Namibia. The purpose of your participation in this research is to help the researcher understand the impact of COVID-19 on the social workers as frontline workers. You were selected as a possible participant in this study because of the role that you are playing as a social worker involved in COVID-19. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or of another researcher.

Purpose of the Research

The reason for carrying out the research is to understand how the social workers has been coping with challenges posed by COVID-19 in the undertaking of their duties. .

Type of Research Intervention

If you agree to participate in this research study, the following will occur: It will be a one-to-one interview and the participants will be interviewed for approximately one hour.

Participant Selection

You are being invited to take part in this research because we feel that your experience as a social worker can contribute much to our understanding and knowledge on COVID-19

Voluntary Participation

Your decision whether or not to participate in this study is voluntary and will not affect your relationship with the MOHSS neither the University of Namibia. The choice that you make will have no bearing on your job or on any work-related evaluations or reports. If you choose not to participate in this study, you can withdraw your consent and discontinue participation at any time without prejudgment

Procedures

We are asking you to help us learn more about COVID-19. If you agree to participate in this research study, the following will occur: The participants will be interviewed for approximately one hour. The researcher is requesting your permission to write notes and tape record during

the interview to allow the researcher to capture full data from participants without interruption. This can also allow the researcher to retrieve the information once the researcher has forgotten when time past. Personal questions will be explored e.g. how you have been coping with COVID-19, If you probably found yourself needing psychosocial support and the fears while providing psychosocial support to COVID-19 patients.

During the interview, I (Scholastika Shatiwa) will sit down with you in a comfortable place at your hospital board room. If it is better for you, the interview can take place in your home or a friend's home. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question. No one else but I /the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except my supervisor (Dr. Emma Leonard) will access to the information documented during your interview if need be. The entire interview will be recorded, but no-one will be identified by name in the recording. This can also allow the researcher to retrieve the information once the researcher has forgotten when time past. The recording will be kept confidential in a lockable cupboard. The information recorded is confidential, and no one else except Dr. Emma Leonard will have access to the recordings. The recordings will be destroyed after 3 months.

Duration

The research takes place over 60 days and that will be 2 months in total. During that time, I will visit you only one time for interviewing you at one month intervals and each interview will last for about one hour each.

Risks

There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the topics. However, we do not wish for this to happen. You do not have to answer any question or take part in the interview if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you from participating in this research study. The anticipated benefit of your participation in this study is to understand the operational challenges faced by social workers during COVID-19 pandemic and what should be done in future to address the findings. Once the research is complete MOHSS in Omusati Region will be provided with a copy of the thesis that can be made available when you need it.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

The records from this study will be kept as confidential as possible. No individual identities will be used in any reports or publications resulting from the study. Any information about you will have a number on it instead of your name and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times. Only research personnel will have access to the files and only those with an essential need to see names or other identifying information will have access to that particular file. It will not be shared with or given to anyone except my supervisor Ms. Emma Leonard and other University personnel. After the study is completed, the findings of the research will be printed in a book called Thesis that will be made available to you if you may need it and will be made available to the Ministry of Health for further interventions.

Sharing the Results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you before it is made widely available to the public. Every Social Services Department in every district hospital will receive a summary of the results.

Right to Refuse or Withdraw

Your decision whether or not to participate in this study is voluntary and will not affect your job or job-related evaluations in any way. You may stop participating in the interview at any time that you wish without your job being affected. I will give you an opportunity at the end of the interview to review your remarks, and you can ask to modify or remove portions of those, if you do not agree with my notes or if I did not understand you correctly.

Who to Contact

If you have any questions about the study, you can ask them now or later. If you wish to ask questions later, you may contact me on: 0812381336 OR my supervisor Dr. Emma Leonard on: 0816050155. You can also contact the Head of Department Dr. Janet Ananias on: 0812885344 with any questions about the rights of research participants or research related concerns.

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research about an exploration of the operational challenges faced by social worker's during the provision of psychosocial support to covid-19 patients at work in Omusati region, Namibia.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

.....
Name of Participant (print)

.....
Signature of Participant

.....
Date (day/month/year)

Statement by the Researcher/Person taking Consent

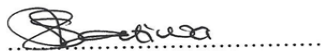
I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Take audio and notes during research
2. Interview guide to ask questions and
3. It will take an hour

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Scholastika Shatiwa
Name of Researcher/Person taking Consent (print)


Signature

02/06/2021
Date (day/month/year)

APPENDIX 5: SEMI STRUCTURED INDEPTH FACE TO FACE INTERVIEW PROTOCOL

This study is to conduct the lived experience of the operational challenges faced by social worker's during the provision of psychosocial support to COVID-19 patients at work in Omusati region, Namibia by Scholastika Shatiwa, MA social work student. You will be interviewed byme, and your active participation is highly encouraged. The interview is voluntary, and you are free to withdraw at any point. The choice that you make will have no bearing on your job or on any work-related evaluations or reports.

SECTION A: BIOGRAPHICAL INFORMATION

1. Code
2. Age group

18-30 years	**31-40 years**	**41-50 years**	**51-60 years**	**61 years+**

3. Employment positions

Consultant Social Worker (Educator)	Clinical Social Worker	Social Worker (Child Mental Health)	Social Worker (Child Mental Health)	Senior Social Worker (Child Protection)	Principal Social Worker (Adult Mental Health)

4. Years of experience

0-6 Years	**7-13 Years**	**14-20 Years**	**21-27 Years**	**28 + Years**

SECTION B: OPERATIONAL CHALLENGES FACED BY HOSPITAL SOCIAL WORKERS DURING COVID-19

1. Can you please tell the types of services that you are provide during COVID-19?

2. What are some of your experiences of providing services during COVID-19, e.g. the fears, and challenges?

3. Explain how you have grown professionally in dealing with the pandemic.

4. What are your comments regarding the cooperative of the community when providing theservices regarding COVID-19?

SECTION C: COPING MECHANISM EMPLOYED BY SOCIAL WORKERS DURINGCOVID-19

1. What are some of the strategies that you have used to cope with the day-to-day stress of COVID-19?

2. The strategies that you have used, can you say they have worked for you?

3. If you happen to find yourself again dealing with pandemics in future, what will you dobetter?

SECTION D: COPING MECHANISMS EMPLOYED BY SOCIAL WORKERS IN OMUSATI REGION

1. Have you required psychosocial support during the COVID-19 crisis?
2. Who have been providing psychosocial support to the social workers in the hospital
3. What recommendations can you give to help social workers in future pandemic?

APPENDIX 6: RESEARCH GUIDE

SEMI STRUCTURED INDEPTH FACE TO FACE INTERVIEW PROTOCOL

This study is to conduct the lived experience of the operational challenges faced by social worker's during the provision of psychosocial support to COVID-19 patients at work in Omusati region, Namibia by Scholastika Shatiwa, MA social work student. You will be interviewed byme and your active participation is highly encouraged. The interview is voluntary and you are free to withdraw at any point. The choice that you make will have no bearing on your job or on any work-related evaluations or reports.

SECTION A: BIOGRAPHICAL INFORMATION

1. Code

2. Age group

18-24 years	**25-34 years**	**35-44 years**	**45-54 years**	**55-64 Years**	**65 years+**

3. Employment Positions

Social worker	**Senior social worker**	**Chief social worker**

4. Years of experience

0-2 Years	**3-4 Years**	**5-6 Years**	**7 Above**

SECTION B: OPERATIONAL CHALLENGES FACED BY H O S P I T A L

SOCIAL WORKERS DURING COVID-19

1. Can you please tell the types of services that you are providing during COVID-19

2. What are some of your experiences of providing services during COVID-19, e.g the fears,challenges, etc

3. Explain how you have grown professionally in dealing with the pandemic

4. What is your comments regarding the cooperative of the community when providing the services regarding COVID-19

SECTION C: COPING MECHANISM EMPLOYED BY SOCIAL WORKERS DURINGCOVID-19

1. What are your coping mechanisms as you provide your day to day services to COVID 19patients

2. What can you say about the effectiveness of the coping mechanisms you have employedduring the process of counselling COVID-19 patients?

3. If you happen to find yourself again dealing with pandemics in future , what will you do better

SECTION D: TYPES OF SUPPORT/ASSISTANCE SWS NEED TO CONTINUEPROVIDING SERVICES.

1. What do you think the government needs to work on when it comes to pandemics

2. What are the types of support/assistance SWs need to continue providing services to COVID-19 Patients?

3. What recommendations can you give to mitigate in the Operational Challenges faced by SWin Omusati Region?

APPENDIX 7: INTERVIEW TRANSCRIPT

TRANSCRIPTS OF THE PILOT STUDY CONDUCTED IN OMUSATI REGION MINISTRY OFHEALTH AND SOCIAL SERVICES 14-15 JULY 2022.

QUESTION 1: WHAT ARE THE OPERATIONAL CHALLENGES FACED BY THE HOSPITAL SOCIAL WORKERS DURING COVID-19 PANDEMIC IN OMUSATI REGION IN NAMIBIA?

RESPONDENT (SOCIAL WORKERS) NUMBER	**RESPONSE**
1	*"Some people in the neighborhood could hear me discussing in the phone with my clients very sensitive issues and these issues would find their way on YouTube and other social media platforms." "At one point I could not clearly define my roles at work due to the fact that we were understaffed at work and would be asked to do any type of work".*
2	*"The clients themselves did not have enough gadgets that would allow me to contact them and carry out interviews, lessons and counselling sessions online." "I left a lot of work undone because it needed me to be present all the time with the clients."*
3	*"During the COVID-19 outbreak, we were had to work long hours with clients who were placed in isolation and quarantine. In addition to this, we were also tasked with offering mourning counseling to members of village families and raising community awareness. I also feel that because of the excessive quantity of work I have to do, I am always stressed out as a result of the excessive amount of pressure. "My family members always overhear telephonic conversations on domestic violence and I'm afraid it gives them a negative kind of socialization.*
4	*"Because there was no literature about COVID-19, I had difficulties fulfilling my responsibilities as a social worker for I had so much fear about the disease".*
5	*Due to restrictions, the closeness we used to have as a team at work was*

	lost during this pandemic. The WFH policy was difficult to implement because it had its own underlying challenges, such as client loss ofcontact, loneliness, and using a digital approach to contact clients. Due to restrictions, the closeness we used to have as a team at work was lost during this pandemic. The WFH policy was difficult to implement because it had its own underlying challenges, such as client loss of contact, loneliness, and using a digital approach to contact clients.
6	*Most of the time, I forget to eat or take care of myself, such as going to the gym after five o'clock in the evening, because we findourselves working until seven (7) o'clock in the evening.Moreover, my health has since deteriorated due to overworking such that I need to take a break from work anyway. Long workinghours are entirely unhealthy after all. ”* . “*Women at high risk of domestic violence are always referred to us telephonically to give them telephonic counselling. In connection with the police we go and render them support either over the weekend or after hours*”. *“Due to fear and anxiety, the whole process of service provision was based on trial and error for I had insufficient knowledge as to what exactly should be done.”*
7	*I lost contact with my family members, even though we lived under the same roof, because when I went to work, they were not yet awake, and coming in the house was also in the middle of the night, which hampered the family's time together. Working long hours was extremely difficult in terms of practice.”*
8	*“I had a challenge that there was work which I was supposed to perform face to face with my clients but I was unable to do so due*

	to movement restrictions".. "Fear and anxiety were the dominating feelings in me, for I had no knowledge of how it felt tohave the disease or what my future would be like once I got infected."
9	*"Some of the work needs to be done at the site and not online. "Every day I would leave the workplace overworked due tomanpower shortage at work places."*
10	*I found the work very challenging for the Ministry did not supply me with enough hardware or technology to continue with work during this pandemic". "There is no specialization at work under the new normal, I had to shoulder all the responsibilities as much as I could.*
QUESTION 2: THE EFFECTS OF THE CHALLENGES FACED BY SOCIAL WORKERS DUE TO COVID-19 PANDEMIC IN OMUSATI REGION IN NAMIBIA	
RESPONDENT	**RESPONSE**
1	*"It was very difficult for me to fully engage myself in social work due to the distance that was created between my clients, workmates and I." "In most cases we find ourselves being called for virtual meetings that we thought it was not possible. Themeeting were mostly focusing on information sharing on the new developments of COVID-19."*
2	*"Our safety as social workers is not guaranteed because every day we will be dealing with sick people." "I was unable to share information with my colleagues on issues that affect us as members employed by the same organization due to restrictions on movement." To be honest, I feel as though I have had to work more as a result of COVID-19.*
3	*"When COVID-19 struck hard in June/July 2021, patients became a lot in the wards, office, or community. Most of the time, I just*

	don't have the energy to get out of bed and go to work."
4	*"Multitasking decreases the quality of work output. "I bought myself a rolling stress ball to play games because it can relieve oneself from stress and at the same time exercising."*
5	*"Multitasking makes one miss due dates for the submission of reports and other important information like forgetting to attend to a virtual meeting on COVID-19 updates." Yoga in the house and get relieved from it. In most cases before I start my day I play online exercises and me following how people are doing it. It always felt rejuvenate").*
6	*"I needed to be in an environment where I could share issues with my colleagues, which is very healthy, and it was very difficult for me to find that time during. COVID-19 because you are in a session providing counselling at all times. "Passing on the disease to family members is what I fear most and this has been continuously making me spend sleepless nights." My caseload hasmore than doubled during this pandemic because after long hoursat work, as a mother I have to go and do home schooling for my children because they were not going to school'.*
7	*'It resulted in higher workload and extensive overtime hours'*
8	*"I get haunted by the fact that l always see patients dying every day from the disease and I'm quite fearful. The first few months my workload ramped up'. "I literally have to learn how to use zoom, teams and other programs to make sure I get up-to-date information on COVID- 19"(SW08). "I literally have to learn how to use zoom, teams and other programs to make sure I get up-to-date information on COVID-19".*
9	*We were always on our toes, running to provide service where it was needed. Due to a staff shortage, I sometimes find myself acting as a cleaner, doctor, or nurses". "In case I find myself knocks before six (6) PM I always take a walk to break the wearisomeness of the work and as*

	one sees a new environment, tension is gradually released."
10	*"Practicing real social work became very difficult for the distance that was created among us and our clients were unbridgeable."*
4.6 THEME 3: THE COPING MECHANISMS EMPLOYED BY SOCIAL WORKERS IN DEALING WITH OPERATIONAL CHALLENGES INDUCED BY THE COVID-19 PANDEMIC IN OMUSATI REGION IN NAMIBIA.	
1	*"In most cases we find ourselves being called for virtual meetings that we thought it was not possible. The meeting were mostly focusing on information sharing on the new developments of COVID-19."*
2	*It was very necessary during that time to channel most of the resources towards upgrading of the digital tools because work had to be done but not in social work field where one need to be there physically. Places where people touch like door knobs, furniture, walls and even flows need to be disinfected*
3	*"Because of the ever-evolving nature of technology concerns, it is essential for social workers to continually expand their knowledge and skill sets in order to stay pace with these developments." "It was a good idea when our government introduce financial incentives to social workers and other staffs that worked overtime due to COVID-19 because to me it serve as a motivation and courage to operate under very harsh conditions during the COVID-19.*
4	*"I bought myself a rolling stress ball to play games because it can relieve oneself from stress and at the same time exercising."* "*Spending like the whole day seeing people dying was quite disturbing and it would send a signal to me that everything was not well at all. "I don't want to spend my time in distressing surroundings since this accelerates my sadness, at least if I can find someone to talk to, the better".*

5.	*"Stress management can be done either outdoors or indoors. One can follow the online. Yoga in the house and get relieved from it. In most cases before I start my day I play online exercises and me following how people are doing it. It always felt rejuvenate.*
6.	*Although the WFH policy was implemented to try to control the spread of the virus, it short-circuited our oneness as a SW family. Essential tasks had to be performed by digital tools that had to be of the latest versions and applications.*
7.	*"I just need help to recover from what I have seen happening in the* hospital *where I work. Forgetting it just like that is not possible; I was so touched by what this disease did. "Management through its respective structures motivates us as we endeavor to close gaps left by our colleagues to try and boost productivity within the organization and make up for lost* time.
8	*"I literally have to learn how to use zoom, teams and other programs to make sure I get up-to-date information on COVID-19".*
9.	*In case I find myself knocks before six (6) PM I always take a walk to break the wearisomeness of the work and as one sees a new environment, tension is gradually released."*
10.	*The WFH policy made us spend time working in an environment that is free from interpersonal contact. Even if social workers were not involved in working from home, there was no interaction with other staffs like cleaners, administration officers and some nurses. All rooms like offices, restrooms, kitchens and board rooms used by government officials where SWs are included were always being disinfected also.*

APPENDIX 8: PROOF OF LANGAUGE EDITING

STATISTICS, DATAANALYSIS, COMMUNICATION, EDITINGAND TRAINING

BOX 117 EENHANA, NAMIBIA

8 February 2024

To whom it may concern

LANGUAGE EDITING AND TECHNICAL FORMATTING – SHATIWA NELAGO SCHOLASTIKA

This letter serves to confirm that a Master's Thesis titled "**An Exploration of the Challenges Faced by Hospital -Based Social Workers during the Covid-19 Pandemic in the Omusati Region, Namibia**" was sub-mitted to me for language and technical editing.

The thesis was professionally language edited, which resulted in a thesis with a high standard of English.

Yours faithfully

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