The Occupational Wellness Concerns and Self-Care Strategies of Filipino Medical Social Workers During The COVID-19 Pandemic

Patricia Marie R. Imperial*
College of Social Work and Community Development, University of the Philippines-Diliman, Philippines
*Correspondence: imperialpatriciamarie@gmail.com

Veronique Ann Claire A. Abes
College of Social Work and Community Development, University of the Philippines-Diliman, Philippines

Michael John S. Ronquillo
College of Social Work and Community Development, University of the Philippines-Diliman, Philippines

Mari Allana Corazon G. Villegas
College of Social Work and Community Development, University of the Philippines-Diliman, Philippines

Abstract
Given the intense demands imposed on medical social workers (MSWs) during the COVID-19 pandemic, social workers are vulnerable to developing occupational wellness concerns (OWCs): physical, social, emotional, mental, or spiritual issues caused by work-related factors. OWCs adversely affect the occupational wellness of the worker and the quality of service given to clients. One approach to reduce OWCs is professional self-care. This study explored the experiences of Filipino MSWs during the pandemic, the OWCs experienced, their self-care strategies, and their impact on professional practice. Face-to-face, Zoom, and email interviews were conducted with 10 MSWs who were part of the skeletal workforce of four (4) hospitals in Metro Manila. The findings showed that OWCs were caused by their commitment to professional duty, intense workload, and health and safety risks. This resulted in conflict with coworkers, desire to quit work, negative work attitudes, unhealthy habits, and disruption in the provision of quality service. Meanwhile, professional self-care led to enhanced work performance, improved relations with coworkers and clients, enhanced cognitive ability, increased self-awareness, and acted as a first aid response to combat OWCs. Insights on hospital limitations, supportive mechanisms, social work as an undervalued versus satisfying profession, motivation, and professionalism during the pandemic were also documented.

Introduction

Nearly two years after the first confirmed case of the coronavirus disease (COVID-19) in 2020, cases in the Philippines have reached beyond millions. Despite the risks, fear, and uncertainty, Filipino medical social workers (MSWs) emerged as essential workers who responded to the socioeconomic, physical, and psychological impacts of the pandemic. While these tasks have always been indispensable, the demand further intensified during the pandemic. Lack of compensation, proper equipment, and general support for MSWs prove that this is a profession continually overlooked during the pandemic.

Given the harsh reality and demands imposed on MSWs during the pandemic, these workers are vulnerable to developing occupational wellness concerns (OWCs), such as burn-out and compassion

fatigue. These OWCs may negatively impact the social workers' physical, mental, emotional, social, and even spiritual state of their professional selves. Even before the pandemic, MSWs were already susceptible to these OWCs due to unfavorable working conditions and the demanding nature inherent in the profession (Canadian Medical Association, 2020). Their vulnerability only skyrocketed due to the multiple stressors and demands during the pandemic. Moreover, the impacts of OWCs are not only experienced by MSWs but also affect the quality of services that clients receive (Orpustan-Love, 2014; Denne et al., 2019).

One approach to reduce the vulnerability of MSWs to OWCs during the pandemic is self-care. Self-care involves conscious efforts in achieving good health and well-being (Richards et al., 2010, as cited in Lee and Miller, 2013). Self-care also empowers social workers and promotes work-life balance (Lee and Miller, 2013). Therefore, self-care during the pandemic must be observed to safeguard MSWs against OWCs and increase general effectiveness in practice.

Several researchers explored the OWCs experienced by social workers during the pandemic. Banks et al. (2020) determined that social workers from 54 countries experienced concerns such as exhaustion, emotional stress, physical stress, and moral injury while working during the pandemic. These experiences were reportedly caused by lack of work-life balance due to the work-from-home setup, lack of protective equipment, and general feelings of social work as an undervalued profession within their countries. Furthermore, Parra (2021) showed that there was heightened secondary trauma, anxiety, and role conflict among 34 social workers in California during the pandemic, mostly due to lack of guidance from the agency, lack of resources, increased workload, confusion on work tasks, and general worry of contracting the disease.

These studies acknowledged the importance of self-care strategies in coping with OWCs during the pandemic. However, they did not explore the actual self-care strategies of social workers during the pandemic. Moreover, most of these studies were conducted in Western countries. Even the mentioned international study done by Banks et al. (2020) featured only one (1) social work participant from the Philippines. Thus, at this time of writing, the only available study conducted in the Philippines was done by Kahambing (2021). Though this study identified the common stressors among social workers and their coping strategies, it did not enumerate specific OWCs experienced nor described their implication to professional practice. Also, this study was conducted in Leyte province, which may yield different results compared to a study done in urban areas with more heightened cases of COVID-19. Thus, there is still a lack of documentation on the general experiences and challenges (such as OWCs) of MSWs in the Philippines during the pandemic.

The above-mentioned studies established that self-care is useful in promoting the occupational wellness of a worker, leading to increased capacity to perform well at work and to deliver services to clients. However, existing studies showed that it was not guaranteed that social workers consistently practiced self-care during the pandemic. The study of the University of Kentucky's College of Social Work Self-Care Lab (Piercy, 2020) stated that the pandemic had caused a decrease in self-care among an overwhelming percentage (90%) of participant social workers from Kentucky, especially those who are white, female, member of the LGBTQ, or working from home. Similarly, a study by Miller and Cassar (2021) of 2,460 American MSWs acknowledged that those who actively practiced self-care claimed to have "excellent" or "very good" health, signifying the importance of self-care to worker well-being. However, it also observed a decrease in the social workers' practice of self-care during the pandemic, mainly due to remote working setups. In general, most MSWs in the study only "sometimes" or moderately practiced self-care during the pandemic.

The non-practice of self-care had detrimental effect on social workers by rendering them more vulnerable to OWCs, such as burn-out and compassion fatigue, as mentioned before. For instance, Bressi and Vaden (2017) suggested that burn-out may be more likely to be experienced by workers without personal or professional self-care strategies. In turn, these concerns lead to inadequate service to clients. Collins (2005, as cited in Lee and Miller, 2013) claimed that social workers' problem-solving abilities were impaired by physical and emotional exhaustion caused by lack of self-care. This later affects the social worker's helping relationship with clients, leading to ineffective service delivery.

Given the unique circumstances of the pandemic, it is important to document the experiences and challenges faced by MSWs, especially in urban areas such as the National Capital Region (NCR) which held the greatest number of COVID-19 cases in the Philippines. Particularly, there is a lack of exposure and representation of Filipino MSWs in both the media and formal research studies. There is a need to explore the general experiences and the OWCs of MSWs that affect their professional practice. Furthermore, it is essential to explore the self-care strategies, or lack thereof, of MSWs and their role in improving or reducing the quality of their professional practice. Through these experiences of MSWs during the pandemic, lessons and insights may be gleaned which can be used to improve the

profession by identifying areas of support for social workers, indigenizing existing knowledge, and customizing self-care strategies and programs to Philippine realities.

The study aimed for the following objectives:
1.　Narrate Filipino MSWs' positive and negative experiences during the pandemic;
2.　Identify the important lessons and insights from the experiences of MSWs during the pandemic;
3.　Identify the OWCs experienced by MSWs during the pandemic, if any, and their impact on professional practice;
4.　Identify the self-care strategies of MSWs during the pandemic, if any, and their impact on professional practice;
5.　Establish the role of self-care strategies in producing or mitigating OWCs;
6.　Identify the activities (or lack thereof) that promote self-care strategies initiated by the hospitals and their impact on their professional practice.

Methodology

The researchers utilized an exploratory case study design as in-depth and comprehensive information was needed in documenting the experiences of MSWs during the pandemic and their effect on professional practice. This information provided insights into gaps and lessons for improving and informing social work practice. The study focused largely on identification and exploration rather than formal measurement of OWCs and self-care strategies of MSWs. However, the findings of this study laid the foundations for future larger-scale, mixed-methods research on self-care strategies and OWCs of MSWs using formal quantitative and qualitative measurements.

In collecting data, six (6) respondents participated in face-to-face interviews, three (3) respondents participated in email interviews, and one (1) respondent completed both email and individual interviews. The respondents requested to select the method of participation based on convenience due to the difficulty of online communication and scheduling constraints during the pandemic. In all cases, the respondents were asked the same questions regarding their general information and demographics, professional duties, positive and negative experiences, OWCs experienced, self-care strategies used, and lessons learned as a medical social worker during the pandemic. All were registered social workers working in four (4) hospitals in NCR, and part of the skeletal workforce during the pandemic, specifically from March 2020 to July 2022.

Data collected from the interviews were analyzed through thematic analysis, using the framework proposed by Braun & Clarke (2006, as cited in Maguire and Delahunt, 2017). The researchers familiarized themselves with the transcript of responses from the qualitative interviews. Then, data was arranged and coded to be more digestible. From these codes, themes pertaining to the experiences, OWCs, and self-care strategies of MSWs during the pandemic were identified, evaluated, and reviewed repeatedly until they were formally defined and labeled for the study.

Results

Demographic Characteristics of Respondents

To narrate and document the experiences of Filipino MSWs during the pandemic, there were a total of 10 respondents who partook in the study. Majority of the respondents (70%) were female. Half of the respondents (50%) were between 41 to 45 years old. Respondents who were 26 to 30 years old, and 31 to 35 years old each comprised 20%, while the remaining 10% were 36 to 40 years old. Majority of the respondents (90%) were employed in a public hospital while the remaining worked for a private hospital.

Furthermore, half of the respondents (50%) had been working as social workers for at least six (6) to 10 years. Meanwhile, 10% of the respondents had been working for 11 to 15 years, and 16 to 20 years, while the remaining 30% had been working for less than five (5) years. Seventy percent (70%) of the respondents were part of the skeletal workforce during the pandemic for one (1) to four (4) months, 10% worked for five (5) to eight (8) months, while the remaining 20% worked for more than 12 months. As for those who contracted the COVID-19 virus, 60% of the respondents tested positive at some point while working as part of the skeletal workforce of the hospital, while the remaining 40% did not.

Emergent Themes

The thematic analysis of the data yielded the following five (5) themes:
A.　*Positive and negative experiences due to work adjustments during the pandemic*

One of the objectives of the study is to narrate the positive and negative experiences of MSWs during the pandemic. For positive and memorable experiences, the use of technology through phones and online platforms to accomplish work tasks allowed for more efficient communication with patients

and other hospitals. Furthermore, the reduced workload on certain days was also cited as a positive experience. The establishment of clear protocols and supportive programs was also described to be beneficial. This included webinars and trainings to increase professional capacity, having clear instructions and support for employees who contracted COVID-19, and provision of basic necessities like meals and transportation. Lastly, many respondents claim that being able to help their patients during the pandemic became a source of professional satisfaction and fulfillment, thus increasing their identification to the profession.

On the other hand, the negative experiences shared by the respondents mainly originated from the changes and adjustments in hospital operations. This included mandatory wearing of PPE, which was uncomfortable and posed a barrier to communication with clients. Furthermore, limited face-to-face interactions with clients made it difficult for the respondents to build rapport and assess client behavior and disposition. Many of the respondents lamented the loss of physical interactions with clients as they had been accustomed to social work as a hands-on and relationship-based practice. Reaching out and maintaining constant contact with the clients through phones and digital platforms also became challenging.

It was also a negative experience for MSWs to undergo frequent quarantine periods due to constantly being exposed to COVID-19 patients. More than half of the respondents (60%) reportedly contracted COVID-19 while working. The constant need to quarantine disrupted their work routines and caused feelings of stress and anxiety. Regarding this, one respondent shared his experience:

"While I was on duty, I had already lost my sense of taste. Although I felt okay. I had no fever, no cold, cough, nothing. But I had a slight headache. So, I decided to get swabbed… it turned out positive…All throughout my duty, even though I'd been swabbed, I still carried on with my duty."

Aside from this, the MSWs were burdened by intense workload and constant overworking, especially in shouldering the workload of absent coworkers. The workload was further exacerbated by the unequal distribution of work among coworkers where some were assigned more work than others. One respondent shared her experience with coworkers unable to assist her with her workload:

"The division of our workload was unequal. There were instances when I was absent because I had COVID. During that time, nobody handled my referrals for discharge planning. They just waited for me to come back."

Furthermore, the MSWs experienced irregular and delayed release of the special compensation for frontliners. For some, they felt that they were begging for something they should be legally entitled to. They also experienced lack of support and inadequate leadership from supervisors. Lastly, the hospitals' limited resources hindered them from meeting the needs of their clients to the maximum level.

B. OWCs as threats to social workers

All respondents cited one or more examples of OWCs that they experienced during the pandemic. Firstly, their commitment to their duty during the pandemic caused OWCs, specifically pressure to work, due to the demand for their service and the pressure of being a public servant. Aside from pressure, the respondents also reported feelings of guilt when they were unable to provide clients with the service needed.

Intense workload also caused the MSWs to suffer from OWCs such as stress, burn-out, and physical fatigue. They also reported experiencing hostile feelings toward coworkers who received lesser workload, leading them to display rude or unapproachable behavior to coworkers.

Another source of OWCs was the safety and health risks posed by COVID-19. This caused OWCs such as fear and paranoia of being infected and in turn affecting other family and coworkers unknowingly. Related to this, the respondents also experienced anxiety while quarantining.

The study determined that these OWCs had adverse effects on the workers' interactions and rapport with the client, such as rushing the interview and helping process. These OWCs also made it difficult for the MSWs to convey the empathy and genuineness necessary in building and maintaining worker-client relationships. Additionally, OWCs negatively affected their professional decision-making, especially when deciding the services given to clients. One respondent shared the following experience:

"It [OWCs] really affects me…if I'm stressed, the quality of my output is not good. There were times when a patient shared something but I was not able to pay attention. I was not able to properly address their problems or respond to their concerns."

Similarly, another worker expressed the following:

"…I was able to give the patient what they need, free of charge... But that was not the only thing that the client needed... there were times when they needed counseling, advice, family

counseling, family conference, to facilitate communication between the client and their family, things like that. But because I'm already stressed and burnout…my performance, my assessment...I will put it aside, just so I can see the next client...as if I no longer want to exert any effort. I don't want to do my best because it is all the same."

OWCs also adversely impacted the work attitude of MSWs, causing them to have a desire to quit or resign from the profession. One respondent revealed that he stopped working for a while because he was so fearful and stressed due to the rising cases and the unmanageable workload. There was also an observable decrease in the level of passion among MSWs during the pandemic as some respondents claimed that they forgot the reason why they pursued social work in the first place. Regarding this, one respondent revealed her thoughts about her place within the profession:
> "...I want to resign. I do not want to go to work. I really want to resign or to transfer to a non-hospital setting. But I don't want to work at another agency because the set-up is just the same or even more difficult. So, I am contemplating pursuing call center work, as long as I no longer need to leave the house, as long as the setup is not in healthcare. Not healthcare, not welfare either. I refuse."

Lastly, the study found that OWCs resulted in starting unhealthy habits for some MSWs, such as excessive spending habits, "stress eating", lack of exercise, or excessive sleeping during the day which led to disrupted nighttime sleeping. These findings are in line with the research's aim to identify the OWCs experienced by MSWs during the pandemic, if any, and its impact on professional practice.

C.   Professional self-care as an indispensable tool for occupational wellness
All the respondents affirmed that they practiced some form of professional self-care during the pandemic. This is in line with the study's aim to identify the self-care strategies of MSWs during the pandemic, if any, and its impact on professional practice. It should also be noted that respondents often employed multiple types of self-care strategies, as opposed to being limited to only one type. Firstly, the respondents cited the use of physical self-care such as eating food, taking naps, exercising like jogging, biking, and driving, and taking vitamins.
Social self-care included bonding with family, friends, and other people within their personal circles, such as eating food or watching television together while inside the house. Social self-care also included bonding with coworkers or joining support groups within the workplace. One respondent described self-care as using social media to join current trends or as a platform for venting of frustrations. Contrastingly, another respondent emphasized the importance of lessened time for social media.
Psychological self-care included self-reflection and self-assessment through activities such as journalling, processing negative emotions, evaluating own behavior, setting aside negative thoughts, maintaining a positive outlook towards work, acknowledging and accepting one's limitations as a professional, and mentally separating work and personal life aspects.
Lastly, for spiritual self-care, the respondents cited reading religious texts like the Bible, self-prayer, singing worship songs, and conducting Bible sessions at work. Other examples of self-care mentioned by the respondents were time management, watching movies or funny videos, attending online social work webinars, shopping, and listening to music.
Moreover, the study was also interested in establishing the role of self-care strategies in producing or mitigating OWCs. In line with this, it was found that professional self-care was an essential ingredient in ensuring the occupational wellness of respondents. Firstly, the respondents shared that practicing professional self-care resulted to more motivation to work, and increased their discipline and ability to manage time properly, leading to overall enhanced productivity. Professional self-care also encouraged improved relations with coworkers through better communication and less tendency to incite conflict as they were more empathetic toward each other's challenges. Furthermore, professional self-care strengthened the respondents' decision-making skills, leading to better case management and intervention planning. Also, professional self-care helped workers to better express empathy, compassion, and to maintain in general a positive disposition towards clients. One respondent shared:
> "Your plans for your patients also have good results, if you have self-care. Sometimes, when you are stressed, you do not know what to do with the patient and their problem. Your plans are also unorganized. So, your approach in managing the cases is more comprehensive [if you have self-care] that you can already plan out what will be done and can be done…"

Based on these experiences, the study determined that the primary role of professional self-care is similar to a first aid response to experiencing OWCs. When the respondents realized that they were

struggling with OWCs, their response was to implement self-care strategies. In this study, professional self-care had a rehabilitative role. In line with this, one respondent shared a similar view on the connection between self-care and OWCs:

> "If you can identify what stresses you, what causes your burn-out, what influences you to be ineffective at work, then you should already use a self-care approach. To improve your work quality, you should address first how you cope in that kind of situation and the cause of your stress. So, you identify that first then use a technique on how to deal with it."

Another worker also expressed a similar approach to self-care:
> "If there are no stressors, you're not going to do self-care."

Thus, self-care as a preventive (rather than rehabilitative) strategy was not yet maximized by the respondents, as they experienced issues in being able to consistently use self-care to prevent OWCs. Rather, the workers in this study only employed self-care when the OWC had manifested already, rather than anticipating and thus preventing these symptoms.

D. Impact of hospital mechanisms and limitations to workers' wellness

Among the objectives of this study was to identify the activities (or lack thereof) that promote self-care strategies initiated by the hospitals and its impact on their professional practice. The respondents attested that there were minimal to no efforts from the hospitals in terms of promoting and encouraging their workers to engage in professional self-care during the pandemic. One respondent also shared:

> "At that time when everything shut down, there were no efforts to support us psychosocially. When things started opening up, the doctors provided refresher courses for mental health and psychosocial support. But those were focused on patients, nothing for healthcare workers… If you personally don't know a psychiatrist or someone you can open up to, then you're on your own... There may be webinars on leadership and civil service but no 'caring for the carers'".

Rather, some respondents described having unsupportive supervisors and hospital management, which exacerbated already existing challenges like conflict with coworkers and supervisors, as well as unjustified distribution of workload. One respondent revealed the following:

> "There are no programs or support groups for us. It's just us by ourselves. You help yourself."

However, there were a few helpful mechanisms implemented by the hospital which helped to ensure the wellbeing of workers, such as webinars on self-care and stress management, and provision of meals and transportation.

E. Perceptions and realizations on social work as a frontline profession

A resounding insight among the respondents was the image of social work as an undervalued frontline profession in the Philippines. They reported experiencing a persistent sense of underappreciation, perpetuated by the general public as well as other healthcare professionals who often misconstrued the responsibilities and importance of MSWs. One respondent shared his sentiment:

> "I am very angry…even before the pandemic, social workers were already frontliners, even more than the police force and soldiers. If there was a disaster, who did they call? If there was someone sick, who did they send? Even if you were not sent, they were still looking for you, but they will not consider that as a frontliner? It seems like they really belittle the profession. Then, there are sentiments that social workers are only for dole-outs...Excuse me, before others engage with patients or clients, we are there first. I am really angry."

Furthermore, the respondents realized the importance of maintaining professionalism as frontliners. This professionalism entailed that MSWs must fulfill their responsibilities despite any personal or professional concerns. The respondents' remarks testified to their awareness of how their behavior or disposition could impact their work and, ultimately, the wellbeing of the clients. One respondent disclosed the following:

> "Even if you have personal concerns or you're going through something but you decide to go to work that day, then you have to be ready. You have to face your work. Even if you're angry, if you have fears, or other personal concerns. You have a choice: you can choose not to go to work if you really can't handle it anymore. But if you decide to show up, you have to prepare yourself."

Moreover, the respondents articulated their realizations regarding the importance of ensuring their own wellness as frontliners in order to provide quality service to clients. Their insights included the need to increase their monetary compensation and benefits, as well as the need to increase the general appreciation of the public for the profession. Additionally, they realized that ensuring their wellness would require a healthy work environment, characterized by good relationships among coworkers and supervisors.

Discussion
Positive and Negative Experiences Due to Work Adjustments During the Pandemic

The study determined that there were changes to the typical work routines of MSWs to ensure that the hospitals could still operate amidst the pandemic. These changes included: wearing of PPE, new work arrangements, increased use of technology, increased exposure to COVID-19, modified work schedules, varying workload, lesser interactions with patients, restricted movement, and new work responsibilities.

The shift to the remote setup was also documented by McGarry and Jackson (2020), the University of Durham and British Association of Social Workers (2021), the Global Social Service Workforce Alliance et al. (2020), and Sina-on et al. (2022) as one of the changes in the work experiences of social workers during the pandemic.

Social workers in other countries also relied heavily on technology, as documented by Banks et al. (2020) and Ashcroft et al. (2021). These authors agreed with the study's findings that technology also had disadvantages. Ashcroft et al. (2021) narrated that social workers struggled with reading the nonverbal language of their clients when they were using digital platforms. This is unfortunate as client assessment may be affected when nonverbal language of clients is overlooked (Kong, et al., 2021). Carranza and Castillo (2022) also reported that rapport-building was negatively impacted by online platforms. In the social work profession, rapport and open communication are widely accepted as essentials in developing trust between the social worker and client, which will later allow the latter to open up to the former and be receptive to help (Ebimgbo, 2019). Rapport building must not be sacrificed if the social worker aims to provide quality help to their clients.

In terms of the respondents' increased exposure to COVID-19, Dima et al. (2021) also reported that more than a quarter of the Romanian social workers in their study had to isolate or be hospitalized. Similarly, in the Philippines, Sina-on et al. (2022) noted that the most common concerns among social workers of child caring agencies were fear of infection and separation from family members. The constant exposure to possible COVID-19 cases and eventual isolation or hospitalization caused stress on the worker and disrupted their work routines.

There are also multiple studies conducted wherein high workload and overworking was a common occurrence among social workers during the pandemic, such as that done by Carranza and Castillo (2022), Global Social Service Workforce Alliance et al. (2020), Ashcroft et al. (2021), Dima et al. (2021), and Parra (2021). Specifically in the Philippines, the study by Kahambing (2021) on Leyte social workers also showed how social workers, especially those engaged in the Social Amelioration Program (SAP) of DSWD, struggled with high workloads.

These changes in the work of MSWs ensured that the hospital could continue catering to the needs of its clients. While navigating through these unfamiliar changes, Banks et al. (2020) reminded social workers to remain faithful to the profession's principles and to put the clients' best interest at the forefront of their service. Social workers were concerned that the standards and integrity expected from professionals would not be sacrificed despite the adjustments during the pandemic. In cases when changes related to the pandemic response impeded on social work principles and negatively affects clients' interest, it is important to be reminded of another statement from the "Global Social Work Statement of Ethical Principles" (2018):

> "Social workers work to bring to the attention of their employers, policymakers, politicians, and the public situations in which policies and resources are inadequate or in which policies and practices are oppressive, unfair, or harmful. In doing so, social workers must not be penalized" (par. 12).

OWCs as Threats to Social Workers

The study identified several OWCs that were reportedly experienced by MSWs during the pandemic, such as stress, pressure, guilt, and burn-out, among others. These concerns are categorized according to their direct cause: (1) the workers' commitment to professional duty, (2) intense workload, and (3) health and safety risks posed by COVID-19. The study's findings are consistent with Banks et

al. (2020) who noted that social workers struggled with pressure of catering to both work and personal responsibilities. In terms of burnout, Queen and Harding (2020, as cited in Peinado and Anderson, 2020) mentioned that healthcare workers are most likely to have burn-out due to workload. Holmes et al. (2021) also determined that social workers suffered from average levels of burn-out. Parra (2021) also showed that respondents suffered from heightened levels of anxiety during the pandemic. This was caused by worries of contracting the disease, lack of guidance from the agency, lack of resources, increased workload, and confusion on work tasks. Specifically in the Philippines, Sina-on et al. (2022) noted that social workers in child caring agencies reported having poorer mental health conditions as they struggled with the weight of both professional and personal matters and concerns.

Furthermore, the study showed that these OWCs act as threats to the MSWs' occupational wellness as they resulted in destructive outcomes and behaviors in the workplace, such as inciting conflicts with coworkers, desires to quit work, negative work attitudes, unhealthy habits, and disruption in the quality of service provided to clients. Other studies have also mirrored similar effects of OWCs to workers. Bressi and Vaden (2017) determined that burn-out caused lack of engagement with clients and high turnover rates among workers. Furthermore, Ashcroft et al. (2021) also noted that Canadian social workers left the profession or expressed their hesitancy in continuing to pursue the social work profession due to fears for their own health, increased stress, and challenges in recovering from COVID-19.

Social work is a profession that has always been mired with stressors even before the pandemic. However, such stressors reached an unprecedented level during the pandemic. Thus, the pandemic and its resulting challenges allowed for the development of OWCs among social workers. To ensure that social workers are able to perform their duties, there is a need to help them to anticipate and to deal with these OWCs.

Professional Self-Care as an Indispensable Tool for Occupational Wellness

This study emphasized the use of professional self-care in combatting OWCs. It became apparent that respondents used multiple types of self-care strategies, such as physical, psychological, social, spiritual, and even miscellaneous forms of self-care. In the Philippines, Kahambing (2021) was able to identify similar examples of self-care strategies, such as eating, exercising, spending time with family, avoiding social media, and joining faith-based activities.

This study also determined that professional self-care was an essential ingredient in ensuring the occupational wellness of the respondents as this care led to enhanced work performance, improved relations with coworkers, enhanced cognitive ability, increased self-awareness, improved interactions with clients, and as a first aid response to OWCs. Other literature (Peinado and Anderson, 2020; Downing et al., 2021; Berkowitz, 2020 as cited in Lynch, 2021) also recommended the use of self-care to address OWCs such as burn-out, compassion fatigue, stress, and to elevate overall wellbeing of the worker.

Similar to the findings of the study, existing literature also ascribed professional self-care not just as an optional practice but as an actual obligation of the worker, as stated in section 9.6 of the IFSW's Global Social Work Statement of Ethical Principles (2018). Moreover, the American National Association of Social Workers (2021) also deemed self-care a professional requirement while Orpustan-Love (2014) named this as an ethical responsibility.

The respondents in this study also showed that they practiced professional self-care during the pandemic but were inconsistent in frequency. Several studies also mirror this irregularity of self-care among social workers. The University of Kentucky's College of Social Work Self-Care Lab (Piercy, 2020), Miller et al., 2018, Miller and Cassar, 2021, and Carranza and Castillo (2022) stated that the pandemic has caused a decrease in self-care for almost all participants. Downing et al. (2021) implied that social workers often prioritized their work or their clients, to the detriment of their own health and self-caring.

This lack of regular self-care among social workers posed an adverse effect by rendering MSWs more vulnerable to OWCs. Thus, it is evident that there is a need to provide opportunities and to encourage MSWs to consistently engage in professional self-care. Although the term "self-care" itself implies a self-initiated activity, there are also opportunities for hospitals and agencies to promote professional self-care among workers.

Impact of Hospital Mechanisms and Limitations

The study established the importance of professional self-care in enhancing the wellness of MSWs and in combatting OWCs. However, the responses further demonstrated that hospital-level mechanisms and protocols were helpful in ensuring the wellness of their workers. Despite this, it was

seen that hospitals also had unsupportive policies and practices during the pandemic, which exacerbated the OWCs experienced.

Existing studies (Banks et al., 2020; Dima et al., 2021; Kong, et al., 2021; Parra, 2021; Carranza and Castillo, 2022) also noted the lack of supervision and guidance as a challenge faced by social workers during the pandemic. Thus, social workers were forced to rely on themselves when navigating through the unfamiliarity of the pandemic and the implementation of new protocols. Conversely, in the Philippines, Sina-on, et al. (2022) documented child-caring agencies which were able to provide supportive activities to its staff, such as psychological first aid, self-care and mindfulness sessions, and faith-based activities, when necessary. Some respondents of this study also recalled feeling supported by the higher-ups and the enabling environment of their respective agencies.

Lastly, the hospitals' limited resources were also noted by the respondents as a hindrance to their work. Similarly, Dima et al. (2021) said the lack of resources was a challenge during the pandemic. Carranza and Castillo (2022) reported that social workers had to coordinate and purchase their own work equipment and necessities, such as PPE, without reimbursement from the management.

The role of the organization in combatting the workers' experience of OWCs must not be understated. Thus, even with the use of professional self-care as a response, the OWCs must also be partnered with hospital-level mechanisms that ensure the wellbeing of the workers. Likewise, Dima et al. (2021) determined that workers who received support from the management reported having lower levels of burn-out. Additionally, the Canadian Medical Association (2020) noted that management has an important role in ensuring a healthy work environment which will reduce the risk of OWCs.

Perceptions and Realizations of Social Work as a Frontline Profession

It is also important to discuss the necessary improvements for the social work profession moving forward, based on their realizations of social work as an undervalued profession, MSW as a fulfilling profession, MSWs' motivation for work, the importance of professionalism, and hopes for improvements in the future. Primarily, the results suggested that there is a need to promote MSWs through increased appreciation for their service as well as increased monetary compensation and benefits. Furthermore, there is a need to deepen relationships between coworkers and supervisors. This would contribute toward a healthy work environment that reduces their vulnerability to OWCs. Regarding this, some respondents expressed their desire to participate in team-building activities within their departments. Additionally, the results suggest that there is a need to advocate for the well-being of MSWs themselves. If implemented, these improvements will help ensure the occupational wellness of workers, leading to increased work efficiency and productivity.

Conclusion

This study determined that adjustments in the workplace during the pandemic resulted in both positive and challenging experiences for the MSWs. It was also established that MSWs experienced OWCs which negatively affected their wellness, trickling down to their interactions with colleagues and to the quality of services to clients. Furthermore, the study affirmed that MSWs engaged in different types of professional self-care during the pandemic, and that professional self-care was an effective response against the impacts of OWCs. The study also found that hospitals had mostly unsupportive practices that exacerbated the workers' vulnerability to OWCs. It was shown that hospitals have the potential to enhance workers' wellness by promoting professional self-care and other supportive mechanisms. Additionally, the study was able to uncover the workers' insights and grievances on medical social work as an undervalued profession in the Philippines. Despite the challenges, however, most MSWs expressed increased identification with the profession during the pandemic.

With this study, MSWs are enjoined to further integrate professional self-care in preventing OWCs as professional obligation. In responding to changes during a crisis like the pandemic, it is also essential for MSWs to be reminded of their ethical principles to maintain the standard and quality of the services to clients. Furthermore, there is a recognition that individual-level self-care strategies must also be accompanied and reinforced by hospital-level supportive mechanisms. As part of the caring professions, MSWs must also be enabled to care for themselves to ensure their ability to care for their clients.

Suggestions

Further investigation on the frequency and extent of the identified OWCs through quantitative measures is suggested. This can be done through measurement scales for each OWC, such as the Maslach Burnout Inventory and other assessment tools. Research on the frequency of self-care strategies using measurement scales and tools may also be conducted. It is also recommended to study the relationship between work-related demographics, such as the number of years as a social

worker or income level, and the effect this has on the workers' vulnerability to OWCs or their likelihood to practice self-care strategies. This would provide more extensive information on the relationship between OWC and self-care of the worker.

Acknowledgment

Authors' Brief Bio

Patricia Marie Imperial
Alumni, College of Social Work and Community Development, University of the Philippines Diliman. Philippines.
Bachelor of Science in Social Work. Research interests include children's issues, mental health, and social work education. Internship experiences include foster care, and faith-based community organizing.
Email: primperial@up.edu.ph / imperialpatriciamarie@gmail.com

Veronique Ann Claire Abes
Student, College of Social Work and Community Development, University of the Philippines Diliman. Philippines.
Bachelor of Science in Social Work. Research interests include child and youth welfare, mental health, and working with persons with disabilities. Internship experience in casework and group work include foster care, and family and community outreach.
Email: vaabes@up.edu.ph / veroniqueaca@gmail.com

Michael John Ronquillo
Alumni, College of Social Work and Community Development, University of the Philippines Diliman. Philippines.
Bachelor of Science in Social Work. Research interests include child protection, mental health, LGBTQIA+ and sustainable agriculture. Internship experience include case work with Children in Special Needs and Protection and landholding-based community organizing.
Email: msronquillo@up.edu.ph / michaelsr1121@gmail.com

Mari Allana Corazon Villegas
Student, College of Social Work and Community Development, University of the Philippines Diliman. Philippines.
Bachelor of Science in Social Work. Research interests include gender studies, women and children's rights, mental health, and medical social work. Internship experiences include mental health care services and medical social work case management.
Email: mgvillegas2@up.edu.ph / villegas.allana@gmail.com

References

Ashcroft, R., Sur, D., Greenblatt, A., and Donahue, P. (2021, July 27). The impact of the COVID-19 pandemic on social workers at the frontline: A survey of Canadian social workers. *The British Journal of Social Work.* https://doi.org/10.1093/bjsw/bcab158

Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A., Strom, K., Truell, R., Úriz, M., and Weinberg, M. (2020, June 29). *Ethical challenges for social workers during COVID-19: A global perspective.* International Federation of Social Workers. https://www.ifsw.org/wp-content/uploads/2020/07/2020-06-30-Ethical-Challenges-Covid1 9-FINAL.pdf

Bressi, S. and Vaden, E. (2017, January 25). Reconsidering self care. *Clinical Social Work Journal, 45*(1), 33-38. https://repository.brynmawr.edu/gsswsr_pubs/69/

Canadian Medical Association. (2020, December 8). *Compassion fatigue: Signs, symptoms, and how*

to cope. https://www.cma.ca/physician-wellness-hub/content/compassion-fatigue

Carranza, S. and Castillo, C. (2022). *Self care and burn-out among child welfare workers during the coronavirus pandemic* [Graduate thesis, California State University San Bernardino.]. CSUSB ScholarWorks. https://scholarworks.lib.csusb.edu/etd/1325

Denne, E., Stevenson, M., and Petty, T. (2019, June 11). *Understanding how social worker compassion fatigue and years of experience shape custodial decisions*. Science Direct. https://doi.org/10.1016/j.chiabu.2019.104036

Dima, G., Schmitz, L., and Simon, M. (2021). Job stress and burn-out among social workers in the VUCA world of COVID-19 pandemic. *Sustainability, 13*. https://doi.org/10.3390/su13137109

Downing, K., Brackett, M., and Riddick, D. (2021). Self-care management 101: Strategies for social workers and other frontline responders during the COVID-19 pandemic in rural communities. *Journal of Human Behavior in the Social Environment*, 31(1-4), 353-361. https://www.tandfonline.com/doi/full/10.1080/10911359.2020.1825265

Ebimgbo, S. (2019, February). Interviewing and counseling as social work tools. *Social work in Nigeria: Book of readings.* Research Gate. https://www.researchgate.net/publication/330926635_Interviewing_and_Counseling_as_Social _Work_Tools

Global Social Service Workforce Alliance, UNICEF, International Federation of Social Workers, Alliance for Child Protection in Humanitarian Action. (2020). *Social service workforce safety and wellbeing during the COVID-19 response - Recommended actions.* Global Social Services Workforce Alliance. https://www.socialserviceworkforce.org/resources/social-service-workforce-safety-and-wellbeing-during-covid-19-response-recommended-actions

Global social work statement of ethical principles. (2018, July 2). IFSW. https://www.ifsw.org/global-social-work-statement-of-ethical-principles/

Holmes, M., Rentrope, C., Korsch-Williams, A., and King, J. (2021). Impact of COVID-19 pandemic on posttraumatic stress, grief, burn-out, and secondary trauma of social workers in the United States. *Clinical Social Work Journal*, 49, 495–504. https://link.springer.com/content/pdf/10.1007/s10615-021-00795-y.pdf

Kahambing, J. (2021). Psychosocial wellbeing and stress coping strategies during COVID-19 of social workers in Southern Leyte, Philippines. *Asian Journal of Psychiatry, 62.* https://www.sciencedirect.com/science/article/pii/S1876201821001891?via%3Dihub

Kong S., Noone, C., and Shears, J. (2021). Social Workers' Sensual Bodies during COVID-19: The Suspended, Displaced and Reconstituted Body in Social Work Practice. *The British Journal of Social Work.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8689903/

Lee, J., and Miller, S. (2013). A self-care framework for social workers: Building a strong foundation for practice. Families in Society: *The Journal of Contemporary Social Services, 94*(2), 96-103. https://doi.org/10.1606/1044-3894.4289

Lynch, A. (2021). *The resulting mental health pandemic from COVID-19: Research and resources for social workers.* VCU Scholars Compass. https://scholarscompass.vcu.edu/socialwork_student/3

Maguire, M. and Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education, 9*(3). https://ojs.aishe.org/index.php/aishe-j/article/view/335

McGarry, S.,, Jackson, K.,. (2020). *Guidance for medical social workers; Responding to COVID-19 pandemic.* HRB National Drugs Library. sandalcohol.ie/32879/

Miller, J. and Cassar, J. (2021). Self-care among healthcare social workers: The impact of COVID-19. *Social Work in Health Care, 60*(1), 30-48. https://www.tandfonline.com/doi/abs/10.1080/00981389.2021.1885560?journalCode=ws hc20

Miller, J., Lianekhammy, J., Pope, N., Lee, J., and Grise-Owens, E. (2017). Self-care among healthcare social workers: An exploratory study. *Social Work in Health Care*, 56(10), 865-883. https://www.tandfonline.com/doi/abs/10.1080/00981389.2017.1371100?journalCode=ws hc20

National Association of Social Workers. (2021). *2021 amendments to the NASW code of ethics: Self-care and cultural competence.* https://www.socialworkers.org/LinkClick.aspx?fileticket=UyXb_VQ35QA%3D&portalid=0

Orpustan-Love, D. (2014). The unintentional harm of compassion fatigue. *Academic Exchange Quarterly, 18*(2). http://rapidintellect.com/AEQweb/5430v4.pdf

Parra, P. (2021). *Impact of COVID-19 on future social workers in the areas of secondary traumatic stress, role conflict, supervision, and colleague support.* California State University. https://scholarworks.calstate.edu/concern/theses/7s75dj492

Peinado, M. and Anderson, K. (2020). Reducing social worker burn-out during COVID-19. *International Social Work*, 63(6), 757–760. https://doi.org/10.1177/0020872820962196

Piercy, L. (2020, September 8). *New UK social work study zeros in on self-care during COVID-19.* University of Kentucky. https://uknow.uky.edu/research/new-uk-social-work-study-zeros-self-care-during-covid-19

Sina-on, G., Cometa-Lamberte, H., and Camba-Jontarciego, D. (2022). An exploratory study on the challenges encountered and strategies employed by the Philippine child caring agencies amidst COVID-19: Social work administration in the new normal. *ASEAN Social Work Journal, 10*(2, December). https://doi.org/10.58671/aswj.v10i2.12

University of Durham and British Association of Social Workers. (2021, May). Research report – Social work during COVID-19: Learning for the future. British Association of Social Workers. https://www.basw.co.uk/system/files/resources/social-work-during-covid-19.pdf