

What Have Hospital Social Workers Been Prepared for COVID-19 from SARS, MERS, and H1N1?

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At the time of writing this column, there is an outbreak of a deadly novel coronavirus (COVID-19) in Hubei Province of China and many places across the world. More people are confirmed to be infected or dead every day, and academia is working around the clock to fight against the virus. In addition to those in Mainland China, citizens in peripheral regions are zealously searching for surgical masks to protect themselves from the invisible virus. However, like the fatal virus that cannot be seen, fear and desperation are inconspicuous yet have already spread far and wide.

Hospital social workers are not without experience in handling outbreaks. We have fought a number of fatal respiratory diseases that can be spread through droplets in the air. I performed a systematic search of terms related to these outbreaks among 43 major social work journals listed in the latest 2018 Journal Citation Reports from 2000 to 2020. The search was conducted in the Web of Science database, using the following search strategy (Taylor, Wylie, Dempster, & Donnelly, 2007): The search terms used were (pandemic* OR epidemic* OR outbreak OR Coronavirus OR Covid* OR Middle East respiratory syndrome OR MERS* OR Severe Acute Respiratory Syndrome OR SARS* OR influenza). A list of 147 studies was initially found, but it included a number of articles that were not related to the outbreak of respiratory disease. After a manual screening of all the articles' titles and abstracts, only 14 articles (see Table 1) were deemed relevant. Half of these were conceptual articles, and the other half were research articles. Six were qualitative studies; only one quantitative research article on this topic was identified, which

was a survey of 55 nongovernmental organizations in Hong Kong that initiated actions and responses to the SARS crisis (Wong & Leung, 2008). Their study reflected that the loss of confidence in the ruling elite and a substantially low level of trust toward the Hong Kong government hindered the efficiency of relief work. Nonetheless, maintaining such a dialectic relationship between civil society and the state might at the same time pose an expectation for enhancement of the government's function through adversarial endeavors.

Academics in social work are unable to provide an immediate and substantial response to capture lessons learned from frontline practitioners' involvement. Although five articles were published two years after the outbreak of SARS, they were all conceptual articles published in the same journal and included in the same special issue. The first study on social work intervention in response to SARS was not published until 2007, that is, four years after the initial outbreak. Another four research articles on SARS were published between 2007 and 2010. After that, one article on H1N1 was published in 2012 and one on MERS in 2016. Only a very small number of studies were conducted years after the major outbreaks. Evidence-informed practice standards could not be established in a timely manner; moreover, frontline practitioners were unable to locate important and useful resources during their ongoing fight against disease. Unlike studies in medical disciplines, which are published rapidly during the outbreak period on a daily basis, the first study of the medical social work practice of combating SARS in Singapore was published in the aftermath of the outbreak. Other studies were also mainly conducted retrospectively.

Table 1: Articles on Social Work Response to Respiratory Disease Outbreaks (2000–2020)

	Authors	Year	Disease	Country / Region	Article Type	N	Journal
1.	Rezaei, F., Maracy, M. R., Yarmohammadian, M. H., & Keyvanara, M.	2020	NS	Iran	Research	17	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)
2.	Park, H. J., & Lee, B. J.	2016	MERS	Korea	Research	22	<i>Social Work in Public Health</i> (Q4)
3.	Siu, J.Y.-M.	2012	H1N1	Hong Kong	Research	40	<i>Health and Social Care in the Community</i> (Q1)
4.	Koller, D., Nicholas, D., Gearing, R., & Kalfá, O.	2010	SARS	Canada	Research	21	<i>Health and Social Care in the Community</i> (Q1)
5.	Wong, H., & Leung, T.T.F.	2008	SARS	Hong Kong	Research	55	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)
6.	Rosoff, P. M.	2008	Influenza	NS	Conceptual	NA	<i>Social Work in Health Care</i> (Q2)
7.	Gearing, R. E., Saini, M., & McNeill, T.	2007	SARS	Canada	Research	19	<i>Health & Social Work</i> (Q2)
8.	Rowlands, A.	2007	SARS	Singapore	Research	28	<i>Social Work in Health Care</i> (Q2)
9.	Seipel, M.	2005	NS	NS	Conceptual	NA	<i>International Social Work</i> (Q4)
10.	Tiong, T. N.	2004	SARS	Singapore	Conceptual	NA	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)
11.	Yuen-Tsang, A.W.K., & Tsien-Wong, T.B.K.	2004	SARS	Hong Kong	Conceptual	NA	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)
12.	Sze, Y. H., & Ting, W. F.	2004	SARS	Hong Kong	Conceptual	NA	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)
13.	Hui, J.M.C., & Tsui, M. S.	2004	SARS	Hong Kong	Conceptual	NA	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)
14.	Chan, C. C., Chan, K.H.W., & Chow, C. B.	2004	SARS	Hong Kong	Conceptual	NA	<i>Asia Pacific Journal of Social Work and Development</i> (Q4)

Notes: NS = not specified; NA = not applicable; MERS = Middle East respiratory syndrome; SARS = severe acute respiratory syndrome. Journal impact factor quartile refers to the quotient of a journal's rank in category. Q1 denotes the top 25 percent of the journal impact factor distribution, Q2 is between top 25 percent and top 50 percent, Q3 is between top 50 percent and top 75 percent, and Q4 denotes the bottom 25 percent.

SARS, MERS, and H1N1 have spread widely in developing countries. Nonetheless, the majority of articles (11 out of 14, 78.6 percent) were about the context of developed regions, including Canada, Hong Kong, Korea, and Singapore. Developing and underdeveloped regions were underrepresented in the studies, with only one article (7.1 percent) in Iran. No study was found related to highly and densely populated countries such as China or India, where respiratory diseases were most likely to be transmitted through human-to-human interaction. It remains questionable whether important lessons learned from developed places could be applied to disadvantaged zones.

Scholars examined experiences of social workers practicing in a hospital environment during SARS and aimed to formulate essential themes and structures of social work practices for better preparedness to meet similar crises in the future (Gearing, Saini, & McNeill, 2007; Rowlands, 2007). Perspectives and recommendations of young participants who were hospitalized during SARS in a large pediatric hospital had also been covered (Koller, Nicholas, Gearing, & Kalfa, 2010). Social work scholars advocated the inclusion of children's omitted voices in health care decision making, policy planning, and the development of guidelines for future pandemics. More recent studies explored the social and psychoemotional difficulties of foreign residents in South Korea during the MERS outbreak in the community from a social work perspective (Park & Lee, 2016) as well as the functional role of community-based health organizations as gatekeepers of communities in Iran in times of biohazards (Rezaei, Maracy, Yarmohammadian, & Keyvanara, 2020).

The role of social work in pandemics has long been significant throughout the years but has not been well documented in the literature. It can be traced back to as early as 1918 with the pivotal and central role hospital social workers played during the great worldwide influenza pandemic. But only sketchy and cryptic reference was provided to social workers during a pandemic by authoritative public health institutes or organizations around the globe (Rosoff, 2008). Social workers can perform an essential role in crisis management while keeping in mind that the basic human rights of every person must be safeguarded. The World Health Organization published guidelines titled *Infection Prevention and Control of Epidemic- and Pandemic-Prone Acute Re-*

spiratory Infections in Health Care in 2014 but placed social workers under the umbrella term "health-care worker" with many other professionals. Professional bodies such as the National Association of Social Workers could and should take the lead in directing social workers to participate in prevention and control at the time of severe outbreaks. In our current battle against COVID-19, the Chinese Association of Social Workers, which helps coordinate practitioners in the forefront of the fighting, published *The Social Worker Support Manual on the Prevention and Control of Pneumonia Caused by the Coronavirus Infection* and proposed basic working principles and methods to social workers. Although the original version is in Chinese, it serves as an excellent foundation for further development of a more established international protocol.

Sudden onset of novel respiratory diseases in the community created an immediate necessity for conducting studies in adapting to the new epidemic environment. Only traditional crisis management approaches and theories have now been applied to medical social work, which help little when facing emerging risks in the course of combating novel viruses and challenges. Theoretical frameworks of social work intervention in relation to these unprecedented types of emergency, such as SARS, have not been consciously developed (Rowlands, 2007). Social work departments at institutions should not only play their role in the ivory tower with laboratory studies. Practitioners and academics need to work in synchrony with each other at the time of infectious disease control.

CONCLUSION

In the last 20 years, high-impact social work journals remain quite detached from the outbreaks. Only two articles were accepted in Q1 journals (that is, the top 25 percent of the journal impact factor distribution). There is seemingly a lack of interest among academics and editors of the top journals on these issues. Only one journal had developed a special issue; however, it mainly included conceptual articles. Ample research has helped inform medical and nursing practice in dealing with tiny but deadly viruses and has been published and well cited in some of the most prestige academic journals in the world. High-impact social work journals should also take a much more proactive stance to map out a new research agenda in a timely manner. Only then can state-of-the-art and

evidence-informed medical social work practice be developed. Our fight against COVID-19 is not yet over. Millions of people are still in lockdown in China's Hubei Province. I sincerely hope that lessons can be learned from our low responsiveness in SARS, MERS, and other severe outbreaks over the past two decades. Let us join hands to do something crucial before it is too late. **HSW**

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