

## **Medical Social Work Service Delivery as a tool for Post-COVID-19 Crisis and Disaster Management in South-West Nigeria**

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### **Abstract**

The study investigated the medical social work service delivery as a tool for post-COVID-19 crisis and disaster management in South-West Nigeria. The function of social workers in the hospital as helping professionals is yet to be fully understood by Nigerian urban settlers. A descriptive survey research design was adopted and a multi-stage sampling technique was also adopted for the study. One hundred and fifty medical social workers that were purposively selected served as respondents. Descriptive statistics of frequency count, simple percentages, Pearson Product Moment Correlation, and Regression Analysis were used as statistical tools. The result showed that medical service delivery predicts crisis management in south-west Nigeria. The result further showed that medical service delivery also predicts effective disaster management. Also, the independent variable had a significant joint effect on the dependent variables. It was concluded that medical social work service delivery predicts the management of both crises and disasters presented at the healthcare facilities. The study thus recommends that crisis and disaster management should be part of the social work curriculum at all levels of social work studies. Staff welfare packages should be commensurate with the enormous workload carried out by medical social workers during crises and disasters.

**Keywords:** medical social work, service delivery, crisis and disaster management, staff welfare.

### **Introduction**

Medical social work service delivery has been adjudged to be hospital-centered years back, but can now engage in other various approaches in order to have an effective practice (Okoye and Agwu, 2019). The COVID-19 pandemic has affected people of different ages and statuses that are living in both rural and urban centers needing prompt interventions from different professionals to mitigate the effects of crisis and disasters on the people and communities (Cifuentes-faura, 2020). In this trend, social workers are endowed to provide adequate services during the outbreak of pandemics and emergencies. Social workers support, empower and contribute immensely to the area of care and protection of rights of the vulnerable people (Brinkerhoff, 2014); and in support of the above, Agwu and Okoye (2021) and Bess and Collins (2014) affirmed that social workers contribute to all areas of human life including healthcare delivery.

It is important to note that health social workers provide psychological interventions to individuals and families (Dako-Gyeke et al., 2018; Hassan, 2016). In the same vein, social workers display skills and competencies to help individuals, families and communities (National Association of Social Workers (2020). Because the pandemic has a negative impact on both the social life and health of the general populace, there is a need to equip social workers with the needed resources to mitigate the psychological challenges of the patient or clients (Ashcroft et al., 2021). In the same vein, health social workers operate in a variety of roles in the design, delivery, and evaluation of care. Also, they facilitate linkages across organizational systems and professions to improve health care for both individuals and populations (Gellert, 2019).

The aim of any healthcare service delivery in many developed countries is to keep people connected. Such exercise includes a community center; arranging for volunteers; a neighborhood center for connecting young people; a youth center providing an online drop-in platform and core healthcare. Other services include trauma treatment service provider setting that evaluates weekly challenges and encourages participants. Online service delivery such as family preservation and restoration providers that deliver information, advice, case management and counselling with clients through Skype, Zoom, WhatsApp; Face-time and Facebook messenger are the most current intervention modalities in developed countries (The government of New South Wales, 2021). Others include family preservation providers and family organisations running parenting programs, playgroups, youth events, story time and information sessions using various technological means aforementioned. Service delivery centers include non-governmental organizations (NGO); professionals conducting virtual home visits with children; young people and families and the COVID-19 information centers. Other service delivery outlets include face-to-face at distance; resourcing families in need; engaging with colleagues and looking for additional accommodation options (The government of the New South Wales NSW 2021).

The global healthcare system was confronted with major challenges during the COVID-19 pandemic. Premised on this, the burden of healthcare providers including social workers was related to inadequate preparedness, emotional challenges, insufficient equipment and information and work burnout (Koontalay et al, ,2021). The pandemic had impact on all aspects of life needing the attention of social workers. The pandemic also affected front-line workers' physical and psychological health, leading to post-traumatic stress disorder (PTSD) and discontinuity of health workers' healthcare workloads to ensure the safety and high quality of patients' care (Allscript Modern Healthcare, 2020). A burnout and stressed worker in Nigeria may likely reduce patients' care proficiency, especially during the post-COVID-19 saga. This created fear that

it may be difficult to imagine what the world would look like after the pandemic. This fear is all about whether telehealth has finally come of age. It may also mean that the default workflow for seeing patients or clients in the office or urgent care clinic or hospital emergency room may be drastically reduced (Paul Black, the Chief Executive Officer of Allscript Modern Healthcare, 2020). The health care delivery system of the medical social workers is hereby preempted to move from the usual systems aforementioned to the next level of telehealth care delivery. It is hereby advised that the Nigerian health system be upgraded across the board from the face-to-face and age-long systems to reduce unnecessary visits and to further prevent the transmission of COVID-19 infections.

Service delivery management includes planning, organizing, staffing or directing and controlling an organization. To accomplish any business goal and objectives, obtainable resources must be used efficiently and effectively. The field of health care is changing at a very quick pace due to the introduction of new medical technologies on daily basis. In this trend, people are becoming conscious of the healthcare argument that is currently going on. The general public should also know what the change is going through and how to manage healthcare is the only way to make sure that people are well taken care of (United Kingdom Essays, 2018). Some challenges in medical social work service delivery include: change management; delivering the set-out vision; transferring thoughts about services; the technical-know-how of service delivery; sharing views of the changes intended to be delivered; the right culture and climate to implement the views successfully (United Kingdom Essays, 2018).

The Nigerian urban centers are currently facing what could be tagged as a 'blotted population'. The population density has continued to be on the increase in recent years creating more social problems and adding to the workload in medical service delivery. Research findings revealed that the population density is at a disproportionate level to the distribution of facilities, thereby making the community vulnerability to spark up. The world has become distressed in the face of an ultramodern environment coupled with the increase in population, urbanization and growing reliance on technology (Shi et al., 2020). Other causes of complexity in the modern world include political, economic, and cultural encounters. Premised on the above, it is clearly evident that crisis in most urban communities are unavoidable and the overall compliance average with crisis management measures in hospitals have been reported up to 13.6 (75.5%) in Tehran (Zarei, 2016). It should be emphasized that crises occur when people are confronted with problems that cannot be solved immediately. Irresolvable issues, therefore, lead to an increase in tension, signs of anxiety, a subsequent state of emotional unrest and decreased functionality for some time. Examples include EndSARS; ASUU strike, kidnapping and banditry, petrol

scarcity, and political upheavals among others. There is the need to emphasise that some of the above examples of crises still linger on in present-day Nigeria.

A crisis is an intolerable and difficult situation or event that surpasses individuals' coping mechanisms coupled with the non-availability of resources. It could also be tagged as a period of psychological disequilibrium that cannot be remedied by familiar coping strategies. A crisis could occur as a result of an unpredictable event such as climate change leading to disasters (Iravani & Parast, 2014). In the same way, it could occur as a consequence of enforceable potential risk. However, prompt decision is required to limit the damage through careful crisis management planning by the crisis manager. Types of crises include financial, natural, technological, confrontational, bankruptcy, sudden and smoldering crises. The goal of crisis management is to save lives, reduce the number of frictions, and reduce damage to assets, property and the environment (Iravani & Parast, 2014).

Some principles of crises intervention include: Making an accurate assessment which is the most critical aspect of a crisis response because it guides the intervention. A wrong decision in response to a crisis can be potentially lethal; therefore, care must be taken because each person is unique to avoid generalisation. The ability to think quickly and creatively is crucial. People in crisis sometimes develop several visions or are unable to see options and possibilities. The crisis responder must maintain an open mind to help explore options and solve problems in an empowering manner with those affected. People in crisis already feel out of control and should grasp the opportunities quickly to restore control (Ojedokun, 2011). Research results suggest that the employees were not prepared for crisis management. Therefore, to manage emergency situations effectively, systematic planning of crisis management is recommended for the current style in hospitals (Zarei, 2016).

Crisis work is not suitable for everyone. It requires the ability to maintain empathy while simultaneously avoiding subjective involvement in the crisis. The responder must be able to stay calm and collected. Crisis intervention is always short-term and involves establishing specific goals regarding specific behaviours that can be achieved within a short time frame (Ojedokun, 2011). For example, in response to a suicidal client, a therapist may increase the frequency of therapy sessions until the client's ideation subsides. Management, rather than resolution, is the objective of crisis interventions. A crisis is neither the time nor the place to explore different cultural perspectives but time to solve problems causing the ugly situation. The global population is growing fast and people facing traumatic events are also growing in numbers. As a result of the above, social workers must be properly trained in disaster relief, planning and recovery.

Social services have played a crucial role during the COVID-19 crisis with employees working on the front line covering the needs of highly vulnerable groups such as older persons, persons with disabilities or the homeless. In the face of the pandemic, urgent social needs had to be taken care of in uncertain scenarios. At the same time and amid lockdowns and forced isolation and quarantines, new psycho-social needs emerged among the vulnerable, putting the social services workforce even more at the frontline. Social services workers have been providing awareness and psycho-social support, as well as advocating for social inclusion for the most vulnerable population, for example, older persons in nursing homes or people with disabilities in residential care are often at high risks for their health and safety and that of their families (Allinger et al., 2022)

Mitigating disaster calls for knowing the types, when, and where it can occur (Ojedokun, 2019). It was reported that in the United States, about 124 federal disaster declaration was made in 2018 alone (Yesiva University, 2019). Natural disasters ranging from hurricanes, wildfires, and winter storms culminate into serious disasters. In the same vein, disaster could be referred to as a sudden event that terrifies and are horrible. It could also result in great losses thereby affecting very many people at the same time (National Center for Post-Traumatic Stress Disorder, 2022). Also, a disaster is a crisis situation for the social worker. Disasters are events that can initiate human loss and suffering which could also ultimately result in social disruption (Bauwen & Naturale, 2017). To this end, it should be noted that disasters require a quick response from the affected region or community.

Premised on the aforesaid, social workers need to be proactive to institute intervention, response plans and continue to conduct research to advance their field of practice. The social workers' primary focus is to support the victims of the disaster; helping them to get access to services needed, recover from the shock and cope with the aftermath of the disaster (Federal Emergency Management Agency, 2021). Food, shelter and planning for community resources will help to prevent long-term social, physical and mental health problems after the disaster. Social workers have always been involved in replacing material losses and home reconstruction through linkages and or advocacy. It is imperative to note that emergency management planning plays an important role in this goal. Psychological debriefing is an extension of traditional clinical training which emphasises coping mechanisms social networking, connection and social support. Some disaster relief social work may include case finding, case management, outreach; advocacy and brokering (Federal Emergency Management Agency, 2021).

Social workers assist with a range of psycho-social and mental health needs during COVID-19 pandemic. The roles of social workers are very important because the pandemic heightened their clients' complexities (Abraham & Szefer, 2022). In support of this, it was found that social workers attended to their clients with increasing complexity during COVID-19 pandemic (Ashcroft et al., 2021). It was further established that problems related to intimate violence, addictions and mental health were attended to. It is also needful to affirm that social workers were very essential team members during the pandemic and beyond the crisis ensuring sustainability to respond to the enormous psycho-social needs associated with COVID-19. The circumstance surrounding the pandemic required social workers to pivot with high cost and alarm (Ashcroft et al., 2021).

Crisis intervention is a short-term intervention technique that is grounded in crisis theory. The central tenant of crisis intervention is that a little help, rationally directed and purposefully focused at a strategic time is more effective than more extensive help given at a time of less emotional accessibility (UK Essays, 2021) Crisis intervention is a process by which a mental-health worker identifies, assesses, and intervenes with the individual in crisis to restore balance and reduce the effects of the crisis in his/her life. The individual is then connected with a resource network to reinforce the change. Crisis intervention is essentially a professional response that is limited in terms of time and is used to assist individuals, families, and groups (UK Essays, 2018). Social workers aim to assess the openness of individuals experiencing crises to learning new skills and mechanisms for coping. Human relationship in social work practice is very vital because social workers work closely with individuals within the community and professionals from other backgrounds. Sometimes, the relevance of human relationships goes unnoticed; yet, it is the building block of the social work profession and our ability to make an impact (Angy, 2020).

COVID-19 pandemic is both a crisis and a disaster. This is the bane of this study. It precipitated the global lockdown in the year 2020 and part of the year 2021. The global crisis that emanated from its advent became uncontrollable worldwide. It is quite unfortunate that many health practitioners in Africa are unaware of the important roles of social workers in health institutions. There is limited collaboration in some tertiary health institutions where medical social work exists. It becomes difficult for social workers to maximize their full potential in the midst of crises and disasters. In the same vein, it is not gain saying that the COVID-19 pandemic has threatened the achievement of Sustainable Development Goals (SDGS) in Africa. It is also important not to ignore the roles of social workers in the post-COVID-19 programme and policy response in the health industry if the goals are to be achieved by 2030. It is important to note that in many eastern and western worlds, medical social workers were actively involved in tackling health issues such as depression,

anxiety, social and psychological issues during the pandemic. The pandemic brought economic hardship, social vices and increased insecurity along with it. Despite the advent of the COVID-19 vaccine, a large number of people are yet to be vaccinated. Early vaccine distribution also indicated racial inequality. The pandemic has also exposed the inadequacy of country's public health and social safety. There is the need for proactive intervention of the social workers to be able to control the effects of COVID-19 through effective service delivery systems. Hence there is the need to examine the medical social work service delivery as a tool for the post COVID-19 crisis and disaster management in south-west Nigeria. Based on the foregoing, the following objectives were explored:

- To determine the level of involvement of medical social workers' service delivery during the post COVID-19 era.
- To determine how medical social work service delivery predicts crisis management.
- To determine how medical social work service delivery predicts disaster management.

## **Methods and Materials**

### *Design and area of study*

Descriptive survey research design was adopted for the study. This design is fit for this study since none of the variables under investigation was controlled or manipulated, but the description of the state of affairs in the area under study as regards medical social work services for improved adaptive capacity towards crisis and disaster management. Also, the descriptive survey method makes way for a researcher to use interview, questionnaire and observation. It is suitable for eliciting self-reported responses from respondents to develop the systematic investigation of the reflective correlation between medical social work service delivery, crisis and disaster management after the COVID-19 pandemic.

### *Sample and sampling techniques*

A multi-stage sampling technique was adopted to select respondents. This became necessary because some states have more social workers than others. Hence, south-west Nigeria was the first umbrella stage while states having tertiary hospitals with trained medical social workers were chosen at the second stage. The third stage identified three states with the largest number of medical social workers as participants. Purposive sampling was then adopted at the fourth stage to choose 150 medical social workers as respondents. Twenty (20) respondents were from Oyo state; 45 were from Ogun state and 95 were from Lagos state respectively.

### *Data Collection and analysis*

A self-constructed Likert-designed questionnaire tagged: 'Post COVID-19 Medical Social Work Service Delivery Questionnaire (PCMSWSDQ)' and validated by experts in the departments of social work and sociology was used as the instrument for data collection. It reflected Strongly Agreed: SA; Agreed: A; Disagreed: D and Strongly Disagreed: SD. A rating scale of 4; 3; 2; and 1 respectively were used. Cronbach's alpha method was adopted to test for the reliability of the instrument and a reliability coefficient of 0.78 was obtained. The instrument was administered personally with the help of six trained research assistants while completed questionnaires were collected on the spot for coding and subsequent data analysis. Descriptive statistics of frequency count and simple percentages were used for the demographic characteristics while Pearson Product Moment Correlation (PPMC), and Regression Analysis were used as statistical tools for the study. Hypotheses were tested at 0.05 alpha level.

## **Results**

### *Demographic characteristics of respondents*

The results showed that 46.7% of the respondents were males while 53.3% were females. This shows that there are more female respondents than males during the data collection. According to the ages of the respondents, 12.7% were below 25 years, 31.3% were in the age range of 26-30 years, 40.7% were in the age range 31-35 years and 15.3% were within the age range of 36 years and above. Academic qualifications of the respondents revealed that 35.3% hold BSW, 11.5% hold PDSW, and 53.3% hold MSW respectively. The result further revealed that 48.0% of the respondents were Christians while 49.3% were Muslims, and the remaining 42.7% were traditional worshipers. The majority (63.3%) of the respondents used for the study were from Lagos state, followed by 30% from Ogun state, and 13.3% from Oyo state.

### *Medical social work service delivery as a Tool for post-COVID-19 crises management*

The information from the respondents indicates that medical social workers were involved in the management of the crisis that emanated from the effects of the COVID-19 pandemic. The study revealed that online service delivery such as family preservation and restoration providers that deliver information, advice, case management, and counseling with clients through Skype, Zoom, WhatsApp; Face-time and Facebook messenger is the most current intervention modalities both at the heating phase and shortly after the COVID-19 pandemic. It was also implied that their efforts predicted the successful management of health, economic, psychosocial, and psychological problems that emanated as a result of the pandemic. This is shown in Table 1.



**Table 1:** Pearson Product Moment Correlation showing relationship between Medical social work service delivery and post-COVID-19 crisis management

Variable	Mean	Std. Dev.	N	R	P	Remark
Medical social work service delivery	36.23	5.44	150	.731	.000	Sig.
Crisis Management	14.86	3.11				

The above table explains that medical social work service delivery significantly predicts post-COVID-19 crisis management ( $r = .731$ ,  $n = 150$ ,  $P < .05$ ).

*Medical social work service delivery as a tool for post-COVID-19 disaster management*

The respondents gave insight as to how medical social work service delivery through the rehabilitation of disaster victims helped the most vulnerable groups in society. It should be recalled that COVID-19 brought several deaths and hardships on all levels of the population ranging from children and students to middle-aged persons and the aged across the globe. Management of corpses thus become a source of infection which scared most social workers and other medics. Bereaved counseling became the order of the day for social workers because of massive deaths. Medical social workers also agreed that they were involved in the management of various effects of all types of disasters ranging from minor to major and catastrophic disasters. They strongly agreed that the effects of disasters could be so devastating to both the general populace and social workers. Also, social workers said the lockdown created food shortages; it led to criminal activities such as hooliganism, theft, and unleashing terror on innocent people in the communities. These made the workload more intolerable for the social workers. Medical social workers helped in the distribution of COVID-19 relief and preventive materials after the lockdown.

**Table 2:** Pearson Product Moment Correlation showing the relationship between medical social work service delivery and post-COVID-19 disaster management

Variable	Mean	Std. Dev.	N	R	P	Remark
Medical social work service delivery	36.23	5.44	150	.431	.001	Sig.
Disaster Management	18.22	4.01				

It is shown in Table 2 that medical social work service delivery significantly predicts post-COVID-19 disaster management ( $r = .431$ ,  $n = 150$ ,  $p < .05$ ).

*Medical social work service delivery as a joint Tool for post-COVID-19 crisis and disaster management*

The result revealed that medical social work service delivery jointly predicts crisis and disaster management. This implied that respondents were involved in the post-COVID-19 management of health, economic, psychosocial, and psychological problems. At the same time, they helped in the rehabilitation of disaster victims and; the management of corpses to help curtail the spread of the infection and they participated in bereaved counseling. Although the workload became more intolerable for the medical social workers, they helped in the distribution of COVID-19 relief and preventive materials to the victims of the pandemic.

**Table 3:** Summary of Regression Analysis among independent variable (Medical social work service delivery) and the dependent variables (crisis and disaster management).

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1341.000	3	447	108.023	.000
Residual	604.107	146	4.138		
Total	1945.107	149			

$R=830, R^2 = .689, Adj R^2 = .684$

It was shown in Table 3 that there was a joint effect of independent variable on the dependent variables. Thus, the independent variable is a good predictor of effective crisis and disaster management.

### Discussions

The results revealed that there was a significant relationship between medical social work service delivery and Post-COVID-19 crisis management. COVID-19 caused tremendous human suffering and challenged the most basic foundation of societal well-being. It has affected human personal security (Ojedokun, 2021). Post COVID-19 service delivery may be difficult in most African countries especially Nigeria because of the precarious situations experienced in the last few years ago. Despite this, Nigerian social workers still manage to reach out and deliver services to their clients. The result is in line with research findings that social workers contribute to all areas of human life including healthcare delivery (Agwu and Okoye, 2021) and Bess and Collins (2014). It is important to note that health social workers provide psychological interventions to individuals and families (Dako-Gyeke et al., 2018; Hassan, 2016). The result also tallies with the findings of the National Association of Social Workers (2020) that social workers display skills and competencies to help individuals, families, and communities, especially during crises.

All countries resorted to remote work in the face of the pandemic at different levels. In many cases, it was newly established and had not existed before

(Allinger and Adam, 2022). There was a huge need for specialized personnel in the digital area since in many cases, the service providers had to provide the services digitally. For instance, in Romania, the assessment was done online with tools, and interviews and consultations were held in this same way, mostly over smartphones because people living in rural, poor areas often do not have computers (Allinger et al, 2022). This work discovered that in Nigeria, medical social workers were more or less confronted with difficulty by remote work and had to learn to work with it to be able to cater to clients at the home base. It was also discovered that for a longer period, it was quite difficult to adapt to the new technologies and online meeting arrangements. The COVID-19 pandemic has shown that better preparedness for such crises is needed, including the development of proper crisis management such as developing a department in anticipation. (Federation of European Social Employers/EPSU, 2020).

Despite the foregoing, it suffices to say that service delivery during and after COVID-19 has not been easy for medical social workers. In support of this assertion, researchers found that the burden of healthcare providers including social workers was related to inadequate preparedness, emotional challenges, insufficient equipment, and information and work burnout (Koontalay et al., 2021). The above findings concluded that the pandemic had an impact on all aspects of life needing the attention of social workers. The pandemic hurts both the social life and health of the general populace, so there is a need to equip social workers with the needed resources to mitigate the psychological challenges among clients (Ashcroft et al., 2021). Health social workers operate in a variety of roles in the design, delivery, and evaluation of care. The result is further in line with research findings that medical social workers facilitate linkages across organizational systems and professions to improve health care for both individuals and populations (Gellert, 2019). The goal of crisis management according to Iravani and Parast (2014), is to save lives, reduce the number of victims, and reduce damage to assets, property, and the environment. Hence, there is the need for medical social workers to be on the alert if their service delivery would stand the test of time.

The result further showed that medical social work service delivery is a significant tool for effective disaster management. Disasters are events that result in social disruption. To this end, it should be noted that disasters necessitate a quick response from the affected region or community. Social workers are usually active at all times including during and post-disaster periods (Bauwen and Naturale, 2017). The result is in line with research findings that to be able to mitigate the effects of disasters, all members of the medical team would be involved (Yeshiva University, 2019). Premised on this, medical social workers typically function as part of an interdisciplinary team, which include doctors, nurses, nutritionist, rehabilitation staff, clergy, and health administrator.

The medical social worker in the post-COVID-19 phase must be ready for the challenges posed by the pandemic. To function effectively, medical social workers must be inducted and integrated into emergency planning arrangements. The result supports the British Association of Social Workers (BASW) (2020) that social workers deploy their skills as individual practitioners and coordinate integrated, strategic operational emergency delivery services during disasters. BASW recommended that emergency out-of-hours response teams should be included in all current COVID-19 emergency planning procedures until clear identification of responsibilities during and post-COVID-19 pandemic recovery phases. BASW further advocates that the crucial role of social workers in public well-being strategy in the aftermath and subsequent disaster planning should be better recognized and supported at all levels of governance. Social work practice has been concerned with disaster-related issues such as the prevention of severe disruptions during disasters, its impact on systems at multiple levels of analysis, and the availability of services to high-risk populations such as children and low-income persons (Zakour, 2005). The result is further in line with other research findings that, although social work is often overlooked, the roles of these professionals fit well with the challenges of disasters (Alston & Chow, 2021).

In line with the foregoing, social workers assist with a range of psycho-social and mental health needs during the COVID-19 pandemic (Abraham & Szeffler, 2022). The roles of social workers are very important because the pandemic heightened their clients' complexities. In support of this, Ashcroft, Sur, Greenblatt, and Donahue (2021) found that social workers were attending to their clients with increasing complexity during the COVID-19 pandemic. Problems related to intimate violence, addictions, and mental health problems were also attended to. It is therefore imperative for people to take cognizance of these professionals and the impact of the pandemic on them. It is not out of place to say that the COVID-19 pandemic had a significant impact on social workers too. It added stress of appointments and accelerated burnout that led to many leaving the field. In the same vein, social workers can properly advocate for vulnerable groups or population as the global refugee crisis continue to grow. It is imperative that obtaining a Masters of Social Work (MSW) can be pivotal to preparing professionals to serve those dealing with the unthinkable during and after crises and disasters. COVID-19 has and will have a lasting effect on several aspects of society including the economy, mental health, and healthcare (Chakraborty and Maity, 2020). The aftermath of COVID-19 will be felt years later in terms of economic recovery, the increase in poverty rates, and the decrease in profits of businesses across the country (Chakraborty and Maity, 2020). Social workers can help in responding to the aftermath of COVID-19 and by alleviating these social, economic, and psychological effects within American society (Lauschus, 2021).

Conclusively, the study established that medical social workers are essential healthcare delivery, team members. A better management service delivery can be developed for more successful social care. Also, patients need to be seen but this has to be in a safe, familiar experience. This research finding revealed that medical social workers as providers who can quickly adapt to telehealth. It would involve choosing a partner and applications that can offer services and support now and beyond the COVID-19 pandemic. COVID-19 risks are much higher for older patients and telehealth is the preferred practice to engage, protect and serve the present population.

There is no gainsaying the fact that social workers need empowerment to be able to support local communities, families, and individuals because they are important to local response systems now that the COVID-19 pandemic has eased off. Right protection, settling entitlements, sustaining high-quality practice, and maintaining issues of practice are critical for social work at this time of post-COVID-19 healthcare delivery. Social workers must be able to remedy situations even though social services have been disrupted by the COVID-19 pandemic. Information sharing is good right from the start of the pandemic, while bereavement support and sharing of the illness experiences are essential from the start into recovery and reconstruction. Premised on the foregoing, the paper thus recommends that: Since healthcare delivery requires adequate collaborative teamwork, social workers as team members should be incorporated into the healthcare settings for optimal healthcare delivery; Nigerian health ministries should expand Telehealth and reimburse coverage to enable more senior citizens to receive care from their homes virtually; Efforts should be made to consider the risks to the health and safety of both social worker and the patient during in-office counseling; Crisis and disaster management courses must be incorporated into the curriculum at all levels of social work education; Adequate funding to take care of special financial problems and obligations and especially staff welfare should be made available by the government and indeed, notable Non-Governmental Organisations; Periodic training and retraining opportunities should be made available to medical social workers.

The study experienced some limitations such as an inadequate number of social workers to serve as respondents initially. Available medical social workers per state differ; making data collection difficult because of shift duties. Likewise, logistics and other factors required for successful data collection were lacking at the time. The fear of being infected also contributed to the inability of many medical social workers to participate in the research. The efforts of the trained research assistants helped to salvage most of the difficulties encountered during the study.

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