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Losing the silver lining

Swedish social workers' experiences of the COVID-19
pandemic

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Abstract

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During the COVID-19 pandemic social services were seen as vital for society but in Sweden, the Public Health Authority advised all citizens to limit meetings with others outside of their own household which complicated needs assessment in social work. Additionally, a vulnerable group for getting severely ill of COVID-19 was older people. Therefore, the purpose of the study was to investigate what feelings, challenges, and opportunities that social workers in the field of elderly care had experienced in Sweden during the pandemic. The research questions of the study included what feelings the social workers had experienced related to their occupational role, what challenges and opportunities that occurred when carrying out their work and how they felt regarding support and guidelines that they were given. The research method was semi-structured interviews and with the use of crisis theory, systems theory, and theory about professions, the results were analyzed by using thematic analysis. The results showed that there were several changes in the profession of social work that affected the social workers. The biggest challenge with working through the pandemic was missing out on non-verbal communication when meetings could not be held in-person. Social workers felt that they lost the silver lining of their job which was meetings with their clients. Surprisingly though, there were also many positive aspects seen by the social workers in elderly care. Working from home was efficient and they saved time on not having to travel to the home of clients. Social workers in elderly care found themselves on an emotional roller coaster during the pandemic, feeling happiness, hope, excitement, fear, sadness, grief, anxiety, frustration, and longing. Overall, it was concluded that the social workers who worked through the pandemic had worked through a crisis and the profession of social work needs to consider how this will have affected social workers in the long run.

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1. Introduction and problem area

The year 2020 was a year where not meeting grandparents were the norm and not hugging family was the new normal. Distance learning and distance working was almost a must and isolating in your homes was necessary for the survival of yourself and others. The year was full of changes for the people of the earth and the reason for this was the COVID-19 pandemic. In Sweden, the first coronavirus case was discovered on 31st of January 2020 in Jönköping. At this stage, the authorities in Sweden did not believe that there would be a big spread of the virus in Sweden, they anticipated that there would be a few cases in few locations (Krisinformation, 2020a). However, at the beginning of March 2020, the situation changed. Cases were now surging in two big regions of Sweden, Västra Götaland and Stockholm. At this point, the authorities raised the risk of a societal spread in Sweden to “very high” (Krisinformation, 2020b). In the first weeks of 2021, Sweden had over 500 000 confirmed cases of the coronavirus with nearly 10 000 dead (Folkhälsomyndigheten, 2021).

The National Board of Health and Welfare in Sweden (Socialstyrelsen) states that social services have an important societal function and during a pandemic, this work to support the individual must continue (Socialstyrelsen, 2020). The National Board of Health and Welfare also published articles regarding how social workers should handle their responsibility connected to their occupation during the pandemic. Among other things, the board mentioned that the municipality is responsible for taking the appropriate measures in their venues in order to follow the guidelines set by the Public Health Agency of Sweden. At the same time, the article stressed the importance of that the services provided by social services must go on, even in a pandemic, for the best interest of the clients. A big at-risk group for getting severely ill of the coronavirus was identified by the Swedish authorities as the elderly, people over the age of 70 (Socialstyrelsen, 2020).

The Public Health Authority in Sweden advised in April 2020 that older people, over the age of 70, should avoid all close contact with others in order to protect themselves from contracting the virus. However, since October 2020 it was removed (Folkhälsomyndigheten, 2020a). The whole population of Sweden followed the same advice from then and 14th of December 2020, there was new stricter advice to follow. The recommendations from the Public Health Authority were: Only meet people from a small circle, limit meeting new people outside of your circle, do not meet people from different circles, keep a distance when meeting others, limit travel with public transport, avoid crowding in stores, go to stores alone, limit your purchases, and

stay at home if you feel sick (Folkhälsomyndigheten, 2021b). Considering this, how are social workers in elderly care experiencing their work when they have a responsibility to help one of the most vulnerable groups of getting severely ill of COVID-19?

In Sweden, all public power is exercised under the law according to the 1974 Instrument of Government (Regeringsformen) which is one of four founding laws in Sweden. The use of public power is often referred to as the principle of legality. The principle of legality means that an authority or official at the authority, for example, a social worker, needs to have support by law in order to take any action within the authority. If this is not done, an official can be charged for crimes against confidentiality or misconduct. Because of this, everyone working within social services in Sweden needs to be well acquainted with the laws that govern their work. The Instrument of Government can be seen as the foundation of this and represents that it is the people of Sweden who have the public power. In Sweden, social services in all municipalities are accountable to several laws, but there is one that most decisions are made upon within elderly care and that is The Social Services Act (Socialtjänstlagen SFS 2001:453) (Eneroth, 2014).

The Social Services Act is a “ramlag”, which means it only sets the frames for authorities and their decision-making. Each municipality need to interpret the law and base their practice upon it. Municipalities have the responsibility to offer homecare, where the elderly can get help with different activities in their home such as cleaning, showering, eating etcetera. The municipality is also responsible for offering housing for the elderly where they can live as independently as they want to but access help when needed. The housing can be either permanent or temporary in the form of senior housing, safety housing, or housing with health and social care (Senior-, trygghets-, vård och omsorgsboende) (Eneroth, 2014). The elderly can also apply for a service called “växelvård” in Swedish. “Växelvård” means that a person alternates between living at home and living in housing with health and social care (Uppsala Kommun, 2021). Another form of care is day-care facilities, where the elderly can spend time one or several days a week. At a day-care facility elderly get a chance to have a social connection with others and it can give relatives caring for a family member relief (Stockholms Stad, 2020). It is the social worker in elderly care who assesses the need for such services. Social services are according to the Social Services Act (SFS 2001:453) responsible for that older people can live a dignified life and have good well-being. The elderly should get the opportunity to live independently under safe conditions and have a meaningful life (Eneroth, 2014).

Social workers in Sweden, under normal circumstances, carry out a needs assessment in-person to investigate if the elderly is entitled to the help they are applying for. Assessment of cases is to be made at an individual level with regards to the wishes of the client. An important part of elderly care and services that are granted with a foundation in the Social Services Act (SFS 2001:453) is that all help is voluntary. Social workers are therefore to make decisions where they follow the laws while making an assessment based on their own knowledge about social work. Social workers in elderly care have flexibility in their work, meaning that they can choose what services that are best suited to meet the needs of their client. The decisions should, however, be done with the highest degree of legal certainty (rättssäkerhet). Legal certainty ensures that decisions are to be predictable and can be controlled after they have been made. Furthermore, social workers place an order of services for the elderly, but it is the managers in homecare and homecare staff that execute the help (Eneroth, 2014). During the pandemic, The National Board of Health and Welfare advice that municipalities take the necessary precautions to reduce the risk of spreading the virus at their workplaces within social services. This involves, for example, having digital meetings and avoid larger gatherings of people. If possible, and if there is a need for it, social services can have meetings outside or remotely with clients. A demand for this was that all parties who were to participate in the meeting had the necessary equipment. However, the National Board of Health and Welfare stressed that not all meetings could be held remotely when it comes to social services because of the responsibility and mission that social services have (Socialstyrelsen, 2020).

As stated above, social services are vital for society and must go on even during a pandemic, for the best interests of the clients. How did working through a pandemic affect the social workers carrying out services to such a vulnerable group like older people? Did this situation create positive or negative feelings? Did the social workers receive any guidelines on how to work during the pandemic and if so, how did that make them feel? Were there any challenges or opportunities that presented themselves during the pandemic? These are questions that this study aimed to answer in regard to social workers who worked with assessing aid to the elderly in Sweden during the COVID-19 pandemic.

1.1 Purpose and research questions

The purpose of the study was to analyze opportunities and challenges for social workers in the field of elderly care during the COVID-19 pandemic. Furthermore, there was a focus on the individual social worker and to analyze their experienced feelings, both positive and negative,

related to their occupation and the pandemic. The purpose was to investigate how the social workers felt regarding support and guidelines given by their managers, municipality, or region. The research questions for the study were:

-What kind of feelings have social workers in the field of elderly care in Sweden experienced related to their occupational role during the COVID-19 pandemic?

-What challenges and opportunities have occurred for the social workers in the field of elderly care in Sweden when carrying out their work during the COVID-19 pandemic?

-How have the social workers working within the field of elderly care in Sweden felt regarding support and guidelines given by managers, municipalities, or regions?

2. Literature review and knowledge basis

The previous literature on the subject will be presented from having done a narrative review where the previous research in the field of interest was summarized as a preface to the study (Bryman, 2016). This study aimed to summarize what previous research already existed on the COVID-19 pandemic in relation to social work, as well as research on other target groups than the elderly in relation to social worker's experiences. In order to achieve this, the data was collected through databases accessible from the University Library of Gothenburg. These were Social Science Citation Index, International bibliography of the social sciences (IBSS), ProQuest Social Sciences, and Swepub. All searches were limited to showing peer-reviewed articles with English or Swedish language.

As McGinn, Taylor, McColgan, and McQuilkan (2016) pointed out, in order to get good search results, you need to use "concepts groups" (put several words together as one concept), Boolean algebra (words that bind your concepts together) and database-specific search features (can be a proximity filter) (McGinn et.al, 2016). This was done with the use of key words, which in this study were: social work*, pandemic, epidemic, vulnerabl*, experience*, coping, COVID-19, older people, elderly, mental health and Sweden. For a complete overview of searches, see Appendix 5: Database searches. By doing the review in this way, the researcher aimed to justify the purpose of this study (Bryman, 2016) by showing that there are no or little previous research that has been done in the field of the COVID-19 pandemic and social workers in elderly care in Sweden. The final sample consisted of 11 articles which were summarized under four headlines: Challenges and opportunities for social workers during COVID-19, Aid to elderly

during the COVID-19 pandemic, Ethics in social work during the COVID-19 pandemic, and last Mental Health and Well-being during the COVID-19 pandemic.

2.1. Challenges and opportunities for social workers during the COVID-19 pandemic

As Dominelli (2021) wrote the COVID-19 pandemic posed challenges to many professions such as scientists, health professionals, and social workers during 2020. Countries chose different measures of responding to the virus. A lockdown as China, Italy, France, Spain etcetera did, or as in Sweden, USA and Brazil where social and physical distancing was the most important guidelines. All countries had in common that the goal was to “flatten the curve” so that the health care system could keep up with the number of cases (Dominelli, 2021). With physical and social distancing being the norm, Dominelli (2021) chose to research how social workers in the UK changed approaches by being able to offer services to clients remotely and what challenges and opportunities occurred when doing so through a green social work perspective. She stated that “Social workers may become exposed to people carrying the coronavirus and contaminated surfaces/objects when visiting service users or assisting health professionals, making self-care and using PPE essential” (Dominelli, 2021, p.10).

In the UK, lockdowns have occurred on multiple occasions, affecting “individuals on low incomes, those who are employed in precarious and/or essential, undervalued jobs or are homeless” (Dominelli, 2021, p. 11). Social workers who work with these groups have to contact them mainly by phone, online services, or by practicing social and physical distancing. This makes an already complex job even harder to carry out. By social workers using remote ways of communication such as Zoom, Skype, Facebook, and phones instead of doing home visits, other issues can occur. According to Dominelli (2021), every client does not have the same technological equipment as the social worker, the social worker might not be educated on the use of these technologies, and information accessed remotely might be limited or hard to understand (Dominelli, 2021). Nilsson & Olaison (2020) described that social workers within the field of elderly care in Sweden because of the Covid-19 pandemic “... have been obliged to cancel most or all home visits to older people who apply for welfare services, and instead must make decisions based on telephone conversations with the client and relatives and/or spousal partner” (Nilsson & Olaison, 2020, p.53).

Cook & Zschomler (2020) brought up similar issues when they had interviewed 31 child and family social workers in England with an interest to see what challenges, opportunities, and

future issues there could be with virtual home visits. The authors did in-depth telephone interviews and used thematic analysis to identify three themes: Navigating the Virtual Home Visit, Advantages of Virtual Home Visits, and Limitations of Virtual Home Visits. The authors stated that in child and family social work, the home visit is very important because it allows the social worker to get close both physically, emotionally, and cognitively. It is a sensory experience that helps the social worker assess the needs of the client (Cook & Zchlomer, 2020).

Cook and Zchlomer went on to state that “ Following lockdown, the way that social workers engaged with children and families changed overnight. All but the most urgent in-person visits were replaced by virtual contact” (Cook & Zschlomer, 2020, p. 402). This had both positive and negative effects according to the social workers who took part in Cook’s & Zschlomer’s study. Limitations involved not being able to read the client in the same way as in person, it’s hard to read body language, subtle social cues, and how they maintain eye contact. This caused the social workers to worry that they were missing something, and they also had a hard time ensuring they truly spoke to the child alone. Some topics were also too sensitive to discuss through virtual means, where the clients had been through trauma, they were distraught by having to speak about it online. Such visits were often assessed to be necessary to carry out in person with personal protective equipment (PPE) and social distancing. The digital exclusion was mentioned by Cook & Zschlomer (2020), social workers expressed that there were clients who did not have Wi-Fi, could not get a signal, or could not download the necessary programs. There were also costs related to video calls that not all families could afford.

Nisanci, Kahraman, Alcelik, and Kiris (2020) also wrote about digital exclusion but concerning working with refugees. The authors stated that it was hard doing tele-social work (over the phone) because they missed out on non-verbal signs of communication. Furthermore, when working with refugees’ video-calls was not possible because of privacy issues, lack of internet connection, and lack of informed consent. When doing tele-social work with refugees, the authors said there was a need for a translator and to have a third person in a phone call, poses additional problems to an already complex situation (Nisanci, Kahraman, Alcelik and Kiris, 2020). Similar issues arose when working with the elderly according to Nilsson & Olaison (2020). The authors brought up issues of navigating through a new kind of communication and a big challenge being that the elderly get excluded in the digital arena because they often lack skills to communicate digitally. Nilsson & Olaison stated that video calls would be better than phone calls for assessing needs for the elderly since the social workers can ensure that everybody is included, that the client has self-determination, and that there is trust. However,

the authors said that a problem could be that neither social workers nor clients have the skills to use such equipment or lack the equipment needed (Nilsson & Olaison, 2020).

According to Cook & Zschlomer (2020), social workers could also identify some advantages of virtual home visits. The virtual visits allowed the social workers to meet with their client's shorter periods of time but more often. The social workers could therefore be more responsive. This was possible since they no more had to spend most of the day traveling to different homes in order to meet their clients. Another aspect was that families and especially younger people seemed to appreciate the less invasive kind of interaction, with fewer home visits and more texting, calling, and video meetings. The social workers thought that the client saw these ways of communication to be more on their own terms, making them more comfortable and possibly making them open up more. However, in their discussion, Cook & Zschlomer (2020) stated that working from home and conducting virtual home visits can be challenging for social workers as well. Back-to-back contact with families can cause the social workers to feel exhausted, and for social workers in shared accommodation or without a specific "office" to work in at home it could be a challenge to keep the confidentiality of their clients during meetings. In the end, the authors conclude that the risk for inappropriate assessments is higher when carrying out virtual home visits, and this caused a need for these assessments to be reviewed and revisited after the lockdown is over in England (Cook & Zschlomer, 2020).

Abrams & Dettlaff (2020) wrote about COVID-19 through an American perspective, interviewing 16 alumni from the University of California and the University of Houston. From the statements of those social workers, the author could see that the field of social work is experiencing both a higher demand in services, but also a lower demand in services. It all depended on which branch of social work the social worker was involved in. Social workers with homeless clients, those handing out food, and hospital social workers, saw an increase in clients who needed assistance. However, for example, a rape crisis social worker saw a definite decrease in calls for help. This because people are afraid to visits hospitals, afraid to get infected with COVID-19. The same applied for domestic abuse social workers and for youth transitions centers, there were fewer calls for help during the pandemic. The social workers feared this was because there was a lack of referral services and that when lockdowns and restrictions are lifted, there would be a huge influx of clients who had long been suffering in silence (Abrams & Dettlaff, 2020).

Necel & Zareba (2020) wrote an article called "Social assistance institutions during the COVID-19 pandemic: Experiences of Polish social workers", which was based on a

quantitative study with questionnaires answered by social workers in Poland with the aim to find changes in how social institutions function during the COVID-19 pandemic. The majority of respondents in the study stated that there was an influx of new clients during the pandemic, people who had not previously received any kind of aid. The authors also stated that “The unemployed, the dependent elderly, victims of domestic violence, and people using food aid applied for help more frequently than before” (Necel & Zareba, 2020, p. 804).

Nisanci et. al (2020) wrote about social worker’s experiences working with refugees during the COVID-19 pandemic in Turkey. The article contains the author’s own experiences, as three of them are social workers in NGOs and the experiences of their colleagues. As mentioned earlier, they gave accounts of problems with tele-social work. However, the social workers also brought up issues about barriers to resources. The social workers that were a part of this article said that financial assistance and health services were harder to access during the pandemic and this made the social workers feel helpless and insufficient. One problem was that during the pandemic they made their referrals to financial assistance based on the phone interviews they carried out and not home visits. According to the social workers, a risk with tele-social work was that they could not always establish which clients had the most urgent need (Nisanci et.al, 2020). Nilsson & Olaison (2020), described a similar issue for social workers working with older people. Stating that tele-social work creates challenges for making well-founded decisions and for allowing the elderly to have self-determination as well as to be included in the needs-assessment process.

Cook, Zschomler, Biggart & Carder (2020) published an article about remote-working and resilience among child and family social workers during the current pandemic with a focus on the social work team as a secure base. The research data was collected between Mars and June 2020 from England. The researchers carried out 31 in-depth interviews with social workers, senior social workers, team managers, and service managers. The interviews were recorded, transcribed, and analyzed using thematic analysis. Cook et.al. (2020) stated that social work is a collaborative practice that makes the team vital for a social worker. Teams affect the social worker’s resilience, retention, and decision-making. Discussing cases with a team and having positive relationships with colleagues can help social workers cope with stress and make them more resilient. Cook et.al (2020) wanted to investigate how the team was affected by remote working during the COVID-19 pandemic since earlier research had pointed to that face-to-face interaction was important. The authors analyzed this with the concept of a “secure base”. The researchers used an inductive approach to learn what experiences social workers had had when

work was done remotely during the pandemic and find themes from these experiences. The themes were framed by using the secure base as a concept.

Cook et.al (2020) found that social workers thought the transition into remote working was hard and it had them feeling disconnected from their team in the beginning. The social workers had struggled to set up home offices, finding themselves working from bed or at the kitchen table. Some workers had gotten financial support from their employers in order to buy the equipment needed. The first week of remote working were the hardest, according to Cook et.al (2020) since social workers abruptly were separated from their teams and digital meetings was hard to arrange at first. The lack of physical contact led to the loss of the team as a secure base. It was also hard for the social workers to turn their home into a professional environment and for some of them, it meant that they could not relax in their own home. It was an erosion of boundaries, some described it as inviting people into your home even though it was digitally. The social workers said that it was unsustainable, tiring, and intense to work remotely, and these feelings affected their resilience. However, when interviews were made, later on, the team had more positive feelings towards remote working. The social workers had found ways to keep in touch with their team which made them feel supported even though they were working from home. There was an increase in feelings of support and belonging as a result, the social workers felt that the team became more cohesive from working remotely. This was a result of connecting through informal spaces, such as WhatsApp groups, and showing availability online. However, a challenge remained in being sensitive to the needs of colleagues and as present as one was before remote working (Cook et.al, 2020).

Even though there were some positive aspects of remote working for the social work teams in the article by Cook et.al (2020) challenges still occurred. The informal ways of connecting with colleagues had advantages, but for some social workers, it contributed to feeling marginalized. For example, it was newer members of the team who talked about in and out-groups in the WhatsApp conversations. The social worker in one example said it was like being back in school with some popular people and some not. This social worker did not see the conversations as inclusive, saying it also gave her anxiety to be available on WhatsApp all day. Another worker said it was not as easy to pick up the phone and call a colleague to ask for advice as it was just asking them about it in the office. Cook et.al (2020) stated that workers refrained from calling managers or colleagues because they knew they were busy and did not want to disturb them. It was a particularly big challenge for new social workers to work remotely and get the support that they needed. When social workers did not have face-to-face interaction, it was

harder to see if new colleagues needed support when not being able to see them. As a conclusion, the authors of the article saw that teams that were already secure before the pandemic continued to be so during remote working as well. The challenge was bigger for less established teams and new workers. The authors stated that more research needs to be done on the impact of remote working on social workers before it is considered a “new normal” way of practice.

2.2. Aid to the elderly during the COVID-19 pandemic

Previous research found on the elderly relating to the pandemic has mostly been about well-being, isolation and how to care for older people during the pandemic. There was a lack of studies that involved the social worker and their experiences of working with the elderly through the pandemic when searching databases. However, research on similar topics was found. One study, by Kabir, Boström & Konradsen (2020) interviewed a nurse at a care home in Sweden. This was done in order to see what experiences frontline workers faced in the first months of the pandemic. The nurse brought up issues of lack of personal protective equipment (PPE), not agreeing with routines given by the municipality, staff being scared to care for patients with COVID-19, buying your own PPE, relatives not respecting prohibition of visits of the elderly, feeling powerless because elderly did not receive treatment for COVID-19, feeling sad and burdened that people died, not being able to sleep because of stress and anxiety, physicians not listening to the nurses at the care home, not wanting to go home and not being able to tell people what happened in the care home (Kabir et.al, 2020). Even though this article does not mention social workers, some struggles and ethical dilemmas are similar to those of social workers, which will be shown in the next section of this paper. The article also shows the vulnerability of the elderly during COVID-19, which is why the researcher of this paper chose to focus on social workers within the field of elderly care.

Another article more closely related to older people and their struggles during the pandemic is “Effects of COVID-19 on communication, services, and life situation for older persons receiving municipal health and care services in Stjørdal municipality in Norway” by Kjerkol, Linset & Westernen (2020). The article investigated how communication with the elderly and service providers worked during the pandemic, the quality of life for older people, and the service providers understanding of the situation that the elderly were in. This was done using Media Richness theory and through interviewing 38 service users and 30 employees in the municipality of Stjørdal. The authors of the article wrote that the main focus was to see how communication worked and what it meant for the elderly (Kjerkol, et.al, 2020) and there was

no focus on social workers in the article, but on service providers. However, the article is still relevant as earlier research on the elderly and the pandemic is scarce, which the authors of this article also wrote.

In the article Kjerkol et.al (2020) state that the social services for older people have remained quite stable during COVID-19, however, they could see a small decrease in the number of visits that the elderly get weekly. The COVID-19 restrictions did, according to the authors, affect the care of the elderly because each visit took a longer time now than before. There was also an increase in phone calls because of the restrictions. Another issue was that during visits, both caregivers and service users stated that there was less focus on the individual's need for help and more focus on COVID-19 related subjects. An interesting notion was that both service users and service providers said that the use of audio and video media was not a good solution for communication. Service users preferred face-to-face communication to phone calls. Service users had a lower sense of security, which the authors through regression analysis determined was the cause of less satisfaction with home visits, loneliness, and life-satisfaction deterioration (Kjerkol, et.al, 2020). In the conclusion of the study, the authors noted that "We clearly see that the municipality tries to keep quality and care at the same level as before, but the COVID-19 restrictions to some degree change focus for the providers of care" (Kjerkol et.al, 2020, p.215). For this study the research carried out by Kjerkol et.al (2020) can be used to see if the social workers in elderly care in Sweden also struggled to maintain the same quality and care as before the pandemic.

One article that had a focus on both the elderly, social work and COVID-19 is "Needs assessment in social work with older people in times of Covid-19: Initial ideas from an empirical study" by Nilsson & Olaison (2020). The authors of this article had access to audio-recorded telephone calls between care managers (the term they use for social workers working with older people) and older people who lived at home and wanted to apply for social services. The data was collected from two municipalities in Sweden and the aim was to analyze what ways care managers handle needs assessment through phone calls and how the aspect of inclusion was handled. The authors had a focus to investigate challenges and ways of communicating with the elderly during COVID-19. Furthermore, the authors wanted to see how the care managers made their decisions during the pandemic when there were limited possibilities for meetings in person.

Nilsson & Olaison (2020) found two different approaches that the care managers used to assess needs during the COVID-19 pandemic, "business on hold" and "exploring new options".

“Business on hold” was described as an approach where the social workers keep working in the same way as before the pandemic, even though all services cannot be offered until the pandemic is over. In the article, it was described as a way for social workers to talk to their clients and check how their welfare was, but without being able to change the situation for them. Furthermore, the authors Nilsson & Olaison stated that the social workers did not at all step away from the standard template used for assessing aid to the elderly. The social workers kept working by the same organizational and administrative guidelines as before the pandemic.

However, as Nilsson & Olaison stated, these guidelines are now put on hold because of the pandemic and on indefinite time. “Exploring new options” was according to Nilsson & Olaison (2020) a way for social workers to change their way of working and think outside their normal guidelines in order to offer services to the elderly even during the pandemic. The social workers focused on problem-solving and often involved the client in that process. It could be that instead of a client exercising at a day-care facility (which was closed because of the pandemic), the client could ask home-care staff to help with this instead. This was an innovative way for the social worker to offer a solution to the client while using the existing services that are available during the pandemic. This was furthermore explained by the authors as use of professionalism and discretion as a social worker. The authors stated that social workers secure in their role can interpret the guidelines in another way and push the boundaries for them in order to come up with new solutions.

Nilsson & Olaison (2020) made a number of important concluding remarks regarding gerontological social work during the COVID-19 pandemic. The authors stated that their analysis was rather small and that further research on the different ways that social workers work during the pandemic should be done. Nilsson & Olaison went on to say that social workers are used to people depending on them, being restricted by guidelines and politics as well as financial situations. However, the COVID-19 pandemic was a whole different situation. It was according to Nilsson & Olaison, a time of great insecurity and the effects on gerontological social work were larger because older people were so vulnerable to COVID-19. The authors furthermore wrote that “ Meetings with older people cannot be held in a regular way and the premises for their work are in constant change as services may or may not be paused, something which care managers have to adapt to in their conversations with clients” (Nilsson & Olaison, 2020, p. 57-58).

Nilsson & Olaison (2020) collected data from two municipalities in Sweden and stated that from the information they gathered, the social workers working with the elderly had not

received new guidelines from higher management concerning working during the COVID-19 pandemic other than that meetings with the elderly should be held over the phone or digitally. Nilsson & Olaison (2020) wrote “ We propose clearer guidance from superiors, and guidelines and manuals on how to perform remote assessment meetings which may continue for an indefinite time” (p. 59). This statement opens up for further research on the subject, to see if social workers have received guidelines or not in other municipalities and if this has changed since Nilsson & Olaison gathered their data. The authors also stated that social workers are used to people depending on them but that the COVID-19 pandemic was different and created uncertainty. However, Nilsson & Olaison did not have a focus on how this affected the social workers in their study.

2.3. Ethics in social work during the COVID-19 pandemic

Social worker’s experiences of working through the COVID-19 pandemic can be influenced by the ethical guidelines they usually follow, something that was brought up by Dominelli (2021), Banks et.al. (2020), Abrams & Detflaff (2020), and others. Dominelli (2021) brought up ethical dilemmas from the UK that could occur for a social worker when trying to follow ethical guidelines for social workers during the COVID-19 pandemic. One dilemma was whether to carry out a home visit to a client or not. When faced with these dilemmas, social workers could sometimes be faced with them not being able to carry out the services that the client needed. This can be tough on the social workers, as Dominelli (2021) wrote “Being unable to support people during moments of loneliness and isolation intensifies social workers’ feelings of powerlessness and worries about possible next steps” (p.14).

Abrams & Dettlaff (2020) described similar challenges, as one social worker they interviewed said she had to choose between using her protective gear and scare the 3-year-old in foster care that she was going to help, or to remove the gear (risking her health) in order to help the child. The authors described situations like this as that “Social workers are making moment-by-moment decisions about how to exercise the core ethical principles of the profession” (Abrams & Dettlaff, 2020, p. 302). This was also reflected by Nilsson & Olaison (2020) who wrote about social work and the elderly during the pandemic. They stated that “Also, both care managers and the older clients face the reality of balancing the risk of older people’s social isolation and that of catching the Covid-19 virus” (Nilsson & Olaison, 2020, p. 58).

Banks et.al (2020) also brought up different ethical issues that could occur during the COVID-19 pandemic. “Social workers have struggled to continue to do their work – having to adapt

and innovate to meet new needs and reprioritise the most urgent and important aspects of their roles” (Banks, et.al, 2020, p. 570). The authors of this article also stated that the pandemic poses many challenges to social workers, both political, professional, and personal challenges. The study, which was done through a survey focused on ethical issues that social workers faced on a daily basis during the pandemic, how they responded to these and how it affected the social worker. The researchers received 505 answers to their survey, conducted 11 interviews in Hong Kong, and got an additional 91 responses after one survey question was translated to Japanese. The total number of answers were therefore 607. The respondents were from 54 different countries and mostly female (Banks et.al, 2020).

Banks et.al (2020) found six different themes concerning ethical challenges, one being “Balancing service user rights, needs and risks against personal risk to social workers and others, in order to provide services as well as possible” (p.573). Social workers in the study by Banks et.al (2020) expressed that it was hard to do risk evaluations during COVID-19, for example, if it was suitable to meet in person or do home visits. It was a dilemma concerning the client’s need for help versus the danger to the health of everyone involved. Another theme was “Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances” (Banks et.al, 2020, p.573).

The social workers in the study by Banks et.al (2020) expressed a range of emotions including, fear, joy, pride, sadness, anxiety, and guilt. These feelings were associated with different things such as loss, health risks, not being able to provide services, and when services were successful. The authors described another theme as “Creating and maintaining trusting, honest and empathic relationships via phone or Internet with due regard to privacy and confidentiality, or in-person with protective equipment” (Banks et.al, 2020, p.572). The study did not have a focus on a specific field of social workers; therefore, experiences ranged between different fields. Some expressed difficulties working from home and ensuring privacy for their clients. Some had service users who could not access the technology necessary for remote communication, some found it difficult to see if there were abusive relationships through a screen or to show feelings when wearing protective gear (Banks et.al, 2020). The study also found that there were great differences between countries and regions concerning ethical challenges. The challenges were influenced by political and social welfare regimes, routines for practicing social work in the country, by culture, if there were services from the state, private or non-governmental organizations and if it was group work or casework (Banks et.al, 2020).

Ethical issues were also found when assessing needs for the elderly during the pandemic in an article by Nilsson & Olaison (2020). The authors found ethical problems with speaking to the elderly on the phone. When social workers kept to a strict script or manual in order to do their work, it was harder for the elderly to understand and keep up over the phone because of hearing loss or cognitive disabilities. It was also evident that body language and other visual clues were important for managing needs assessment. The remote assessing of needs brought forward problems with inclusion, trust, and transferences of information.

2.4. Mental health and well-being during the COVID-19 pandemic

Another way that previous studies analyzed the experiences of social workers or social works students was by investigating well-being and mental health. For example, Diaz-Jiménez, Caravaca-Sánchez, Martín-Cano & De la Fuente-Robles (2020) published a study about social work student's mental health during the pandemic in Spain with a quantitative research approach. Furthermore, Necel & Zareba (2020) published a study where polish social workers answered a questionnaire with questions regarding social work during the pandemic. From this, they found that social workers had experienced both personal and emotional costs of working through the pandemic. This was associated with stress, as social workers describe the most stressful factors of their work as having to work under dangerous health conditions, an increased responsibility both to colleagues but also to clients, the lack of clear national guidelines and to balance their work and duty to their own family members.

Necel & Zareba (2020) argue that social workers need more support and supervision in stress coping techniques in order to protect their mental health. Diaz-Jiménez et.al (2020) concluded that remote studying had increased student's anxiety levels. Diaz-Jiménez et.al (2020) wrote that the adaptation to remote studying was sudden and created a need to use technology to a greater extent. The adaption also happened under exceptional circumstances making it even harder. The spread of the virus was expected to affect the mental health of students but also the general population. Diaz-Jiménez et.al (2020) stated that increased anxiety levels were recently shown to be a result of lacking communication with others. The result of the study carried out by Diaz-Jiménez et.al (2020) showed that anxiety levels among social work students during the COVID-19 pandemic were significantly higher than before the pandemic.

2.5. Knowledge base

From the different articles found in the literature review, it was concluded that research on social work and the COVID-19 pandemic had mainly focused on challenges. Even though some

of the studies like Dominelli (2021) and Cook & Zschlomer (2020) found positive aspects, the challenges outweighed the opportunities. Furthermore, there were not many mentions of social worker's feelings regarding having to work during a pandemic. Banks et.al (2020) and Necel and Zareba (2020) did bring up feelings that social workers had expressed in their survey, but it was not a focus of their studies. The lack of research on social workers emotions and the overweighing negative experiences opens up for more research on these subjects. Besides from Nilsson & Olaison (2020) and Kjerkol et.al (2020) previous research did not have a focus on elderly care in combination with social work. Furthermore, there was not much research on Swedish social worker's experiences during the COVID-19 pandemic. This study aims to find both challenges and opportunities with the work of social workers in elderly care during the pandemic as well as their feelings about it. By focusing on Swedish social workers in elderly care during the COVID-19 pandemic, this study will contribute to new knowledge in the field of social work.

3. The theoretical and analytical framework

In this section theories used to analyze the results of the semi-structured interviews will be presented. Three theories were used, the theory about professions, systems theory, and crisis theory. Theories about professions include System of Professions and crisis theory include crisis intervention and crisis management.

3.1. Theories about Professions and Systems theory

Social work can be identified as a profession, but what is a profession and, what characterizes it? According to Brante (2009), professions are "occupations who base their income and status on the fact that they are using scientific knowledge" [Author's translation] (Brante, 2009, p.16). There are also two categories of professions according to Brante (2009). The traditional one where occupations like doctors, engineers, and scientists fit in, and the other one being semi-professions. Semi-professions would be where social workers, nurses, and teachers fit in (Brante, 2009). Semi-professions are defined as "... occupations who have some of the classical attributes of professions but not all of them, or not to the same extent" [Author's translation] (Brante, 2009, p. 16).

Professions do not, despite this, have a clear-cut definition. However, Brante (2009) wrote that it is fairly agreed upon that professions involve higher education and some kind of desirable work position. Professions can also be seen as part of an autonomous social system according to Abbott (1988), who developed a theory called "The Systems of Professions". By Brante's

(2009) definition, social workers within the field of elderly care would be a semi-profession. Furthermore, Brante (2009) states that professions have various levels of autonomy and are therefore relative. However, Brante (2009) also wrote that semi-professions often have a lower autonomy than traditional professions. Furthermore, professional occupations can be identified by having some kind of independent decision-making and discretion. Brante (2009) also wrote about trust among professions. He claimed that successful professions have a high level of trust based on the public's opinion and that relationships based on trust are preserved by many professions (Brante, 2009). Abbott (1988) wrote that when something changes in one part of a system, the others change as well. This was something he applied to professions by saying that professions are mutually dependent on each other. Abbott (1988) also stated that professions are competitive in terms of gaining power over jurisdictions and that professions close to each other want to monopolize territories.

Social workers in every field need to cooperate with other professions, such as nurses, doctors, caregivers, teachers, and so on. Therefore, professions theory was used to analyze how social workers in the field of elderly care had felt regarding cooperation between professions and other actors in the system they work within. Furthermore, Trevithick (2012) describes systems theory as a framework that analyses all parts of a system and how all parts interact to achieve a certain goal. The system is usually based on subsystems and if one is removed this would affect the nature of the whole system (Trevithick, 2012). Systems theory together with theory of professions was used to analyze how social workers interact with other parts of the system during the COVID-19 pandemic. These subsystems can be the municipality, state, colleagues, managers, other professions, and the client. It was also used to analyze social worker's actions and feelings in relation to their professional role.

3.2. Crisis theory, crisis intervention, and crisis management

Crisis theory and crisis intervention can be used on many different levels, both on a personal level, family level, community level, national level, and world level. During, for example, the SARS epidemic, responses on all levels coped through a crisis model (Healy & Link, 2012). Crisis theory is according to Healy & Link (2012) based on the notion that crisis can come from a normal experience that could not be avoided, or from an experience that was not foreseen and traumatic. Crisis intervention is one way of helping people cope with a crisis no matter its origin (Healy & Link, 2012). Crisis intervention can according to Trevithick (2012) be used with "older people with dementia, people who are bereaved, terminally ill, or suicidal, in the aftermath of a disaster, and in cases involving domestic violence" (p.319).

Furthermore, a crisis is often an experience that is negative for the individual and linked with stress. Crisis can also be a danger, a hazardous event, or linked to decision-making. In a crisis, an individual's normal ways of coping with problems do not work, often because the individual becomes overwhelmed by problems or finds themselves in a new situation (Trevithick, 2012). At the beginning of a crisis, there is usually disorganization and feelings such as anxiety, depression, confusion, loss, and helplessness. It can cause an individual to have a hard time grasping reality, solve the problems in front of them and to deal with the crisis itself. To develop trust and build relationships are there for an important part of crisis intervention because it can help the individual or community to deal with what has happened (Healy & Link, 2012).

An important thing to note is that crises do not have to be an acute situation (Trevithick, 2012). Healy & Link (2012) wrote that the SARS epidemic constituted a crisis, with a total of 8398 cases and 772 deaths from November 2002 until June 2003. Furthermore, as COVID-19, SARS was a coronavirus. From this, it can be said that the current COVID-19 pandemic constitutes a crisis and social workers who have been working through the pandemic have worked through a disaster. While crisis theory and crisis intervention are commonly used by social workers to help others in times of crisis (Healy & Link, 2012) in this case it was used in order to analyze how social workers have dealt with working through the pandemic. Furthermore, it was used to see if the social workers themselves thought of their situation as a crisis. As Healy & Link (2012) wrote, during the SARS epidemic there was a management of the crisis in different ways. Healy & Link applied crisis theory and crisis intervention to Singapore's management of SARS and went on to say that the main principles of crisis management were 1. To deal with feelings that have arisen from the crisis, 2. To assess any danger or threats that could occur, 3. To reorganize and come up with a strategic plan for the crisis, 4. To find the resources necessary to meet the crisis, 5. To set up communication channels and educate and finally 6. Restore the equilibrium (Healy & Link, 2012).

Furthermore, as Healy & Link (2012) wrote "Crisis intervention is essentially a problem-solving process with the change agent assuming greater control of the process" (p.246). Social workers working through the COVID-19 pandemic would have to make the crisis manageable and explore possible alternatives. As Healy & Link (2012) described, an important part of problem-solving is to restore confidence and autonomy by keeping the task simple and achievable. Another key task of handling a crisis is to quickly be able to assess of dangerous a situation is and to see what safety needs there are. When managing a crisis, the individual needs to be aware of what they are feeling and release the emotions. By discharging negative energy,

the energy can instead be used to resolute the crisis constructively. Social workers are usually offering help to individuals, families, and communities during a crisis by helping them cope with feelings and to regain a normal life after a crisis (Healy & Link, 2012). In this study, crisis theory will instead be used to analyze the social workers themselves. The steps for crisis management served as a basis for analyzing how the social workers in elderly care had dealt with the COVID-19 pandemic.

4. Methodology

In the methodology section, the study will be positioned regarding ontology, epistemology, and principal orientation. The sample selection of the study will then be presented. The choice of method will be explained together with possible limitations of the study. After that the data processing and analysis will be described. The section will end with a description of ethical considerations made in the study.

4.1. Ontology, Epistemology, and Principal Orientation

The study was a qualitative one, as there was no goal to measure the results or be able to generalize from the results as often is the case in quantitative research (Bryman, 2016). Furthermore, as Bryman (2016) writes, when a research strategy is chosen for how to conduct research there will be a connection between ontology, epistemology, and principal orientation to the role of theory. For qualitative studies, the ontology is most often based on constructivism and so was this study. Constructivism (or constructionism) views the world as socially constructed. The worldview of constructivism views social phenomena as always changing and not definitive. Social phenomena and the meaning of them are always being created by the actors in society (Bryman, 2016). In constructivism, the subject (the participant of the study) is an active actor themselves, not just an object to be studied (Delanty, 2005). The research of this study will be based on how the social workers being interviewed have created their own views on the current Covid-19 pandemic and how they made sense of the reality they have found themselves in which reflects a constructivist world view.

Furthermore, in the view of interpretivism, the social world should be studied differently from that of the natural sciences. Interpretivism is an epistemology that means "interpretation of other interpretations" (Bryman, 2016, p.28). The respondent of a study has their own interpretation of what is happening, the researcher interprets their answers and there is even a third interpretation happening when the researcher uses theories to analyze the results. The role of theory in relation to research will therefore be inductive as this is the way in interpretative

research (Bryman, 2016). This study had an interest in interpreting the experiences of social workers who have worked with a vulnerable group during the pandemic, the study therefore clearly positions its epistemology as interpretative. Furthermore, as Delanty (2005) writes about the inductive role of theory is that “theory is arrived at from presuppositionless observation and not from prior knowledge” (p.15). This means that the research carried out in this study generated a theory contrary to the deductive role of theory where the researcher forms a theory from the beginning and then tests that theory in their research (Bryman, 2016).

4.2. Sample selection

The selection of social workers working with the elderly was made through a mix of purposive sampling, convenience sampling, and snowball sampling. Purposive sampling means that the researcher chose people to interview who are relevant to the research questions of the study (it is not a random sample) (Bryman, 2016). Most respondents in the study were chosen this way, they were contacted and asked to participate because it was believed they could offer information that would help answer the research questions of the study. Other respondents were chosen by a convenience sample, meaning that they were available to the researcher (Bryman, 2016), in this case, because they were acquaintances of the researcher. Some participants were also chosen through a snowball sample meaning that participants who already chose to participate suggested others that could participate so that the researcher could go on to interview those (Bryman, 2016). The goal was to interview ten social workers. The final sample consisted of nine social workers from five different municipalities in the region of Västra Götaland in Sweden.

There was a choice to focus on social workers in the field of elderly care since people of high age according to Folkhälsomyndigheten (2020b) is the most vulnerable group to become severely ill of COVID-19. The risk of getting severely ill is twice as high for someone in the age 60-70 as for someone in the age of 50-60. At the age of 70-80, the risk is five times as high, in age over 80 the risk is twelve times as high. If you are elderly and have another disease that is considered a risk factor, the chance of getting severely ill is even greater (Folkhälsomyndigheten, 2020b). Therefore, the focus was to study the feelings of social workers within elderly care as they worked with one of the most vulnerable groups during the pandemic.

The table below shows background information regarding the respondents who participated in the study. The table gives an overlook of the participants’ gender, age, and experience in the

field of elderly care. As the table shows, all participants were females and their ages varied from 27 years to 61 years. The social workers gave an estimation of their experience in the field of elderly care. Some of the social workers had worked many years in the field of social work and elderly care and some had just started working. A few social workers had worked in other fields of social work before. There were also cases where they had worked as a social worker in elderly care for a few years, then did something else, and recently came back to work in the field of elderly care again.

Table of participants 1-9:

	1. Emma	2. Beatrice	3. Ida	4. Miley	5. Eleonor	6. Holly	7. Monica	8. Amanda	9. Chloé
Gender:	F	F	F	F	F	F	F	F	F
Age (years):	61	56	38	35	37	37	49	48	27
Experience (years):	~5	~35	~4	2	~4	1+ 3	5+	~10	>1

4.3. Choice of method and limitations

Semi-structured interviews with the use of an interview guide were the chosen method for the study (See Appendix 2: Interview guide). The method was therefore flexible, and the interview guide was not strictly followed as questions were added along the way and follow-up questions were asked if needed. According to Bryman (2016), this is an advantage of semi-structured interviews. Even if the interview guide was not strictly followed, the main objective was to ask the questions in the interview guide in a similar way to all respondents of the study (Bryman, 2016). Furthermore, the semi-structured interviews were not done in person because of the ongoing pandemic. They were conducted through Microsoft Teams where both audio and video were used. All interviews were recorded, using a Dictaphone so that only audio was recorded and not video.

Interviewing remotely has both advantages and disadvantages. The biggest advantage was that neither of the parties involved in the interview had to risk being infected with COVID-19 from meeting and therefore followed guidelines from the Public Health Agency of Sweden of not

meeting people outside of your own household. As Bryman (2016) wrote, another advantage of digital interviews is that it is flexible and saves time, and cost on the need to travel. An important notion is that the interviewer's capacity to gain the results needed from the interview is not proven to be reduced from digital interviewing (Bryman, 2016).

However, there are technical issues with digital interviewing which could be a possible limitation of the study. Both parties involved in the conversation need an internet connection, a computer, web camera, and microphone to be able to participate. As Bryman (2016) wrote, not everyone has familiarity with programs used for digital interviewing. However, this was solved by letting participants chose the program that they felt most comfortable with using. During the interviews, the video of the participant sometimes froze and speak broke up by bad quality in connections. This caused some interviews to have a less smooth flow and recordings of the interviews were harder to transcribe. However, most interviews went well without any problems with the quality of connection or outages. The transcription of interviews was successful except for a few words, which could easily have happened even if the interviews were conducted face to face.

Another possible limitation of the study was the sample size. As Bryman (2016) wrote, several qualitative researchers argue that a sample smaller than 20 interviews is simply not sufficient. However, when examining doctoral thesis, Bryman (2016), stated that Mason (2010), found that the sample size varied from 1 to 95. The sample size in qualitative research is not fixed, since researchers have a different point of view (Bryman, 2016). The researcher of this study chose a smaller sample because, as Bryman (2016) wrote "Crouch and McKenzie (2006) make a virtue of small sample sizes by arguing that samples of fewer than 20 increase the qualitative researcher's chances of getting close involvement with their participants in interview-based studies..." (p.417). This study aimed to receive in-depth knowledge of the situation for social workers in the field of elderly care which is why a smaller sample allowed the researcher to examine the data more carefully and put more time into each interview. Furthermore, the sample size was discussed with the researcher's supervisor and was deemed as an appropriate sample size for a master thesis. Bryman (2016) also stated that if a smaller sample is made, it is important not to generalize inappropriately based on the information you receive. The researcher of the study, therefore, aimed not to generalize the results and reflect the feelings of all social workers in elderly care in Sweden. The goal was merely to give an account of how these nine social workers experienced work during a pandemic. Therefore, a smaller sample was deemed fitting for the study and seen as rather a strength than a limitation.

Delimitations were also made by the researcher when it came to the choice of method. Unstructured interviews were deselected since such interviews are often based on one single question in order to gather information (Bryman, 2016), which would not have been sufficient for this study. The aim of the study was to gain answers to several questions and find out what feelings social workers had felt which is why semi-structured interviews were selected. The researcher chose not to conduct surveys. Surveys would have been an adequate way to gain knowledge from many social workers in the field of elderly care (in order to generalize the results), however, not an adequate way to get in-depth knowledge for analysis (Bryman, 2016). For this study, the focus will be on personal experiences and feelings, therefore, surveys (and quantitative studies overall) were excluded as a method.

4.4. Data processing and choice of analysis

The results of the study were transcribed based on the approach of denaturalism. As Oliver, Serovich, Mason (2005) wrote there are two main ways of transcribing, “naturalism, in which every utterance is transcribed in as much detail as possible, and denaturalism, in which idiosyncratic elements of speech (e.g., stutters, pauses, nonverbals, involuntary vocalizations) are removed” (p.1273). Oliver et.al (2005) pointed out that a researcher does not have to choose between the two and that many researchers choose something in between. This study has chosen not to transcribe stutters, pauses etcetera., but will include certain important feelings displayed by the respondent such as happy, sad, ironic, and so on. Furthermore, the interviews were held in Swedish, and the transcriptions were written in Swedish. All quotations in the paper are therefore the researchers own translations from Swedish to English, see Appendix 4: Examples of translating quotations. The interviews varied in length from approximately 20 minutes to 50 minutes long. After transcription, the results were analyzed using thematic analysis. Thematic analysis involves the search for themes or codes from the transcribing of interviews in order to find patterns. The search for themes involves looking for repetitions, indigenous typologies, metaphors and analogies, transitions, similarities and differences, linguistic connectors, missing data, and theory-related material in the transcribed interviews (Bryman, 2016).

The thematic analysis was done by following the six steps outlined in “Social Research Methods” by Bryman (2016). The first step of the analysis was to read through the transcribed interviews from the nine respondents who took part in the study in order to familiarize with the data. In this stage, sentences were marked that were of interest for future coding. Secondly, the coding of the material from the interviews was started. This was a form of initial coding where sentences found in the transcriptions were given names. In the third step, the number of codes

was reduced by finding common ground among them and therefore elaborate the codes into themes. When the themes were found, names were given to them and summaries concerning the content of each theme were written. The next step of the analysis was to evaluate the themes and find sub-themes or dimensions among the codes. Furthermore, in the fifth step, it was attempted to find links and connections between the themes and sub-themes to see if there were any interconnections. The final step of the thematic analysis was to write up all the information gathered in order to tie the themes to the research questions and literature of the study. In this step, it was equally important to justify the themes and showing an example of how the analysis was carried out so that the research process could be transparent (Bryman, 2016). This is shown in Appendix 3 “An example of thematic analysis”.

4.5 Trustworthiness

In quantitative research, Bryman (2016) argue for that the concepts of validity and reliability are frequently used as a measure regarding the quality of research. However, for qualitative research, the use of these concepts has been frequently discussed. To measure is not the goal of qualitative research and therefore, many researchers argue for that different concepts need to be used to measure the quality of qualitative research (Bryman, 2016). Furthermore, Bryman (2016) argues that applying reliability and validity as they are to qualitative research is not desirable, nor is it clear which other alternative qualitative researchers should choose (Bryman, 2016). The researcher of this study agrees with the view that Bryman (2016) describes by saying that authors Guba and Lincoln (1994) argued that qualitative research is representations of reality. This also means that there can be other representations of the same phenomena. There is not only one social reality, but there can also be several different accounts. Bryman (2016) described that Guba and Lincoln (1994) created the concepts of Trustworthiness and Authenticity as a way of measuring quality in qualitative research. However, according to Bryman (2016), their concept of Authenticity has not been well-received in research and is seen as controversial. Therefore, the concept of Trustworthiness will be the measure of quality in this study.

Trustworthiness consists of four criteria (their alternatives in quantitative research written in brackets), 1. Credibility (internal validity), 2. Transferability (external validity), 3. Dependability (reliability) and 4. Confirmability (objectivity). Regarding the credibility of this study, the researcher has researched according to ethical principles of good practice, as well as had a supervisor read the material to ensure that the social reality has been interpreted correctly. Furthermore, as mentioned by Guba & Lincoln as an important step to achieve credibility, the

researcher has the intention to send the results of the study to the respondents so that they can express their views regarding if their social reality was interpreted in a correct way before publishing the study (Bryman, 2016). Transferability was the second criterion taken into consideration regarding this study. The criteria encourage thick description, with a lot of details of the uniqueness of the social world being studied. This should be done to provide those reading the study with a “database” to be able to assess the transferability of the results (Bryman, 2016). The results in the study are presented with many quotations and details in order to express the uniqueness of the social workers’ situation, this was made in an attempt to be transparent so that transferability can be judged.

Furthermore, Dependability was ensured by keeping complete records of every step of the research process. As can be seen in the different appendixes in the study, detailed information was given as to how the study was carried out. By having the material reviewed by a supervisor as well as peers, Bryman (2016) stated that they work as auditors and can establish if proper research procedures were followed. This would be parallel to reliability in quantitative research. Lastly, Confirmability was sought to be ensured by the researcher of this study by consulting with a supervisor on a regular basis to ensure that personal values were not influencing the research and its results to a greater extent. As Bryman (2016) wrote, “...while recognizing that complete objectivity is impossible, the researcher can be shown to have acted in good faith [...]” (p.386). By reflecting on this, the researcher aimed to not let personal views influence the study and acted in good faith. For example, by reflecting on ethical issues that could arise, as will be described under the next subheading.

4.6. Ethical considerations

According to Hammersley & Atkinson (2007), there are five issues concerning ethics in qualitative research, those are informed consent, privacy, harm, exploitation, and consequences for future research. For this study, informed consent, privacy, and harm are relevant to discuss. Regarding informed consent, Hammersley & Atkinson (2007) point out that in research it is usually agreed that “people must consent to being researched in an unconstrained way, making their decision on the basis of comprehensive and accurate information about it; and that they should be free to withdraw at any time” (p. 210). In this study, it was vital to carefully draft a letter where the purpose of the study was described and how the research would be used and published. In doing so, the respondents of the study could read for themselves and fully understand what they agreed to which according to Hammersley & Atkinson (2007) is vital for conducting research. A written consent could not be obtained because the interviews were

conducted over video. According to Bryman (2016), a written informed consent form is preferred by scientists because it allows the participant to fully see what they agree to and the researcher has a written consent if any concerns would be raised afterward. However, Bryman (2016) also discusses the possibility that a written consent form can scare the participants from taking part in the study because it feels overwhelming. In this study, a written consent could have been obtained, by letting the respondents scan in a document with their signature, however, this could have scared the participants from taking part in the study. Therefore, consent was obtained orally, and the consent was recorded.

Privacy was another ethical principle important to take into consideration during qualitative research. Hammersley & Atkinson (2007) described it as drawing a line between what is public information and what is private. Furthermore, they stated that in research, the researcher is often taking what is said to them in private and turn it into public knowledge by publishing the research they have carried out. It can be argued that private information coming into the public light can have long-term consequences for the person giving the information. These are all things to consider when doing research that involves respondents (Hammersley & Atkinson, 2007).

An important part of protecting privacy in this study was the respondent's right to not answer a certain question during the interviews. All participants were informed of this both in an email before the interview and orally before the interview started. Furthermore, it was important to ensure that the anonymity of the respondents was maintained when publishing and handling information regarding the research. An issue with sample selection and privacy in this study was that it acquired respondents from smaller municipalities. In smaller municipalities, there were fewer social workers in the field of elderly care in each municipality. If the study then were published and the municipalities were mentioned, it could be easier to find out which social workers took part in the study. Therefore, this study did not include the names of the municipalities that the social workers work in. Additionally, the respondent's names were altered to ensure their anonymity.

According to Bryman (2016), the right to privacy and informed consent are clearly linked to each other. If a respondent were informed about the purpose of a study and gave the researcher an informed consent, they would then be aware that their privacy might be compromised (Bryman, 2016). A researcher is also responsible for keeping files and recordings confidential by storing them in a proper way (Bryman, 2016). As previously mentioned, respondents received a letter informing them about the study and the use of data. Additionally, the

recordings from interviews were stored on a separate device (Dictaphone), and the transcribed interviews were kept on a USB to minimize the risk of the data being hacked. Names of the participants were left out of the recordings and only written down, papers involving the participants' names were stored in a locked cabinet. Because of the COVID-19 pandemic, the researcher could not store the data at the University. All data from interviews were deleted once the result was finished. Furthermore, as Bryman (2016) wrote, it is important to not publish too many quotations that contain personal information so that the respondents could be recognized based on their situation (Bryman, 2016). The researcher chose to not publish any quotations containing personal information and chose to give the participants aliases. The researcher has altered quotations where, for example, the respondent mentioned the municipality in which they worked.

The third ethical consideration that was heavily considered when doing this study was harm to participants. Hammersley & Atkinson (2007) provided a good explanation of why qualitative research can do unintentional harm to participants by stating that "At the very least, being researched can create stress and provoke anxiety, especially if the researcher is believed to be evaluating one's work, one's life or oneself" (p. 214). It can be stressful and sensitive for individuals to talk about things that are going on in their life or have happened recently (losing a close relative, being exposed to racism) (Hammersley & Atkinson, 2007). There can also be harm done when publishing research as already mentioned above.

This study did touch upon subjects that could be sensitive to those being interviewed. The Covid-19 pandemic has brought change to everyone living in the world and it has affected people differently. Interview questions were carefully drafted, and it was stressed that not all questions had to be answered and that the respondent could opt-out at any time. To opt-in and opt-out of research is an important aspect brought up by Elden (2013) when doing research on children. She wrote that consent is an ongoing negotiation, and that the researcher should always give the respondent a chance to leave as well as to take part in the research (Elden, 2013). The respondents of this study could have had trauma related to Covid-19 that created anxiety when discussing it and therefore it was important that they could opt-out if the subject made them uncomfortable. The possibility was that someone had lost a loved one to the virus, a client, a co-worker, or an acquaintance. The social workers themselves could have been severely sick and this was important to consider when researching this subject. The questions asked were carefully formulated and the reactions of the respondents were observed. Hammersley & Atkinson stresses that researchers are "trying to ensure that the knowledge

produced by research is used for good, and not bad, ends” (p.217). As was the goal of this research by allowing the participants to opt-in and out, by stressing that they did not have to answer all questions and that they could take their time when answering.

5. Results and analysis

The thematic analysis resulted in four main themes, these are: Changes in the profession of Social Work, Challenges at work during the pandemic, Opportunities at work during the pandemic, and Feelings about support and work during the pandemic. Each main theme will be presented with one or two sub-themes. The themes were put in that order because the first theme, Changes in the profession of social work will give the reader a summary of how the social workers worked during the pandemic and which guidelines they followed. The next theme, Challenges at work during the pandemic include a summary of issues that social workers in elderly care experienced during the pandemic. The challenges are presented before the next theme, Opportunities at work during the pandemic because the positive results were more surprising than the negative ones. The two themes regarding challenges and opportunities together answer the second research question of the study. Last, the theme “Feelings about support and work during the pandemic” which answers the first and third research questions of the study are presented.

5.1. Changes in the profession of social work

When the respondents talked about their profession and how they carried out their work during the COVID-19 pandemic, changes could be seen in how they practice. The social workers mentioned guidelines, routines, ways of communicating, work-environment issues, and overall changes in their work. From these accounts, a theme was created from four codes found in the thematic analysis. These codes were: Changes, Communication, Guidelines/Routines, and Work-environment. The changes in the profession of social work during the pandemic will be described under two sub-themes: Communication and Guidelines and Work Environment. This theme served as a background to what the social workers had gone through when working during the pandemic. By presenting the changes that occurred for the social workers in the first theme, the three other themes will answer the three research questions of the study.

5.1.1. Communication and Guidelines

The social workers had received new guidelines for carrying out their work because of the COVID-19 pandemic. The social workers described those routines they were given came from different actors, such as managers, departments, medically responsible nurses (Medicinskt

Ansvarig Sjuksköterska, MAS), municipalities, and the region of Västra Götaland. Routines involved how and when to work from home, advice on not to carry out home visits, how to reduce the spread of the virus at the office, risk assessment for every home visit that needs to be done, routines for using PPE, and keeping a distance to clients and others if doing home visits. As Emma expressed during the interview "...there are so many rules and routines to act accordingly to". She continued to say that it was hard to keep track of all the routines that they were given, especially those given by the medically responsible nurse and the region of Västra Götaland. However, in the interviews, none of the social workers brought up if they had received routines for how to do remote social work. As previous research by Nilson & Olaison (2020) stated, social workers had to cancel most home visits and at the same time there was a lack of guidelines on how to carry out remote assessments. With the support of previous research by Nilson & Olaison (2020), it can be concluded that many social workers in Sweden did not receive such guidelines to help them when changes in their profession occurred.

From the interviews, it became clear that the social workers could use their knowledge and expertise to decide for themselves when and if a home visit was necessary. Therefore, the routines about home visits relied heavily on the social worker to make "the right call". As Brante (2009) wrote, professions and semi-professions have some level of autonomy when carrying out their work and have independent decision-making (Brante, 2009). The social workers in the study described that a necessary home visit could be done for more complicated cases such as an application for a retirement home or a person needing assistance from several professions. Home visits were generally not done if the meeting would work over the phone or if the client applied for services such as cleaning or laundry because it was a less complicated aid to receive. As Beatrice described it:

And we have been given advice to avoid home visits, but at the same time it is like this, that we can make our own decision in every case because we must be able to do our job. If I feel that I cannot make a good decision without doing a home visit, then I can do a home visit. I don't have to like, ask someone else.

Another commonly described reason for doing a home visit was if the client had dementia. The social workers said that if a person had dementia a conversation over the phone was nearly impossible. From the accounts of the social workers in this study, it showed that they could make independent decisions based on their experience and use their discretion to make decisions that were still according to the rule of law. Brante (2009) stated that autonomy is relative and that semi-professions usually have a lower level of autonomy both politically and

in relation to other professions. However, the social workers showed that they had autonomy and discretion that they used to make decisions that followed both law and new routines created because of the pandemic. This would point to a higher level of autonomy.

Social workers in the study described that their routines previously involved only wearing a face shield at home visits. However, at the time of the interviews, they were required to wear both a face mask and a face shield. For some social workers, they were also required to wear gloves. The guidelines also included keeping a distance in addition to wearing PPE and limiting the number of people present at the home visit. As Eleonor stated when talking about home visits now compared to before the pandemic:

So, then you were not afraid of like, the number of people as we are today, but then we could have all children and grandchildren and other people with. It could be quite large crowds sometimes and it was nothing strange then. But now it is like, max one relative and us then, so that is a difference.

The social workers had also received guidelines on when and how to work from home. Working from home could be either voluntary, mandatory a few times a week, mandatory every other week according to a schedule, encouraged to do every day, or encouraged to do as often as possible. A frequent change for all of the social workers was that meetings with their team were carried out through digital channels instead of in person. Miley described it well in her interview:

We don't have any physical meetings with colleagues, if not absolutely necessary. And we only do home visits if we assess that it cannot be done in another way. Otherwise it is handled through Teams, Skype or phone calls.

However, as with the routines about home visits, the responsibility laid much on the social workers themselves to make safe decisions for their colleagues, clients, and themselves. The way that social workers in the study spoke about guidelines was interpreted as if the social workers were trusted both by managers and clients to make the right choice depending on which situation they were in. Trust is also a key value of a profession as Brante (2009) stated. He wrote that successful professions have a high level of trust based on the public's opinion and that relationships built on trust were something most professions like to preserve (Brante, 2009). From the study, it was gathered that the social workers often had a high level of trust from their managers and colleagues. This did not seem to have been affected by remote working.

During the pandemic, meetings that could not be held in person with other professions were held through Microsoft Teams, Skype, or over the phone. The social workers described that

before the pandemic they were outside of their offices much more. Social workers were out on home visits, in meetings, visiting care homes, and traveling more in their municipality. Some social workers also described stagnation regarding their work. As Beatrice said when asked what was different now compared to before the pandemic:

The difference, yes I can feel a little bit like, you know that it has stagnated a bit, you do not talk so much, you don't do any development work. It is mostly about getting time to pass, hang in there and hold on, that is how I feel a bit. It does not happen that much otherwise besides these ongoing things.

The social workers who took part in the study saw a shift from in-person meetings to digital communication during the pandemic both when it came to meeting clients and meeting other professions. It was also described that meeting with clients in person was only done if it was necessary in order to make decisions according to the rule of law. Brante (2009) was of the opinion that semi-professions are more controlled than traditional professions. As previously mentioned, he thought semi-professions had a lower autonomy than traditional professions (Brante, 2009). From the stories that the social workers shared in their interviews, this can in one case be true as they needed to make decisions according to the rule of law. They also needed to follow laws such as the Social Services Act (SFS 2001:453) and bear in mind new routines that came when the pandemic started. However, the social workers showed a high level of autonomy when it came to making decisions regarding home visits and the need to protect themselves and their clients. While following guidelines, routines, and laws social workers found ways to get the information they needed to make needs assessments for the elderly.

Communication with the elderly during the pandemic happened mostly by phone. A common issue was that the elderly did not have a computer which made it hard to carry out digital meetings. There were a few exceptions where social workers had been able to meet the elderly digitally. One was when relatives had a computer and could connect online, another was when a client was at a care-home facility or hospital and the staff there could set up a computer. Only one of the social workers described having met the elderly over Skype when the client was in their own home. The social workers who took part in this study described a huge decline in the number of home visits and before the pandemic nearly all their visits were in a client's home. As Ida said when asked about how she worked before the pandemic:

And then we did home visits then, currently maybe, I do, say that I do maybe max one per week. Sometimes it can go, yeah sometimes it can go a few weeks before you have a home visits depending on what comes in. Before maybe you were in-between, say you were in-between 4-6 home visits a week. So there is a big difference there.

Based on the guidelines and routines given, social workers had (consciously or not) managed to carry out the second step of crisis management “assessing danger and threats within a short time” (Healy & Link, 2012, p. 244). Social workers described needing to do a risk assessment before every possible home visit, assessing if it could be done without risking the health of themselves or their clients. As previous research by Dominelli (2021) stated, deciding whether or not to do a home visit can be an ethical dilemma for social workers. Social workers had to make these decisions, and through that they showed that they had autonomy. The social workers also had to take every precaution to ensure that a meeting was done in a safe way by keeping a distance, wearing PPE, and limit the number of people present in the meeting. If it was done digitally or over the phone, new challenges occurred which will be described under the next theme.

Furthermore, the social workers described having contact with several other professions every day. It was a variation of occupations such as homecare staff, eldercare staff, unit managers, nurses, assistant nurses, doctors, coordinators, physical therapists, occupational therapists’ etcetera. As Abbott (1988) brought up, all professions are part of a system of professions that are mutually dependent on each other (Abbott, 1988) which can be seen clearly in the case of social workers who cooperate with many other professions each day. The main way of contacting other professions was by phone or documentation programs both before and during the pandemic.

However, even if communication for the most part, worked as well as before the pandemic, the social workers could still see some changes in communication. For example, that meetings with eldercare staff used to be in person where they discussed clients who were temporarily placed in care facilities. At the time of the interview, these visits had to be done digitally, through for example Microsoft Teams. Cooperation and dialogue between professions regarding different clients or cases used to be done in person before the pandemic, but this was also done digitally at the time of the interviews. A common thread in the accounts of the social workers was that cooperation with colleagues and other professions was important to be able to provide the right care to the elderly. As Abbott (1988) wrote all professions are part of a system of other professions who all affect each other and are mutually dependent on each other. The social workers who took part in the study were connected to several other professions and these professions were dependent on each other since they all work together to take care of the clients. So how did this affect the communication?

The general opinion was that communication with other professions worked well over the phone and digitally, which was the main way of communication even before the pandemic. In some cases, other occupations and managers became more available to the social workers online. However, there were also cases when social workers experienced that communication with homecare staff and hospital staff was harder. Eleanor talked about nursing staff and said:

So they have been quite, well they haven't been as accommodating as they use to be, I can say. It shows that they are quite worn out so. And also hospital staff that you have been in contact with have been very stressed and worn out, you notice that.

This affected the communication in a bad way even though social workers understood the stress that other professions were under. That the homecare staff and hospital staff's mental well-being affected the communication with social workers was a good example of Abbott's (1988) System of Professions. When one occupation was under pressure, it affected the other professions that they were in contact with, a sign of being mutually dependent on each other (Abbott, 1988). There were changes in the workload for some professions, which in turn affected communication with other professions. Another example of being mutually dependent on each other was when Chloé reflected that she had not experienced problems with communicating with other professions but that problems could occur when others wanted to communicate with her. She said that:

For example, at the short-term accommodation when we should have meetings then it is the nursing staff who are expected to arrange so that these meetings can be connected online and sit with, and arrange all with this technical, so for them it has probably become a little harder to cooperate with us because it demands much more of them for it to work.

Chloé's reflection showed that when guidelines for social workers changed, it affected the workload of, for example, eldercare staff. When working with hospital staff and bringing home clients from hospitals, communication had for the most part been digital before the pandemic as well and therefore there was no change in communication in that area. For Eleanor however, there was a change, she described it as:

Before I think we had more meetings with the hospital, I mean then we went to the hospital and, and met our, the patient there then. But now it is, more or less everyone through Skype.

In many aspects communication through digital channels worked well for the social workers in the study. As Monica said, "...it's Skype, it's the phone, it's email, I mean it is 2021 after all". Even though the social workers worked digitally, they still had a lot of contact with colleagues, other professions and managers. Communication with other professions remained good for the most part but some meetings could not be held in person as they normally would. For example,

it was rarer to meet with several other professions and a client because of the need to keep a distance during home visits. As Tretvithick (2012) wrote all parts of a system and how they interact to achieve a goal can be analyzed. Interaction with other profession remained in general good for the social workers, and their cooperation could be maintained even during the crisis of the COVID-19 pandemic. The system worked through it, even if it were not optimal at all times. A common account of the social workers being that everything worked fine but it was not the ultimate way of conducting their work. In the system, professions met each other in person less than before and more online. However, this did not seem to have a significant effect on their cooperation.

5.1.2. Work Environment

There were some experienced changes in the work environment when the social workers worked from home. One big change was that they did not leave their office as much to carry out home visits and that caused them to spend more time in front of the computer doing documentation. It also involved spending more time on the phone, which was described as boring because they lost the social connection to others. The work environment when being at the office also changed. For example, colleagues kept their doors closed, isolating themselves in their own office. This was described as a result of not being allowed to use the break rooms because of the risk of spreading the virus. It was also expressed that some things could not be done from home, this involved printing papers and record keeping. Another issue with the work environment at home was distractions. Holly said that:

... at the workplace you are there to work and then you do that, well you do at home too but it, it is like other things that occupy your mind all the time, oh that plant needs watering (laughs) or such.

Another experience was that when you worked from your office (at the workplace) it was empty and you did not run into people like you usually did or talk to anyone. Since everyone was supposed to keep a distance to minimize the risk of spreading the virus the social workers did not leave their own office to visit colleagues or other professions. Therefore, even when they were not working from home, phone and email were the main ways of communication. The results of the study showed that social workers in the field of elderly care experienced many changes to their profession, their work environment, their social connection with others, and their communication with different actors. By looking at the fourth step of crisis management written by Healy & Link (2012), the social workers had found communication channels for continuing having cooperation between colleagues and with other professions even during the

crisis of the pandemic. This showed that they could adjust to the new situation and find new ways of cooperating.

A change that happened for the social workers was that the situation became more serious over time. Earlier in the pandemic, colleagues could still meet each other and have coffee together while keeping a distance. At the time of the interviews, many social workers described not meeting at all. Before the situation got worse in Sweden, many social workers did home visits with only a face shield, but now they were required to have both a face shield and a face mask. A way to cope with working from home was following the same routines you had at your office. By starting and ending the day at the same time as usual and taking your regular coffee breaks. As Healy & Link (2012) wrote, reorganizing and having a strategic plan was important in a crisis. The social workers in the study had taken this into consideration with finding ways of coping with working from a home office and digitally. Following routines at home can be seen as a form of plan for making it work. Amanda thought routines at home was important, but she did not find working from the office during these times good either, as she said:

But to sit confined in, I have a really small office and 8 hours a day, and barely dares to go out to the bathroom, that I can say, becomes mental illness.

The social workers experienced some issues with equipment when working from home. This could be lacking a proper desk or chair, not having multiple computer screens to work with from home, and not having a private room to sit in. It was also the contrary, with social workers being given equipment by their employers such as computer screens, headphones, web cameras, or keyboards. In some cases, the social workers had good equipment from home even before the pandemic such as a good desk and office chair. A common irritation with working from home was using the work laptop because of its small size when being used to having two big screens at the workplace. The work environment could be challenging when not having a home office. For example, sitting on a regular kitchen chair was not desirable. Healy & Link (2012) wrote that part of crisis management is to find the resources necessary to get through the crisis. In terms of work environment and equipment, this was hard for the social workers who did not have the necessary equipment to work from home. To cope with working from home, social workers described it was important to move around more and not sit still in front of the computer for too long.

Overall, the consensus was that you had the things you needed to carry out your work from home even if it was not ideal. Chloé did mention that her work environment was tricky at first because she lived with another person in a small space, with a laugh she said that “But we had

to be clever in our own way here at home and schedule and wear hearing protection and such”. This shows again that social workers in some way followed steps of crisis management written by Healy & Link (2012) by managing to carry out their work with the resources they had. This happened even if that meant working from home or from their workplace. An example of this being the quote by Chloé stated above. There was a need to adapt to whichever place they worked from and find solutions to be able to do the work they had to do. Furthermore, the social workers had reorganized their way of working as step 3 of crisis management requires (Healy & Link, 2012). This was done based on the guidelines and routines they were given. There was a plan for how to assess the need for help for the elderly even in times of crisis and the social workers overall thought that it worked even if it was not the ultimate situation. Even with the challenges to their work environment, the work was done either way.

5.2. Challenges at work during the pandemic

In the interviews that were carried out to gather the result for this study, the social workers described having to face many challenges when working through the pandemic. This theme involves three codes from the thematic analysis, Negative views, Personal issues, and Conflicts. Considering the second research question of this study was “What challenges and opportunities have occurred for the social workers in Sweden when carrying out their work?” the social workers who took part in the study were asked about both positive and negative views with working during the pandemic. Their answers regarding negative views are presented below under two sub-themes: Work-related challenges and Personal challenges.

5.2.1. Work-related challenges

For the social workers in elderly care many challenges could be seen at work during the pandemic. It was, for example, described as hard to work from home. One could not print out papers from the home office, it was not the same kind of control over what had been done at home and there was only a small laptop to work with compared to two full screens at the workplace. For some social workers, their home environment was not good for working, with bad lighting and having to sit in the kitchen. Emma showed signs of resignation when talking about working from home:

But I don't see anything positive with that really, it only makes it harder. It may sound really negative but, I think it's hard.

As Tretvithick (2012) wrote, an individual in a crisis can be overwhelmed by problems or find themselves in a new situation and as Healy & Link (2012) noted, feelings such as anxiety,

depression, confusion, and helplessness is common. The social workers in elderly care showed signs of being down and having anxiety from working at home with less contact with others. It was also as Trevithick (2012) wrote about, a whole new situation for them since they were not used to working from home or doing digital/tele-social work. In a new situation, an individual's normal ways of coping do not always work (Trevithick, 2012).

Something else that was challenging was to not get stuck in front of the computer all day when working from home. It was described as harder to leave work because it only meant turning off the computer at the end of the day, but still being at the same place (at home). Therefore, it was harder to set boundaries between personal life and professional life. There were ways of coping with this, for example taking a walk when the workday was over or following the routines that one used to have at the office. Healy & Link (2012) wrote that keeping a task simple and achievable was an important part of problem-solving in a crisis, something social workers attempted to do when finding routines for working from home. When Beatrice talked about working from home, she said that:

...it is like death to sit at home and not have any contact with colleagues just for development and run a busine.. Like push issues forward and stuff like that.

The social workers in elderly care showed signs of trying to reorganize and have plans for carrying out their work from home as Healy & Link (2012) wrote was the second step of crisis management. Even though finding themselves in a new and challenging situation, they attempted to adapt to the current way of working. The social workers found ways of setting boundaries between their professional and personal life by following routines at home, taking a walk to signal the end of the day, or taking breaks at the same time they used to at the workplace.

Another challenge was that everything took a longer time because of the issues with not having a printer at home and keeping track of what had been done. It was a matter of remembering what was done at home when coming to the workplace and then having to remember which documents to print, which documents to file, and such. The social workers had to find new routines for keeping track of what they needed to do once they could work from the office. This was another example of the way that social workers had to reorganize themselves to deal with the crisis (Healy & Link, 2012) when working from home. Working from home also posed a challenge in form of missing out on meeting their coworkers and struggling to keep the team spirit strong. It was harder to connect over work-related issues when not running into each other

in the corridor or being able to go into each other's offices to ask questions. There was a loss of spontaneity when the social workers could not ask for help by going to a colleague's office. Instead, they had to make an active choice to contact them through email, digital channels, or the phone. As Tretvithick (2012) wrote, a crisis causes an individual's normal ways of coping to not work when a new situation occurs. The social workers in the field of elderly care found that when working from home, they could no longer access their colleagues in the same way as before. However, as Healy & Link (2012) brought up creating new communication channels is important for crisis management. The social workers in elderly care managed to find new ways to communicate with their colleagues even if they lost the spontaneity of seeing each other in person.

At home visits, it could be challenging to keep a distance between the social worker and the client. It was also hard for social workers to not be able to greet them as usual by shaking their hands. A solution to this was to greet the elderly in their doorway without PPE before starting the meeting, then putting on the PPE and go inside to have the meeting. This way the elderly at least got to see the face of the social worker before starting the meeting. This example was a good demonstration of a social worker assessing a dangerous situation quickly and seeing what the safety needs are (Healy & Link, 2012) but at the same time be considerate of what the client needs. The social workers knew that meeting without PPE was not a choice but assessed the risk of the meeting being impersonal without showing their face to the risk of not wearing PPE. The solution for a social worker being to keep a distance before the meeting, show their face, and then start the meeting.

Another challenge was that the clients did not hear the social workers because of the use of PPE and distancing. There were also cases where some elderly did not understand why a social worker was wearing PPE, this could occur when the client had dementia. The social workers had also encountered elderly that refused to receive a home visit because they were afraid of getting infected with COVID-19. Another issue was how the social workers could meet people digitally, over the phone or with a face shield/facemask and still maintain a respectful way of meeting. It was a challenge to meet the elderly under these circumstances and still make them feel safe. Because of this, it was challenging to maintain the same quality in the meetings as before the pandemic. As Miley said during her interview:

Sometimes I wish that when you have a hard case, that you could hold their hand or show with your body language, that you are not dangerous or that I promise this is going to be okay. It is hard with a facemask, face shield and having to sit 2 meters apart.

Brante (2009) and Healy & Link (2012) wrote that trust is an important element of professions and of crisis management. During the COVID-19 pandemic, social workers had to struggle with maintaining the trust of their clients, especially when the clients were a risk group of getting severely ill in COVID-19. As Miley expressed in her interview, creating trust was harder when wearing PPE and distancing. Regarding clients, the social workers could see another challenge—whether the clients dared to accept help during the pandemic or not. It could be relatives who called the social workers to say that their family member no longer required any aid because they would be taking care of them themselves to try and reduce the number of people meeting their family members. This was an even bigger challenge in smaller municipalities because news traveled fast and it was easier to find out who was infected with COVID-19 among, for example, homecare staff. Social workers had to work to inform and motivate the elderly and their relatives to venture to keep the assistance they had.

Brante (2009) stated that professions who are successful have a high level of trust from the public, and an interesting aspect to research in the future could be if and how the trust for social workers in elderly care was affected by the pandemic. However, as Healy & Link (2012) concluded trust and relationships are an important part of crisis intervention because they can help an individual to deal with a crisis. From the accounts of the social workers in elderly care, this was a struggle for them. Maintaining the same relationships with the elderly during the pandemic was hard because of the fear of the virus. Trust was harder to gain while doing digital or tele-social work and also when having meetings while wearing PPE.

A challenge that all social workers in the study described in a similar way were that without a home visit, it was hard to get the full picture of a situation for an older person. It was harder for social workers to assess the need for aid without seeing the elderly in their home environment, see how they moved, see their body language. This was something that previous research had found in other countries and fields of social work as well. Nisanci et. al (2020) concerning social workers helping refugees in Turkey, Cook & Zschlomer (2020) regarding social workers in child and family services in England, and Nilsson & Olaison (2020) regarding the field of elderly care in Sweden. When making a decision based on tele-social work or digital social work, it was a challenge for social workers to make fair assessments. This was especially hard if the client had dementia and tele-social work simply could not be done if a person has dementia because they did not understand what was happening. It was described as impossible to even talk to a person in a way that they can understand (if they have dementia) over the phone. The

accounts of the social workers in elderly care showed that the pandemic posed a challenge to their profession and the system they are a part of.

As Trevithick (2012) wrote, all parts of a system interact to achieve a common goal. In this case, the goal was to give the elderly the help that they need. However, because of the pandemic, that goal was harder to reach because of the vulnerability of older people. Overall, misjudgments happened more easily when doing digital or tele-social work. It was easier to forget something and lose important information. That sometimes resulted in having to change decisions only days after they had been taken. It was described that one needs to see the elderly and one needs to see the bigger picture in order to make the right decision. It was necessary in order to have knowledge of the situation of the elderly because the social workers did not get the same feeling from a phone call as from a home visit. Chloe said:

... Because it, it becomes so much flatter when you are going to try and do needs assessment together with someone over the phone. And you can't see the person or how the person moves or feels. So it becomes very standardized in some way, like "how do you move at home, how do you relocate yourself at home, which aid do you have, how do you wash yourself, how..". Yeah it becomes very, yes flat.

Through the view of Trevithick (2012) and Abbott (1988) social workers, the professions they cooperate with, and the clients they help are all part of a system. As Trevithick wrote, if one subsystem is removed it affects the whole system. The vulnerability of the elderly does not mean that they are removed from the system, but it does mean that they are harder to reach and therefore meet. This affects the other parts of the system, who cannot perform their work the way that they usually do. This again shows that social workers in elderly care are working through a crisis because their normal ways of coping or doing their work cannot be done (Trevithick, 2012). Even if it worked to do needs assessment over the phone, it was not something that the social workers preferred as it did not work as well as meeting in person. You missed out on seeing facial expressions, see how a person feels and how they move. It was a lot harder on the phone. Another issue with doing digital or tele-social work was that many older people have hearing disabilities. This was affecting social workers both when wearing PPE and when calling elderly, both situations got harder if someone had bad hearing. In general, social workers experienced that this way of doing social work meant that you missed out on the essence of social work, meeting and helping people. They expressed that they missed out on the most fun part about being a social worker. As Chloé said during the interview:

But I, as a social worker or with a social work background I don't see this as a long-term sustainable way of working because then, then it would be very boring, then it stops, then I feel that the development as a social worker will stop. Because, we, everyone in my team

we have so much competency that are not being used fully when we work like this. So. We are supposed to work with human encounters and then, then it is not that funny to work only over the phone.

Healy & Link (2012) viewed crisis intervention as a problem-solving process where the individual takes better control of the process. The individual needs to make the crisis manageable and explore possible alternatives. As had the social workers in elderly care in Sweden done during the pandemic, they had adapted to doing digital or tele-social work, finding new ways of assessing needs. However, it affected them in terms of losing what made their work fun. As Tretvithick (2012) explained, a crisis can be when an individual finds themselves in a new situation which social workers in elderly care really did. They found themselves in a situation where they no longer met people as they used to and could not use all the skills they had. However, even though it was harder to assess needs over the phone or digitally, it was easier for the social workers to do so if they knew the client since before. If it was not a first-time visit, the social workers already knew of possible disabilities, the client's personality, and their home situation. It was harder if it was a new client whom they never had contact with before.

Regarding guidelines and routines, it had not always been easy working according to them. Nilsson & Olaison (2020) conclude from their research that guidelines to social workers in elderly care in Sweden during the pandemic were insufficient and the results of this study support that. The routines and guidelines given to the social workers who participated in the study were not always crystal clear to them. The routines could be hard to interpret, non-consistent and hard to relate to. Following the advice was not always easy because for example, talking to people with a face shield and facemask was challenging. It was hard balancing whether to carry out a home visit because some meetings had to be done in person in order to make as lawful a decision as possible. As the fourth step of crisis management states, to manage a crisis, resources necessary to meet the crisis need to be found (Healy & Link, 2012). As can be seen from the accounts above, social workers did completely have the necessary tools to deal with the pandemic. Routines and guidelines given were not clear enough and more routines could have been given with more consistency. The second step of crisis management was to be able to assess danger and threats that could occur (Healy & Link, 2012). The social workers in elderly care did not experience a challenge in assessing the threats, they knew meeting in person was a risk, however, they struggled with balancing the right to a lawful decision with protecting their clients from harm.

Some social workers also felt it was hard to refrain from home visits because it did not feel humane or personal to not meet the elderly in person. The social workers also said that not doing home visits caused their work to be less stimulating than before. The social workers described issues with PPE, that the face shield sometimes fogs up and it can take quite some time to be able to see through it. When Holly was asked how it had gone following the routines she had been given, she stated that:

It is well sometimes you have felt that you really want to make a home visit although it may not be absolutely necessary, so. Then you may have made an exception or something like that, that you, it might have worked over the phone but it will be a completely different quality as well.

Here is again an example of the autonomy that Brante (2009) described that professions have. The social workers received guidelines to refrain from doing home visits that were not absolutely necessary, but the ultimate decision of which home visits to do or not still lied in the social worker's own hands. Some of the social workers described conflicts at the workplace during the pandemic. For example, there were conflicts with homecare staff about home visits. The conflict was regarding when homecare staff wanted a social worker to do home visits with a client and the social worker did not want to because of personal reasons which caused conflict and argumentation. There were also conflicts with nurses employed for home care. Nurses and social workers sometimes had different opinions about when a client should be tested for COVID-19 amid a move to a care home or short-term care home. This was despite the fact that there were routines about how to proceed. Social workers also expressed that sometimes different professions did not have the same view on a routine, and this could cause a collision between professions. Another experience was that as a social worker one had to take fights with legitimized staff because social workers do not require a license to practice, unlike nurses for example. As Abbott (1988) wrote, professions are competitive. Professions close to one another want to gain power over jurisdiction and monopolize territories. At the same time, Abbotts Systems of Profession suggests that professions are mutually dependent on each other (Abbott, 1988). From that reasoning, there is nothing strange about conflicts between professions that have close cooperation with each other. From the accounts of the social workers in elderly care it showed that different professions could have a different interpretation of routines given to protect the elderly from COVID-19 which caused some tension between the professions. From the view of Abbott (1988), the professions involved in the conflict both wanted to be right and therefore gain jurisdiction.

In some cases, social workers experienced a strained relationship with their manager. There were disagreements about routines, such as when to work from home. It could also be experienced as a rough work environment when schedules for working from home were not followed and routines for minimizing the risk of spreading the virus at the office were not followed. This was not an isolated event caused by the pandemic but rather a problem that became more obvious during the pandemic. As Monica said:

And everyone then, like may not take into consideration to distance or use a facemask or whatever it is. And when you have also pointed out, the door in our corridor has been locked since the pandemic started and still people run through it like no other. So I mean, of course that, that creates a little bit of increased anxiety and frustration and... When you are not heard even though you bring it up.

As the social workers did not always experience clear directives or thought managers or colleagues failed to follow said routines, it could affect the social workers' resources to get through the crisis. As Healy & Link (2012) wrote, finding the resources necessary to work through the crisis are vital for crisis management. When social workers struggled to get along with managers or colleagues, it can be seen as a lack of resources instead. Another important part of crisis management was according to Healy & Link to restore confidence and autonomy, something which could also be seen as challenging when routines are not followed, or routines are unclear.

A challenge that did not specifically affect the social workers' work, but still had an impact on them was that not all social services to the elderly could be carried out/remain open during the pandemic. This could be that day-care facilities were closed and that housing with health and social care could not receive clients who usually lived there in periods. This is called "Växelvård" in Swedish. This did not affect the decisions that social workers made, they still assessed the need for help and granted (or denied) the elderly these kinds of services. However, since these services could not always be executed, social workers felt it affected them in terms of relatives getting tired for example. These services are usually granted to clients whose wives, husbands, or other caretakers need a break from caring for them. This was a challenge for social workers because they did not previously have to deal with this issue. As Chloé described during her interview about cancelled services:

...then you have noticed that relatives care for the individual very, very, very long until the day it absolutely does not work anymore, and then, sadly, it often becomes very acute. I have had, and my colleagues have had several people who have been cared for by relatives and then it has sadly ended up in that the person, the individual, gets an acute short-term

accommodation or that they are forced to apply for a housing with health and social care.

Because their home situation is that untenable.

Dominelli (2021) also wrote that it was tough for social workers in the UK during the pandemic when they felt like they could not help their clients. The results of this study showed that Swedish social workers experienced that as well and as Kjerkol et.al (2020) wrote, municipalities struggle to maintain the same quality in care as before the pandemic. These struggles again show that the social workers found themselves in a crisis situation. All according to Trevithick's (2012) definition of a crisis, where normal ways of working do not work, and people find themselves in a new situation linked to both aftermath of a disaster and decision-making.

In some cases, the social workers had to be innovative and grant additional care from homecare staff in the home of the client in order to support them and their loved ones during the pandemic. Even though this was a challenge for the social workers in elderly care, it showed that they followed both steps three and four of crisis management. As Healy & Link (2012) stated, steps three and four are about reorganizing and planning strategically as well as finding resources to get through the crisis. By finding other ways to support the elderly and their relatives when some services were not accessible shows that the social workers used their autonomy and discretion to find new ways of helping. This shows again that despite Brante (2009) stating that semi-professions have a lower autonomy, social workers in elderly care show a high level of independent decision-making. Nilsson & Olaison (2020), described this in a similar way in their study where they stated that some social workers explored new options of helping their clients during the crisis by using professionalism and discretion. However, even if social workers in elderly care found new ways of helping their clients, this could never be the same kind of unloading as the other services were to the relatives. When Amanda was asked about how it had been to change the way she works, from before the pandemic to now, she answered:

Then you can think that maybe we should have a lot more time over and me with my travel route and so, from (city). But, it has been eaten away by that you have a lot of phone calls. Now we are starting to see what isolation of the elderly has done, it is a lot of insecurity. And not feeling safe and lonely are something that is veery hard to provide for...

5.2.2. Personal challenges

The social workers also described some challenges that were of personal nature. These were issues such as impaired eyesight, causing vision to become compromised when working from a home office because of bad lighting. Impaired eyesight was a commonly described issue

because wearing glasses and PPE at the same time was challenging. It compromised the vision even more if you had both a face mask, face shield, and glasses. Furthermore, it caused the glasses to fog up, for example, and adding discomfort to wearing PPE. A solution to this was to sometimes wear only a face shield, if not being able to remove the glasses. This shows an example of a social worker making an independent decision, to remove the face mask because it hindered them from performing their work. As Healy & Link (2012) stated, an individual has to make a crisis manageable and explore possible alternatives for how to work when experiencing a crisis. The social workers in elderly care adapted to the situation and their individual problems in order to best deal with the situation they found themselves in. Eleonor described the problems with PPE by saying:

Then it is really hard, I mean, you yourself get a little shortness of breath and it becomes like, you know that you have to find a certain kind of breathing underneath this facemask there and yeah, if you come from the outside your glasses fog up.

Another challenge with wearing PPE was troubles caused by menopause. A social worker described having hot flushes and while wearing PPE, the feeling was aggravated. The social worker had even felt that she was going to faint because of the heat under the face mask and face shield. There was also an occurrence when a social worker had an accident because of wearing PPE. When coming down a flight of stairs, the face shield was concealing the step of the stairs (impairing the sight of the social worker) which caused the social worker to fall. Luckily, the social worker was not injured besides having some pain in the knees.

As social workers according to systems theory (Trevithick, 2012) and Systems of professions (Abbott, 1988) are part of a system that all interact, affect each other, and are dependent on each other (Trevithick, 2012 & Abbott, 1988) guidelines are an important part of that. The subsystems in a social workers system such as managers, clients, other professions, the municipality, the region, and even the state have different effects on the social workers and their work. The guidelines and routines come from different parts of the system which have affected social workers personally as they had different struggles with wearing PPE. Social workers described it was hard to wear PPE, but also that they had to get used to it. The social workers felt that it was necessary to protect themselves and their clients. A social worker had also tried to drive with the face shield on, saying that did not work well because it restricted her sight. There were additional difficulties with wearing PPE such as that it was hard to breathe, getting hot, struggling not to panic, a feeling of being confined, and higher temperatures outside or inside causing more discomfort. While already dealing with the crisis of the COVID-19 pandemic, social workers experienced several changes to the way that they work, and this

together with personal issues could make for a tough situation. As Trevithick (2012) wrote, an individual can during a crisis be overwhelmed by problems or find themselves in a new situation. For the social workers in the field of elderly care in Sweden, both would apply. They work with a high-risk group of getting severely ill by COVID-19 along with experiences many changes to the way they perform their work and personal issues that made their work even more challenging.

A very personal challenge was that a social worker had a husband that had gotten a severe disease during the pandemic which caused him to be at a high risk of getting severely ill and possibly die if infected with COVID-19. Because of the worry of infecting the husband with COVID-19, the social worker stopped doing home visits over some time. Another personal challenge was a social worker herself being at risk of getting severely ill from COVID-19 which affected her in terms of worrying more about contracting the virus. Feelings such as anxiety (Healy & Link, 2012) stress, negativity, and feeling overwhelmed (Trevithick, 2012) are common during a crisis. For the social workers with personal challenges during the COVID-19 pandemic, there are even clearer signs pointing to that they experienced a crisis at the time of the interview.

Another personal account was noticing that colleagues were feeling a little depressed and that it was adversatives. There was nothing to look forward to, you could not go anywhere or do something special, and that affected social workers and their team. It also caused work to be more challenging. Similar to Banks et.al (2020) statement that the COVID-19 pandemic affected social workers both personally, professionally, and politically, social workers in this study described that life had become more challenging both at home and at the office because of the pandemic and the restrictions it brought. A social worker felt that having kids in school and a husband not working from home caused her to feel an increased concern that she could be spreading the virus to someone. Another social worker struggled with keeping the client's right to confidentiality when living in a small apartment with one more person who also worked from home. Chloé reflected on the personal attributes that could affect how you chose to assess when a home visit is necessary:

I'm new and I believe that I more often assess that it is necessary to go on a home visit than those who have 30 years of experience assessing. Then I also believe that it has a lot to do with the social workers own relation to the corona pandemic that actually affects how you make that assessment. If you have your own health condition that causes you to belong to a risk group then you probably hesitate more to do a home visit than what you do if you do not belong to a risk group yourself.

As Cook et.al (2020) it was more challenging for new social workers to work remotely because it was harder for their colleagues to see if they needed support when not meeting in person. Even though Chloé was the only social worker in the study to describe herself as new in the field, her statement supports what Cook et.al (2020) stated in their article. However, the results of this study also showed that other attributes affected the social workers' feelings about working remotely, such as whether you or a family member was at risk of getting severely ill if contracting COVID-19, impaired vision, and age.

As Healy & Link (2012) wrote, feelings of depression are not unusual, and therefore, for social workers and their colleagues to feel that both their professional and personal life were affected was not strange. A crisis can be both a foreseen event from a normal experience or from an unforeseen and traumatic experience (Healy & Link, 2012). The COVID-19 pandemic seemed to have affected the social workers suddenly and they found themselves overwhelmed by the situation where there was nothing to look forward to neither personally nor professionally. It also challenged their professionalism as can be seen from Chloé who shared that the confidentiality of her clients was challenged when working from home. She also reflected on that experience in the field of elderly care could affect how you assessed when to carry out a home visit. As Brante (2009) wrote, professions have various levels of autonomy and semi-professions usually have a lower level than traditional professions. However, from the accounts of the social workers in this study, the level of autonomy can also be linked to years of experience and personal attributes. Assessing danger and threats quickly is vital for crisis management (Healy & Link, 2012) but how you assess danger can from the results of the study be affected by your personal challenges such as having family in risk groups, having a risk factor yourself, years of experience in the field of elderly care and struggles with wearing PPE.

5.3. Opportunities at work during the pandemic

Even though the social workers who took part in this study could account for many challenges that had occurred when working through the pandemic, they could also describe a lot of opportunities and positive things that working during the pandemic had brought. This was a surprising result and something that shows that even in a crisis not everything was a negative experience. In the thematic analysis, one code was "Positive views" which was what this theme was built upon.

5.3.1. Work-related opportunities

When working from home and handling communication digitally or over the phone, the social workers could see that small interaction with colleagues went away and that created more time for getting work done. It could therefore also be seen as a more efficient way of working, partly because there were fewer distractions at home. When working in a smaller municipality with a lot of countryside, social workers could save a lot of time on not having to travel to client's houses. The time saved could then be used for documentation or to do research that could improve the work they were doing. Another positive thing was that communication with managers and homecare staff worked well and that everyone knew how to do the work the best they can. The social workers in elderly care expressed that working from home was hard at first, but that as time went it became easier and these positive aspects could be seen.

These accounts were similar to those that Cook et.al (2020) found when interviewing child and family social workers in England. The researchers of that study said that social workers found remote working more challenging in the beginning but that it made the team stronger over time when they found new ways of communicating (Cook et.al, 2020). For the social workers in elderly care, many could see more positive aspects as time went on, even though they did not prefer remote working to their usual way of work. Perhaps this was their way of dealing with feelings that arose from the crisis (Healy & Link, 2012) by finding the positive things in an otherwise tough situation. Furthermore, it could be an important step towards "Restoring a new level of equilibrium" (Healy & Link, 2012, p. 244). By reorganizing themselves and finding what resources they needed (Healy & Link, 2012) to carry out their work from home, the social workers found a new way of working and coping with the crisis.

From the previous theme presenting the challenges with work during the pandemic, it could be seen that working with PPE was hard for most of the social workers. However, Chloé had a rather distinctive view on the use of PPE or doing digital meetings that stood out from the rest of the participants. She said that:

Then it has, all the tools and all the equipment that you have been forced to use, both Teams and that you walk around with a face shield, it has in some way also facilitated sometimes. If the person is in a crisis and a very heavy situation or their relatives are, if you come there with a face shield and are hassling with that it is always a very good way to start a meeting. Because you, you can laugh a little bit together at, at the situation or that it is complicated or that it is so hard to hear me behind all protection or with the technique.

Even if Chloé had a uniquely positive way of seeing the use of PPE, other social workers could also see PPE as positive because it reduces the risk of spreading the virus between social

workers and clients. Finding the positive aspects of using PPE can be seen as a coping mechanism to deal with feelings that arose from the crisis of the COVID-19 pandemic (Healy & Link, 2012). Furthermore, the client and the social worker affect each other as part of one system working towards a common goal (Trevithick, 2012). When the social worker chose to de-traumatize the use of PPE, it had a positive effect on the relationship with the client.

Another opportunity that occurred during the pandemic was that social workers experienced that clients had an easier time applying for help. This was the case because many of the visits were made over the phone during the pandemic. It was described that it could be easier to pick up the phone, make a call, and after that be given help. It made the process of applying for help a little bit easier and shorter. A result of this was also that the social worker did not question to an as high degree if the clients needed the help or not. When clients made the effort of calling, you assumed that they needed the help they called for. This could be a positive thing because the process of getting help was not as long. Holly talked about this when saying that:

We rarely come to another decision than that they are entitled to the help. Most of them who call us and apply for services or help have a need. So that I can see as an advantage, that you have become a little more, well that it has become more of a simplified assessment of needs regarding certain aid.

Holly thought that it was an opportunity that not every application had to be reviewed by doing a home visit. For example, if clients called and knew exactly what they wanted, such as help with cleaning or a safety alarm it was a positive thing that a phone call was enough to grant that help. In some cases, social workers said that the pandemic had caused them to be more generous with granting aid in order to make sure that the elderly have all the help they need and not the other way around. From the accounts of the social worker in elderly care, clients could easier access help during the COVID-19 pandemic than before. This could be an increase in trust. As Brante (2009) wrote, successful professions have a high level of trust attained from the public's opinion. Healy & Link (2012) also stated that trust and relationship building is important for individuals to cope with a crisis. Social workers described having to trust clients more when meetings in person could not be done. This was a result of not being able to see the elderly in their home environment, see how they moved, and their facial expressions. When carrying out needs assessment over the phone or digitally, the social workers had to trust the words of the individual rather than being able to also assess their physics. In return, clients had to trust that social workers would make fair assessments even when not meeting in person.

The digital and phone meetings were something that social workers thought could be efficient for some meetings. Digitalization had been used in a good way during the pandemic, and in

many cases, digital meetings could be used in the future as well. It could reduce the need for travel and lower costs related to traveling. Cook & Zschlomer (2020) found similar advantages with remote working, that it saved time when not traveling and that social workers could meet their clients more often. In this case, though, the social workers in this study did not speak of being able to meet clients more often. However, when not having to travel to the office social workers described being able to basically start the computer while brushing their teeth in the morning.

The development with digital tools had taken a huge step forward and social workers who barely used Skype or Teams before, did it all the time now. The social workers expressed that digitalization had advanced and in general people had become more skilled with using it. It was also a positive thing for the environment, with people traveling less. Again, this shows that the social workers had an ability to adapt to a new situation and find the resources necessary to deal with the crisis (Healy & Link, 2012). They had the ability to reorganize and plan (Healy & Link, 2012) for how to carry out their work in a different way and finding positive things about that. Another opportunity with digital meetings was that relatives could participate to a higher degree. Relatives could now participate from anywhere in the world which was not possible before the pandemic when home visits were the main way of communicating. Amanda expressed this:

Then all the meetings through Skype and such have gone very well, those that I have had, and what has been very positive is that relatives have been able to participate in a different way than you could before. You can be anywhere, you could be in, in, I had a daughter who was participating from Brazil, she hasn't been able to be, or we haven't had Skype meetings and such before. Now she was really grateful for that, now her mum was alert and we could have a Skype meeting and it worked really well.

Another positive thing was that a social worker had taken more time to talk to the elderly because the pandemic made her realize how important she could be for someone. To be able to invite relatives into meetings that they previously could not attend, was something else that could result in gratitude and an increase of trust. As both Brante (2009) and Healy & Link (2012) brought up, trust is important for professions and for crisis management. By reaching out more to relatives in different parts of the world, trust could be increased as they could feel more included in the process of needs assessment. Social workers had therefore set up new communication channels (Healy & Link, 2012) in order to contact clients during the crisis, and in some cases, it made social workers understand their own importance.

An advantage of working from home was that the social workers were not disturbed as much as in the office. This helped social workers to get more time for documentation which was otherwise stress that social workers always dealt with. Some social workers felt that working from home went very well, it could be more peaceful than working at the office, and with a good network connection, it functioned well. Another view with working from home was that it is an actual benefit since they did not only protect their clients by staying home but also themselves. Working from home was therefore without risk when it came to health. It was also commonly described that it becomes easier and easier to deal with working from home and working digitally, it was more challenging in the beginning before learning to use the digital tools and such. As social workers, crisis management should not be a foreign concept which could explain why the social workers seem to have handled the change in their work situation in a good way. Healy & Link (2012) wrote that crisis intervention involves an individual taking greater control over the situation and solving problems that occur. The social workers in elderly care have handled their situation well by adapting to working from home and finding solutions to any problems that occur. The social workers managed to find positive things as well, not getting stuck on the negative views.

In some regards, digital meetings could be more efficient because they produce less small talk during these meetings than in person. Assessing aid for the elderly over the phone worked better than one would think, especially if the social worker knew the client from before and had knowledge about their situation. Meetings in person also worked fine even if PPE had both advantages and disadvantages. Between all digital and phone meetings, actually meeting in person was nice for the social workers which they brought up as a positive thing. Someone who was comfortable with working at home and thought it could be nice was Miley, she said that “in my employment it has gone pretty well since I have, as I said, very much digitally anyways, so for me it has worked really well”. Social workers with a responsibility to work with the elderly being discharged from the hospital described that this was even before the pandemic was done mostly digitally. Therefore, the current situation was not a big adjustment in that area. Using Skype was well established when communicating with hospitals and it was seen as a great tool to use. As social workers could find more and more positive things about digital and tele-social work, they showed signs of adapting and trying to restore the equilibrium (Healy & Link, 2012). Even if the situation was far from ultimate, the social workers found a way to carry out their work even during a crisis and they even kept a positive spirit. One last advantage that social workers could see at the time of the interviews was that vaccines had started to become

distributed to both the elderly and social workers, which can be seen as a step towards restoring the equilibrium (Healy & Link, 2012) and returning to a more normal life.

5.4. Feelings about support and work during the pandemic

To be able to answer the first and third research questions of this study there was a need to show what kind of feelings the social workers had experienced when working through the pandemic. During the thematic analysis, four codes were found that related to this. These were: Feelings, Description of client's feelings, Losing Clients, and Support. The social workers who took part in the study had a range of emotions connected to their professional role during the COVID-19 pandemic and these will be described under the two subthemes Feelings about working through the pandemic and Support from colleagues and managers.

5.4.1. *Feelings about work during the pandemic*

Social workers had both positive and negative feelings related to their occupational role during the pandemic. Regarding having to work from home, feelings ranged from skeptical, that it was boring, that it was hard, and difficult to adjust to. There was also confusion about when to work from home. The social workers were positive about having team meetings every day to maintain the team spirit and they felt good that there was an opportunity to work from home. Social workers also expressed not feeling well mentally because of being stuck in the same environment (at home) all day. When Chloé was asked how shifting to remote social work had been, she said:

Well, really boring (laugh), it is meetings that are the fun part of the job, so it becomes very difficult. I. now experience that you in some way, some days I can sit and feel like I'm working as a telemarketer more than a social worker because it, it becomes so much flatter when you are trying to do needs-assessment together with someone over the phone.

This was a commonly described feeling among the social workers, that they missed out on the most important parts of their work. They expressed that they missed out on the actual social work when not meeting people in person. As Monica expressed about working from home and not doing many home visits:

... of course it, as I said before, in the long run it gets a little bit boring because, I think that somewhere that is the silver lining of this job. When you go out and, and it becomes... When you have a really good home visit for example.

As Healy & Link (2012) wrote the first step of crisis management was "1. Dealing with feelings and drama associated with crisis" (p.244). From the interviews, it was interpreted as if the social workers were aware of the feelings that the crisis had made them feel and that they tried to deal

with the negative parts of it. However, many social workers still felt these negative feelings and it became harder to stay positive as the pandemic (at the time of the interviews) had lasted for almost a year. This goes to show that as Trevithick (2012) writes, crisis does not have to be an acute situation. The crisis of the COVID-19 pandemic has gone on for over a year and individuals such as social workers experience different feelings along the way. Another feeling was that the social workers became less independent in their work when they could not do home visits. When the social workers actually got to do home visits, they felt happy. It was described as feeling good and being nice when they were able to do it. As Monica expressed:

Then it is again as it always is, regardless of a pandemic or not, when you have these conversations regardless of whether it is in a meeting or if it is on the phone where you kind of feel that hell, this was a good conversation you know. Then you still feel that it feels hell of good.

Other positive feelings included not being worried about getting infected with the virus yourself and feeling safe with using PPE and keeping a distance. As noted earlier, assessing danger and threats during a crisis (Healy & Link, 2012) could be done differently depending on the experience of the social worker or personal issues. The social workers that were not worried about getting infected with the virus, did not have family in a risk group or were themselves in a particular risk group. Social workers in elderly care also felt grateful when it came to being able to offer relatives a chance to participate online from different parts of the country/world. Amanda also expressed positive feelings about digitalization by saying:

... because we will also be meeting, or we are meeting a different generation who has these thoughts as well, and I can think that is a little exciting.

In some cases, it was also described as exciting to see if plans made for how to handle the pandemic would work. Social workers expressed feeling happy about having routines in place and some of them were not scared of the pandemic. They also expressed hope for that the pandemic would pass soon. When the social workers brought up opportunities or positive feelings that were experienced during the pandemic, they were connected to having a plan or being able to meet clients. To be happy about having routines in place meant that the social workers had a plan for the crisis, an important step of crisis management (Healy & Link, 2012) which could explain why having a plan made them feel happy. To feel happy when being able to meet clients could symbolize a longing to be able to do your work “the normal way”. As Trevithick (2012) wrote, a crisis causes an individual to find themselves in a new situation and

that can be overwhelming. From that perspective, social workers feeling happy about being able to meet clients in person can be seen as that they get a sense of normality.

However, even if many positive feelings could be found there were also several negative ones. The social workers described feeling bored, sad, fearful, worried, scared, and concerned when working during the pandemic. There was also a longing for when it would be over, and things could get back to normal. It was difficult to adjust to the situation and harder to carry out the work the way that they wanted to. Social workers described that it was tiring to adapt to the changes they had to do, it was rough and demanding conditions to work under. It took a lot of energy to have a lot of digital and phone meetings, causing social workers to be more tired at the end of the workday. When Amanda was asked how she felt about her job now she said that she still liked it very much but continued to say:

But it has been very energy consuming and very hard, tiring I would like to say, you need that energy for your job, so.

This also resulted in a lower motivation to carry out work tasks and lower energy in general. From the negative feelings that social workers in elderly care felt during the pandemic, the analysis was that they were evidently going through a crisis. Previous research by Necel & Zareba (2020) argued that social workers need more support and supervision in stress coping techniques in order to protect their mental health. Diaz-Jiménez et.al (2020) wrote that anxiety levels rose for social work students during the pandemic.

Therefore, the results of this study are consistent with previous research on the pandemic. It shows that it was hard to handle, and negative feelings were not unusual. However, unique for this study was the clear focus on feelings that were not found in previous research. Trevithick (2012) stated that crisis in western culture is linked to stress and a crisis can be a danger, a hazardous event, or linked to decision-making. For social workers in elderly care working during the COVID-19 pandemic, it can be argued that they experienced all three. The COVID-19 pandemic poses danger to all individuals, but mostly to risk groups. Social workers in elderly care have to assess the danger of meeting clients in person on a daily basis which involves a lot of decision-making. Social workers have to use their autonomy and discretion as part of their profession (Brante, 2009). They need to make decisions both regarding if and how they should meet clients and also if they should grant or deny aid to their clients. The pandemic can also be seen as a hazardous event, affecting the whole world. This affected the social workers in different ways, as Monica described:

If it is like, strain with everything that is not working at the workplace, or if it is that you like become, as you said before, it is both private and at work, in some ways maybe things eat you up without you, without you noticing and you don't know what is what. But we had a pretty rough period and above all it is me and one colleague who talks a lot and is frustrated together and cry and who (Monica laughs), yeah like that.

The social workers who took part in the study also expressed feeling frustrated because they could not always offer the right help to people or because it was hard for people to access help. It was also frustrating not being able to use all the knowledge and skills that they have, because of the restrictions concerning home visits. It was described as a feeling of having one's wings cut off. Professions can be recognized by requiring some kind of higher education, a desirable work position, relative autonomy, having trust from the public (Brante, 2009), and are part of a System of Professions (Abbott, 1988). The social workers who participated in the study felt that they could not use that higher education required for their profession, when not doing their work the way it was supposed to be done. Without meeting clients, they felt that they lost the essence of their profession. As part of a System of Professions (Abbott, 1988) social workers could be seen as experiencing a detachment from the system, when meetings in person were no longer the norm with neither clients, colleagues, or other professions.

To miss things was another feeling expressed on many occasions during the interviews. The social workers expressed missing home visits, missing colleagues, and missing socially connecting with others. Another kind of missing was a fear of missing out on important information when meetings could not be done in person. The social workers did no longer feel the same desire to work or not the same joy about working during the pandemic. The work had become heavier, taking a lot of energy, and sometimes being overtaken by fear of the virus. The situation was described as unreal, weird, and strange. Sometimes, social workers felt grief because of clients who had passed away from COVID-19. They were touched when clients they had talked to only days earlier, suddenly passed away. It was described as pretty terrifying that the virus came so close upon them, because no one thought it would in the beginning when it originated in China. Social workers expressed having respect for the virus and that the virus turned out to be more dangerous than they originally thought. There were many negative aspects related to the social workers' professional role but also in their private life, causing some of them to feel more depressed and anxious. Emma said that:

So there is like, a lot of negative aspects right now. People also feel bad about this. And a lot, lot worse than what you did before and you notice that about yourself as well and you almost become crazy soon, by this pandemic.

From Emma's statement and the accounts of the other social workers, it can be argued that they experienced the pandemic as a crisis. As Healy & Link (2012) wrote, crisis causes an individual to be "overwhelmed by the feelings or problems such that one is unable to function normally" (p.243). Even if the social workers did not show signs of not functioning normally, they described that their lives could no longer be lived in a normal manner. The social workers experienced grief, depression, anxiety, tiredness, and said that it felt unreal and terrifying. All of which would be expected in a crisis because as Healy & Link (2012) wrote, it is "an upset of the steady state" (p. 243).

The social workers also expressed feeling anxiety regarding having to sense whether you felt sick or not before going to work, a fear being to be the one to spread the virus to home with social and health care or short-term accommodation. There was also anxiety tied to deciding whether to do a home visit or not, it was described as uncomfortable and a bit uneasy to meet the elderly during the pandemic since the virus could be transmitted from someone without them showing symptoms. As Ida said about meeting the elderly:

It can be like a very, then it can be a very strange meeting because, you become quite dismissive so, you can be experienced that way. And then, then the start can sometimes be a little, maybe a little, it gets a little stiff or so.

It was difficult and weird to meet the elderly under these circumstances since it could seem as that the social worker was dismissive because of distancing and wearing PPE. During phone calls, social workers expressed that they felt like an administrator or telemarketer more than a social worker. To gain trust from the public is an important factor of a profession as Brante (2009) wrote. The social workers in elderly care found that during the pandemic, it was harder to maintain and show trust towards their clients because of the use of PPE or tele-social work. A question to ask is if that could be because of a lack of clear directives and training in digital or tele-social work? As Brante (2009) stated, professions are identified by some kind of higher education. However, none of the social workers mentioned having been trained to do tele-social work or digital social work. This would call for further research on the subject, to find out whether or not social workers have received training on how to carry out digital or tele-social work during the COVID-19 pandemic.

There was a distinction between social workers who were both worried about contracting the virus and spreading the virus, social workers who were only worried about spreading the virus to their clients, and social workers not worried about either. There were factors that affected

this, such as age, if you had a risk factor of getting severely ill, if you had already been infected, how anxious the pandemic had made you, or if you had a family member in a risk group. If the social worker herself was in a risk group, that caused fear on a different level. However, the main concern for the social workers was not to transmit the virus to their clients. Ida described the fear by saying that:

I believe, I haven't really been that concerned about my own health but, but as I said earlier, for those that we meet. Because it is elderly, often fragile, that is, I mean that is, that you are afraid of that, like, that they will get sick.

Emma expressed the fear of spreading the virus to someone you care about and how it could affect your work:

But, and then I felt that, then I felt like a small panic, that what if I get it and I drag it on to him. So, I chose not to do any home visits during a period, I didn't dare to, I felt, then I felt like that it, I'm soon too scared to even go outside.

The accounts of Ida and Emma show that the social workers experienced the pandemic a bit differently. For some of the social workers, they experienced feelings consistent with those felt in a crisis such as anxiety, depression, loss, helplessness, and disorganization (Healy & Link, 2012). These feelings mainly occurred because of more personal reasons, such as belonging to a risk group for getting severely ill from COVID-19 or having relatives who were. For others, negative feelings were more associated with having to work during the pandemic and the challenges that it brought. However, the social workers did find their own way to deal with the crisis by making a plan for how to carry out their work consistent with the steps of crisis management. The different feelings in different situations were also something that Banks et.al (2020) brought up when discussing ethical issues with social work during the pandemic. The social workers in the study by Banks et.al (2020) also experienced both positive and negative emotions related to whether services granted to clients were successful or not.

There were social workers who described their perceptions of how their clients, older people had felt during the pandemic. For example, the social workers had noticed that when they did home visits, not every older person was happy about that. Another description of the clients' feelings was that many loved ones felt grief because of services that were not executed. This sometimes led to the elderly in need of assistance to apply for housing with health and social care because they could no longer receive the help they needed from day-care facilities or "växelvärd" (alternating between living at home and in a housing with health and social care). This had caused relatives to feel really bad according to the social workers.

The social workers also felt that it was very difficult and heavy to deal with this. It felt terrible that some elderly could not receive the help that they needed. Even if none of the social workers explicitly said so, it was interpreted as though they felt guilty because the elderly could not always receive the services they were granted during the pandemic. As Eleonor said when asked how it felt that not all services to the elderly could be carried out:

Yeah, that has not felt good at all, because I, I have seen, I see what, what the day-care facilities do for our clients who are lonely and, and maybe do not have a lot of relatives and such and it feels terrible not to be able to offer them that.

This was another example of how subsystems in the system affect each other (Trevithick, 2012). Even though the social workers in elderly care are to assess the needs of their clients, the relatives of the client also affected them during the pandemic. This can be explained by stating that family and relatives to a client are a part of the system where elderly, social workers, nurses, doctors, eldercare staff, physical therapists, and others work together towards a common goal-giving the elderly a dignified life. Regarding the elderly, in some cases, the social workers experienced that they were positive about receiving help over the phone. However, social workers in elderly care said that it was challenging to deal with clients feeling lonely, unsafe, isolated, fear, and lacking social connections with others. Emma talked about meeting a person with dementia while having PPE on during the interview:

Here you sit, an old man told me last week, here you sit and talk and have that thing on you and I can't hear a word you say. He was really mad.

All of the feelings that social workers described feeling during the pandemic affected them in different ways. One question that they were asked during the interview was “Do you feel that you have been able to carry out the work the way you wanted to?”. The answers ranged between that they had been able to, that they had under the conditions they worked under, or that they had for the most part and not feeling like they had been able to at all. Since all the social workers explained working in a similar way during the pandemic, with tele-social work or digital social work, the different experiences can be seen as depending on their personal attributes. As Cook et.al (2020) wrote, working remotely was more challenging for new social workers than experienced ones. From the accounts of the social workers in this study, the feeling of whether one had been able to do their work the way that they wanted to was influenced by autonomy. As Brante (2009) stated, professions have different levels of autonomy and independent decision-making. From what the social workers in elderly care in Sweden shared in the interviews, it can also be argued that the level of autonomy also differs on an individual level.

The amount of experience in the field of elderly care, your personal attributes, and your level of confidence can affect whether you make independent decisions and therefore whether or not you feel like you had been able to carry out your work the way you wanted to.

5.4.2. Support from colleagues and managers

The social workers also expressed how they felt regarding support and guidelines given by managers, municipalities, and regions. Overall, the social workers in the study felt supported by the colleagues they worked with and their managers. If routines were unclear or if they needed advice, they could ask someone from their team or their manager for support. This was expressed as something that felt good during the pandemic. When sitting alone most of the time (at the office or at home) it was important to connect with their colleagues and feel like they were part of a team. In some cases, social workers felt that cooperation and support between colleagues had actually been better during the pandemic because, with most of the work being done digitally, they were more consistent with keeping in touch with each other. It was experienced that someone was always available online if there was a need to talk to someone. There were also efforts made to maintain the sense of belonging to a team, this could be done by having virtual coffee breaks, meetings every day, or by buying bread or cake to share with the team in the office. Eleonor described this by saying:

So well, we support each other, and I think that, that is the only way out, we have to stick together, and we will come out of this eventually.

As Healy & Link (2012) stated trust and building relationships are important for an individual to get through a crisis, and this was something that the social workers really seemed to have adapted. To find the resources necessary to meet the crisis (Healy & Link, 2012) would from this view not have to be physical resources, it could also be about finding support to get through the crisis. By talking to colleagues and managers, social workers found ways to ventilate about what was going on and someone to ask for advice when things got hard. However, there were exceptions when social workers did not feel supported. It was about managers not understanding the fear of their employees, not accepting wishes of working from home, and a lack of good dialogue. Not getting the support that they needed from a manager was something that felt bad, was frustrating, created anger, took energy, and lust. Amanda said she did not feel supported and went on to say that:

I have not been heard about what is important to me, it has been important for me when I'm at the workplace there should be routines there, we should keep our distance, we should

have a coffee room where we can be, we should have the door closed for example. You have had to think that out for yourself.

To not be supported affected the social workers in a negative way and drained their energy. When working through a crisis, Healy & Link (2012) argued for that the individual needs to be aware of what they are feeling and release those emotions. This applied especially to negative emotions which needed to be discharged in order to find the energy to resolute the crisis (Healy & Link, 2012). The social workers who did not feel supported by their manager said it was influencing them in a bad way, taking away their energy which could have affected the effectiveness of dealing with the crisis. From the interviews, it was clear that feelings about supported varied, either from a feeling of good support or bad, but there were also feelings in between. Holly said that even though she gets support from colleagues and her boss, she also felt that:

... this everyday contact and support you have, you lose that a little bit. For example, if you, well if you are at the office and you get a phone call and you think like, help how am I supposed to think here. Then, then you go directly to a colleague and discuss it and get support. While now it becomes more that you, well some things are just not big enough for you to reach out to a colleague, but you solve it yourself instead or... Well, it is like that then, that this spontaneous support from colleagues has decreased.

For the most part, social workers felt that they agreed with the guidelines and routines that they had been given. The rules were in place to protect people and therefore it was important to follow them to protect the fragile group that they meet in their line of work. However, even if the social workers could agree with the routines, they did not always find it easy to follow them as described under Challenges with working during the pandemic. The social workers felt that it was important to follow the routines, in order to do what they could to reduce the spread of the virus to the elderly. To follow the routines required social workers to have trust in managers, municipalities, and regions who gave them the guidelines to follow. Trust, having the necessary resources, having a strategic plan, deal with feelings, set up communication channels, and assessing danger or threats are all parts of crisis management (Healy & Link, 2012). The social workers in elderly care in Sweden showed that they had touched upon all of them when working during the COVID-19 pandemic. The routines and guidelines seemed to have laid a good foundation for the social workers to base their practice on. However, they could have received more guidelines concerning how to carry out remote assessments.

6. Conclusion

The purpose of the study was to examine what opportunities and challenges that Swedish social workers in the field of elderly care experienced during the COVID-19 pandemic. Furthermore,

the purpose was to analyze the social workers experienced feelings, both positive and negative, related to their occupation and the pandemic. The first research question of the study was “What kind of feelings have social workers in the field of elderly care in Sweden experienced related to their occupational role during the COVID-19 pandemic?”. The social workers expressed, for example, feeling fear, sadness, grief, frustration, and anxiousness. The second research question “What challenges and opportunities have occurred for the social workers in the field of elderly care in Sweden when carrying out their work during the COVID-19 pandemic?” also pointed to a lot of negative aspects. In many ways, the social workers showed signs of working through a crisis.

By doing tele-social work or digital social work the social workers felt that they missed out on the most important and meaningful part of their work which was to meet people. The social workers expressed a need to see the elderly in their home environment in order to assess their needs with legal certainty which the pandemic hindered them from. However, regarding both the first and second research questions, the social workers could also account for many positive things that came out of the pandemic. The social workers found good use of digitalization and felt that working from home could be more effective and peaceful. The social workers experienced saving time when not traveling to clients’ homes and found that clients could apply for help more easily over the phone. The social workers also expressed feeling happy about having routines in place, excited about seeing if plans for handling the pandemic worked, and had hope for the future. The positive feelings were a surprising result considering the number of negative things connected with the COVID-19 pandemic. Finally, the third research question of the study was “How have the social workers working within the field of elderly care in Sweden felt regarding support and guidelines given by managers, municipalities, or regions?”. The results of the study showed that social workers had mostly felt supported during the pandemic. They had also received guidelines on how to avoid spreading the virus to their clients and colleagues but not guidelines concerning how to do remote assessment. The social workers felt that guidelines were sometimes hard to interpret, and it was challenging to follow them at times even if the guidelines gave them a foundation to stand on.

In conclusion, even though crisis intervention is normally seen as a time-limited approach (Trevithick, 2012 and Healy & Link, 2012), in the case of the COVID-19 pandemic the need to manage crisis has gone on for over a year for social workers in the field of elderly care in Sweden. The social workers found themselves on an emotional roller coaster where feelings ranged from happy to being depressed. They had to use their autonomy and make independent

decisions to get through the pandemic but in many ways, clearer guidelines were missing. How come that the social workers in elderly care in Sweden had not received guidelines on how to carry out remote assessment? And how come that they showed no signs of receiving additional support when working through a crisis? For future studies, the well-being of social workers in a crisis should be a focus. Furthermore, the researcher of the study would like to encourage educating social workers on remote assessment and giving clear guidelines to social workers practicing it right now. Even though one is not expected to work during a pandemic every day, digitalization and meeting remotely are becoming more and more common. It is therefore vital that social workers have the necessary tools to do remote assessment. Even though all social workers longed for the day when remote assessment was no longer necessary, and they did not have to lose the silver lining of their work.

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Appendix 1: Informed consent

Introduktion till studien och samtycke:

Den här studien syftar till att undersöka biståndshandläggares känslor och upplevelser när det kommer till att arbeta med målgruppen äldre under COVID-19 pandemin. Studien ämnar analysera de utmaningar och möjligheter som biståndshandläggarna stött på under sitt arbete och kartlägga vilka riktlinjer som finns för arbete under pandemin. Studien är en del av min utbildning vid Göteborgs Universitet på Mastersprogrammet Socialt Arbete och Mänskliga rättigheter. För att garantera att mitt arbete följer de etiska riktlinjer som finns för bra forskning lovar jag härmed att:

- De som deltar i studien får information om studiens syfte.
- Intervjupersonen har rätt att besluta om hen vill delta, även efter att intervjun är genomförd.
- Informationen som samlas in kommer att hanteras konfidentiellt och data förvaras på ett sådant sätt att inga obehöriga kan komma åt den.

För att underlätta arbetet med att sammanställa svaren från studien, är ett önskemål att intervjun spelas in. När forskningen publiceras kan svaren komma att ändras något för att ingen intervjuperson ska kunna kännas igen. Den information som samlas in kommer enbart att användas till studiens syfte och kommer raderas när arbetet är avslutat. Inspelningen kommer enbart att höras av mig, Viktoria Forsberg, som ansvarig forskare för studien.

Du har rätt att när som helst avbryta din medverkan i studien, eller välja att inte svara på vissa frågor. Du får jättegärna höra av dig om du har frågor, till mig eller min handledare:

Ansvarig forskare: Viktoria Forsberg, gusviktofo@student.gu.se.

Handledare: Rikard Eriksson, rikard.o.eriksson@hiof.no.

Om man som deltagare önskar, går det att ta del av arbetet när detta publicerats.

Samtycker du till att delta i studien?

Samtycker du till att intervjun spelas in?

Appendix 2: Interview guide

Bakgrundsinformation-

Förnamn:

Ålder:

Antal år du arbetat som biståndshandläggare:

Frågor:

1. Kan du berätta om hur ert arbetssätt har sett ut nu under Covid-19 pandemin?
 - Hur tycker du det fungerat att arbeta på det sättet?
 - Har du arbetet något hemifrån? Hur har det varit?
2. Har du fått några riktlinjer eller råd att arbeta efter och från vem?
 - Vad tycker du om dessa?
 - Har det varit lätt att följa råden/har du hållit med om dom?
 - Har du känt dig stöttad i ditt arbete under pandemin?
3. Hur arbetade ni innan pandemin?
 - Hur kändes det att göra den omställningen?
4. Vilka andra yrken möter du under en typisk arbetsdag?
 - Hur har samarbetet med andra personer fungerat under pandemin? Skiljer sig hur ni kommunicerar och samarbetar från innan pandemin?
5. Vad tänkte du när de första fallen av Covid-19 nådde kommunen du arbetar i?
 - Vad gjorde du då?
 - Hur kändes det?
6. Hur har det känts att träffa äldre under pandemin?
 - Hur har du känt kring din egen och brukarens hälsa?

-Har de äldre kunnat erbjudas samma insatser som innan pandemin?

7. Vilka utmaningar och möjligheter har du stött på under pandemin?

-Vad har varit svårt?

-Kan du se något positivt?

8. Vad är dina tankar om att arbeta under pandemin?

-Har du kunnat utföra ditt arbete så som du vill?

-Vad har väckt starkast känslor?

-Har känslorna kring ditt arbete ändrats?

9. Nu har jag ställt alla frågor som jag hade med mig hit idag, är det något du känner har dykt upp under intervjun som du skulle vilja berätta om eller dela med dig av?

Appendix 3: Process of thematic analysis

Color coding: 12 codes found (not including background).

(GRÅ= Bakgrund)

Positive views - Klar röd

Negative views- Blå

Guidelines/Routines- Ljusgrön

Personal issues- Turkos

Feelings- Rosa

Changes- Orange

Communication- Gul

Losing clients- mörklila

Conflicts- Brun

Clients feelings- Ljusrosa

Support- Mörkgrön

Work environment- klar lila

Example 1:

Sentence found in step 1: Men, men det har ju känts väldigt olustigt på ett sätt, eller sådär, eftersom man ändå har hört att det finns personer som inte har några symptom alls men ändå kan, asså som ändå kan vara smittade, så att, aa det har vart väldigt jobbigt.

Code found in step 2: Men, men det har ju känts väldigt olustigt på ett sätt, eller sådär, eftersom man ändå har hört att det finns personer som inte har några symptom alls men ändå kan, asså som ändå kan vara smittade, så att, aa det har vart väldigt jobbigt. (Code: Feelings).

Theme found in step 3: Feelings about support and work during the pandemic.

Subthemes found in step 4: Feelings about work during the pandemic + Support from colleagues and managers.

Example 2:

Sentence found in step 1: Jag har en rädsla för jag är i riskgrupp för det här covidén, så det har varit lite jobbigt, en onödig oro men, det funkar, mm, det gör det.

Codes found in step 2: Jag har en rädsla för jag är i riskgrupp för det här covidén, så det har varit lite jobbigt, en onödig oro men, det funkar, mm, det gör det. (Codes: Feelings (pink) and Personal issues (turquoise)).

Themes found in step 3: Feelings about support and work during the pandemic+ Challenges with work during the pandemic

Subthemes found in step 4: Feelings about work+ Support from colleagues and managers and Work-related challenges + Personal challenges

Example 3:

Sentence found in step 1: Eh, asså, ja, vi har ju fått ställa om till mer digitalt så tycker jag. Eh tidigare så tycker jag att vi hade mer avstämningsmöten med sjukhuset, asså då åkte vi till sjukhuset o, o träffade vår, patienten där då. Eh men nu är det ju, asså mer eller mindre alla via Skype.

Codes found in step 2: Eh, asså, ja, vi har ju fått ställa om till mer digitalt så tycker jag. Eh tidigare så tycker jag att vi hade mer avstämningsmöten med sjukhuset, asså då åkte vi till sjukhuset o, o träffade vår, patienten där då. Eh men nu är det ju, asså mer eller mindre alla via Skype. (Codes: Change (orange) and Communication (Yellow)).

Themes found in step 3: Changes in the profession of social work

Subthemes found in step 4: Communication and Guidelines + Work environment

Themes:

Changes in the profession of social work- Subthemes Communication and Guidelines & Work environment (Includes codes: Changes, Communication, Guidelines/Routines, Work environment).

Challenges with work during the pandemic- Subthemes Work-related challenges and Personal challenges (Includes codes: Negative views, Personal issues, Conflicts)

Opportunities with work during the pandemic- Subthemes Work-related opportunities (Includes codes: Positive views).

Feelings about support and work during the pandemic- Subthemes Feelings about work during the pandemic and Support from colleagues and managers. (Includes codes Feelings, Description of client's feelings, Losing Clients, Support).

Appendix 4: Examples of translating quotations

Beatrice-

The difference, yes I can feel a little bit like, you know that it has stagnated a bit, you don't talk so much, you don't do any development work, it is mostly about getting time to pass, hang in there and hold on, that's how I feel a bit. It doesn't happen that much otherwise besides these ongoing things.

(Skillnaden, ja jag kan känna lite såhär, o du vet att det har stagnerat lite, man pratar inte så mycket, man gör ju inget utvecklingsarbete, det handlar i stort sett om att få tiden att gå, håll i och håll ut så känner jag lite. Det händer inte så mycket förövrigt mer än det här löpande).

Ida-

And then we did home visits then, currently maybe, I do, say that I do maybe max one per week. Sometimes it can go, yeah sometimes it can go a few weeks before you have a home visits depending on what comes in. Before so maybe you were in-between, say you were in-between 4-6 home visits a week. So there is a big difference there.

(Sen så gjorde vi ju hembesök då, eh i dagsläget kanske, jag gör, säg att jag gör kanske max ett i veckan. Ibland kan det gå, aa ibland kan det gå några veckor innan man har ett hembesök beroende på vad det är som kommer in. Eh innan så kanske man låg mellan, säg att man låg mellan 4-6 hembesök i veckan. Så att där är ju en stor skillnad.)

Eleonor-

Before I think we had more meetings with the hospital, I mean then we went to the hospital and, and met our, the patient there then. But now it is, more or less everyone through Skype.

(Eh tidigare så tycker jag att vi hade mer avstämningsmöten med sjukhuset, asså då åkte vi till sjukhuset o, o träffade vår, patienten där då. Eh men nu är det ju, asså mer eller mindre alla via Skype).

Chloé-

But I, as a social worker or with a social worker background I don't see this as a long-term sustainable way of working because then, then it would be very boring, then it stops, then I feel that the development as a social worker will stop. Because, we, everyone in my team we have so much competency that are not being used fully when we work like this. So. We are supposed to work with human encounters and then, then it is not that funny to work only over the phone.

Men jag som biståndshandläggare eller med socionombakgrund jag ser ju inte det här som ett långsiktigt hållbart arbetssätt för att då, då blir det väldigt tråkigt, då stannar, då stannar utvecklingen av som socionom känner jag. Eh, för det, vi alla i min arbetsgrupp vi har så mycket kompetens som inte kommer ut i sin fulla makt nu när vi arbetar såhär. Eh, så. Vi ska ju ändå arbeta med människomöten och då, då är det inte så roligt o arbeta bara över telefon.

Appendix 5: Database searches

Search term:	Database:	Number of results:	Relevant for the study yes/no:	Number of chosen articles:
social work* AND pandemic OR epidemic AND vulnerab*	Social Science Citation Index	147	Yes	6
(experience*) AND (social work*) AND (pandemic)	IBSS	72	Yes	3(However, 2 also found in the search above).
Coping AND covid-19 AND social workers	ProQuest Social Sciences	29	Yes	1
(older people OR elderly) AND (social work*) AND pandemic AND experience*	ProQuest Social Sciences	54	Yes	1(Already found in previous searches).
(social workers) AND (experience*) AND (pandemic)	ProQuest Social Sciences	132	Yes	3 (Already found in previous searches).
covid-19 AND social work	Swepub	40	Yes	1
mental health AND social workers AND pandemic	ProQuest Social Sciences	176	Yes	1
covid-19 AND sweden	ProQuest Social Sciences	115	Yes	1