

Article

Ethical challenges in gerontological social work in Finland during the Covid-19 pandemic

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Keywords:

social work, ethics, Covid-19, Finland, Gerontological social work, employees

DOI: <https://doi.org/10.31265/jcsw.v17.i1.397>



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Abstract

Our study focused on identifying the ethical challenges employees of gerontological social work have faced during Covid-19 pandemic. The ethical guidelines, based on international ethical principles of social work (IFSW), play a key part in Finnish social work. Still, even in normal times social workers face situations in which they are forced to work against professional ethical principles. Covid-19 pandemic changed the working conditions of social work dramatically and employees of gerontological social work have been in the front line working with elderly, who are vulnerable to the virus but also to the social repercussions of the pandemic. This qualitative interview study, based on 14 semi-structured interviews of employees of gerontological social work from different parts of Finland, was conducted between November 2020 and February 2021. Data was analyzed by using qualitative content analysis. The results showed that the employees' biggest ethical challenge was related to the shutting down of elderly people's services and the reduced possibilities to meet their clients. The participants described feeling helpless because they could not respond to their clients' needs. Also, the unclear instructions given on how to respond to the threat of Covid-19 were making ethical practices difficult. In addition, the participants were worried about the increased loneliness and depression of their clients and were anxious on how to respond to the growing service needs of elderly with very limited resources. As times were rough, the participants would have needed of their colleagues' support, which they now lacked because of remote working. They also described the lack of acknowledgement by their employers.

Keywords: social work, ethics, Covid-19, Finland, Gerontological social work, employees

Introduction

COVID-19 took us all by surprise. Suddenly, in the spring of 2020, the working conditions of social workers changed dramatically. Meeting clients became difficult, and new ways of remote working had to be created on short notice. Gerontological social workers (GSW) who work with older clients had no more preparedness, whether for working in this kind of crisis or for the consequences of the pandemic, than did social workers in any other field (see e.g. Redondo-Sama et al., 2020). The special hardship of the disease for older people, and restrictions presented to them for their protection, made the work for GSW especially hard.

Older people are also at the greatest health risk from COVID-19, since age and age-related risk factors are positively associated with the severity of illness and mortality (see e.g. Ho et al., 2020; THL 1). Even though the prognosis has improved since the spring of 2020, mortality from COVID-19 is notably high among older people. By March of 2021, the median age of the deceased was 83 years (THL 1). In the spring of 2020, almost half of the deaths occurred in long-term care units (THL 6). As a result, the measures taken to protect older people were adopted rapidly, and have been harsh. The measures have restricted the lives of older people in many ways, and have violated their basic rights.

Social isolation has caused different consequences for older people in need of social services. Being isolated from social networks has had an impact on emotional and psychological well-being and physical health, and can lead to an increased risk of mortality (see Cox, 2020; Holt-Lunstad et al., 2015; Taylor et al., 2018). Diminished social relationships are seen by older people themselves as a cause of loneliness, which relates to depression and feelings of insecurity, as well as experiences of worthlessness (Uotila, 2011). European research concerning older people within the context of COVID-19 (Pentaris et al., 2020) shows that social distancing created an immediate risk of social isolation, particularly for older people reliant on care, and who already had limited opportunities to engage with community resources. Also, Wong et al. (2020) found that, after the onset of the COVID-19 outbreak, there were significant increases in loneliness and anxiety. The increase in loneliness has also caused depression among older people (Brennan et al., 2002, p. 3). The situation has been very difficult for those suffering from memory disorders, as in the absence

of stimuli memory disorders progress faster. It has also been difficult or impossible to explain the situation to those with dementia (Forma et al., 2020).

In many ways, gerontological social workers have been at the frontline of facing the direct risks and social repercussions of the COVID-19 pandemic for older people and their families (see Redondo-Sama et al., 2020). Despite the central role of social workers in the context of COVID-19 and older people, the focus of research has been on health professionals (see Redondo-Sama et al., 2020). As Abrams and Dettlaff (2020) write, social workers at the frontlines facing COVID-19 consequences also lack attention in the media, although they are coping with direct risks and catering to the needs of the vulnerable population.

This work contributes to advancing knowledge about social work, particularly about GSW on the frontlines of COVID-19. The aim of this paper is to explore gerontological social workers' experiences of ethical challenges in their practices during COVID-19 in Finland. In our qualitative interview study, gerontological social workers were asked to reflect upon their practices in the face of the pandemic within the ethical guidelines of social work (IFSW & Talentia).

Gerontological social work in Finland

Finland's welfare system is based on universalism, in which all citizens in need are entitled to basic social security and services, primarily financed by taxes and administered by the local authorities. The Social Insurance Institution of Finland (KELA) provides social security coverage for Finnish residents and for many Finns living abroad. Among the social security benefits offered by KELA are family benefits, health insurance, rehabilitation, basic unemployment security, basic social assistance, housing benefits, financial aid for students, disability benefits and basic pensions.

Municipal social services that are provided and based on special legislation include social services for older people, such as GSW, and housing services. Municipalities are responsible for arranging the services by producing the services themselves, or by buying them from municipal or private service providers. Municipal social workers grant services based on an individual service needs assessment. Older people's

physical and psychosocial functional capacity is supported by using preventive services, such as service centres, where older people have access to certain facilities such as meals, physiotherapy, hygiene and to a variety of leisure-time activities.

Ageing and the consequences of ageing are at the centre of GSW, with gerontological social workers working to support the functional capacity, autonomy and self-determination, inclusion and well-being of older people. All Finnish social workers have a masters' degree, which builds on theoretical and methodological studies, in addition to studies in social work practices. After graduation, Masters of Social Work become legalized social workers. Also, according to the Finnish legislation, students of social work can act as a social worker up to a year under supervision. (No. 272/2005, Act on Qualification Requirements for Social Welfare Professionals.) Gerontological social workers work in non-institutional social care, and in the institutions of health care (hospitals, health care centres/municipal clinics, rehabilitation institutions), as well as in social welfare offices. GSW aims at improving the quality of life (social, psychological and physical) of older clients and ensuring that, despite possible deficiencies, they can enjoy as good a life as possible.

Many research findings concerning social work with older people (e.g. Salonen, 2002; Tenkanen, 2007; Koskinen & Seppänen, 2013; Toivanen, 2018; Rossi, 2021) stress the importance of both multi-professional work and the importance of work with the family of older clients. Since GSW has special knowledge of older persons' lives, living conditions and everyday life, its professional strength lies in making sure an older person and his/her needs are heard in the process of multi-professional work (Ylinen, 2008). However, according to Kinni (2014), social workers' knowledge is not always adequately recognized.

Even though old age should not be seen only through illnesses (Seppänen & Karisto, 2007), older people need a great number of services, and it is GSW's responsibility to ensure that the older clients receive the assistance/support and services they need (Koskinen & Seppänen, 2013, p. 449). GSW's role can be seen even more widely, namely as an opportunity to maintain the active role of older people in society (Rantamäki, 2020). GSW is a profession aiming at change at the community level (e.g. work with the families/loved ones), as well as at the society level (e.g. informing

and participating in decision-making concerning the living conditions of older clients). Social workers face ethical dilemmas when acting on behalf of their client, when working 'in between' the client and his/her family/loved ones, as well as 'in-between' the client and the service system. The autonomy of older people, the availability of services and experiences of loneliness and insecurity among older people are also ethical issues in GSW. To conclude, ethical expertise is applied, in particular, in situations threatening the current good life of the client (Ylinen, 2008).

Gerontological social work in a chaotic situation: Confronting COVID-19

The pandemic's social repercussions hit hard on people who already have different life difficulties, the same people in need of social workers' help, such as older people (see e.g. Banks et al., 2020; Ebor et al., 2020; Berg-Weger & Morley, 2020; Rahman et al., 2021; Redondo-Sama et al., 2020). In Finland, all people over 70 years of age were recommended to stay at home under quarantine-like conditions in March of 2020. Even though this was only a suggestion, many took it as an order. Mobility, even inside care homes, was restricted, as were the visits of friends and family. When the general restrictions began to be cancelled in the spring of 2020, the cancellations did not concern older people; on the contrary, they were advised to continue avoiding physical contact, as the requirement of social isolation is seen as the key to confronting the virus. This led to relatively long periods of isolation.

Social workers around the world have suffered a lack of guidance on how to operate in the changed circumstances, therefore feeling confused, and having to rely on their own professional discretion (Banks et al., 2020b). In the spring of 2020, authorities attempted to react rapidly in Finland. National guidelines were given by the Ministry for Social Affairs and Health, MSAH, as well as by the National Institute for Health and Welfare, THL. Additionally, municipalities, hospital districts and regional state administrative agencies provided guidelines. The problem was that this guidance was partly contradictory (Forma et al., 2020; Ylinen et al., 2021; EOAK/2889/2020). Even though implementation of the guidelines varied, and municipalities have some discretion in adjusting national guidelines to local circumstances, most of the municipalities acted vigorously regarding the prevention of the virus, and tried to follow the given instructions (Forma et al., 2020).

As the situation was novel and frightening and the guidelines unclear, some of the reactions were harsh. It seems that, at the early stages of the COVID-19 pandemic, no other freedoms or rights were considered but the right to life. Even though the purpose of the protective measures was good – to save lives and protect older people, as it was already known that they were at risk of a serious form of COVID-19, and that mortality is higher among them – in retrospect it is easy to say there were overreactions. Now we are more aware of the indirect problems that restrictions on the lives of older people may cause. For example, the following situations have been reported: banning the visits of loved ones at the end of life, banning attending the funeral of a loved one, banning visits even in situations where the visitors have been living in quarantine-like conditions and the possibility of infections is therefore low, or situations in which there would have been adequate safety equipment available, or not letting the family members meet without constant supervision (Forma et al., 2020; EOAK/5463/2020; EOAK/3232/2020).

Ensuring the fair distribution of resources is always an issue in social work, but under pandemic conditions this became even more challenging, as the demands and needs of the clients increased while services, such as community-based service centres, were closed and social workers were instructed to prioritize urgent situations. Social workers reported that assessing needs fairly became difficult without face-to-face contact with their clients (Banks et al., 2020a; 2020b).

Since personal contact was limited, social workers needed to be innovative, in order to maintain their work with clients and to find ways to balance personal health with other needs. Social workers have been operating by using information and communication technology (ICT) to stay connected with their clients, knowing the importance of human relationships for well-being, especially in times of crisis (Farkas & Romaniuk, 2020, p. 73). There have been difficulties among social workers in maintaining privacy and confidentiality, as family members in the social worker's or service user's home may overhear sensitive, personal conversations. Additionally, working from home placed extra pressure on social workers, as the boundaries between professional and home life become unexpectedly blurred (Banks et al., 2020b, pp. 7, 17). Even though the face-to-face delivery of services was much reduced, maintaining professional relationships with users of social work services

remained crucial. Social workers have had to seek new ways to support their older clients in overcoming social isolation, such as by increased usage of assistive technology (Brennan et al., 2020). However, though many older people are acquainted with using technology in their communication, there are many who are not familiar with new technology, such as video calls. The request for physical distance has thus promoted the 'digital divide' for many older adults (see Ayalon et al., 2020). In particular, older people with dementia (Brown et al., 2020; Perttola, 2019) are at great risk of falling into a position of inequality.

In Finland, by early 2021, many of the solutions implemented locally had already been evaluated by courts and the parliamentary ombudsman. The case law is quite unanimous, stating that the prevention of healthcare-associated infections alone does not allow such strict restrictions as described above. There should have always been individual discretion of the proportionality of the restrictions, rather than general, overall restrictions. Since there were remarkable regional differences in the spread of the infection, individual estimates of the needed measures would have revealed whether heavy restrictions were actually needed. Even so, the national guidelines were similar throughout the country (Forma et al., 2020). Because the restrictions were harsh, there should always be the possibility to appeal (Administrative Court of Eastern Finland 16.10.2020; Supreme Administrative Court 7.1.2021; EOAK/4508/2020; EOAK/4436/2020; EOAK/4526/2020; EOAK/3513/2020; EOAK/5463/2020; EOAK/3232/2020; EOAK/4070/2020; EOAK/3919/2020; EOAK/3847/2020; EOAK/3479/2020; EOAK/3787/2020).

Some of the practices were also evaluated by the national non-discrimination ombudsman. She brought up the point that, overall, general restrictions and visiting bans fulfil the criteria of discrimination according to the Non-discrimination Act (1325/2014) (see EOA/3787/2020). She also stated that the restrictions were not proportional, since some of them violated human dignity. Just being old or disabled does not, as such, entitle anyone to restrict one's rights – not even for protection.

On the other hand, the courts and ombudsmen understood the special circumstances – there was genuine anxiety about the well-being of older people, and the situation was new, unforeseen and scary. In addition, the personnel in older people's homes

might not be accustomed to 'thinking legally', or to recognizing that their deeds do have consequences in regard to human rights. Now, all of a sudden, the personnel found themselves in a situation in which they should have been able to apply a law that was heretofore unfamiliar to them (the Communicable Diseases Act) and to recognize that they were – while attempting to protect their clients – restricting the human rights of their clients in an unlawful manner. It must have been difficult to realize that there had not been legal grounds for all of the restrictions.

At the first stages of COVID-19, the situation was chaotic in the social care sector. Finnish social service workers have found to have suffered from increased workloads, and also from the lack of guidance and support from their supervisors (Ahonen et al., 2020). Social workers have faced ethical challenges when deciding whether to follow national and organizational procedures and guidance. In some cases, they have decided to break the rules, such as, for example, to visit an isolated person. Around the world, social workers have had to weigh the social welfare needs of clients against the health risks included and, for example, whether it is more caring and responsible to visit an isolated older person, or to stay away (Banks et al., 2020a). On that account, we wanted to explore the experiences of ethical challenges of gerontological social workers in the chaotic circumstances caused by the COVID-19 pandemic.

Theoretical background: Ethics of gerontological social work

As stated in the Global Social Work Statement of Ethical Principles, the values of the social work profession lie in the recognition of the inherent dignity of humanity, promoting human rights and promoting social justice (IFSW). In GSW, the most significant aspects of ethical principles are those that are linked to valuing the good life of older people, such as respecting the right to self-determination and promoting inclusion. Social work ethics have traditionally been based on deontological ethics, which is a principle- and duty-based theory originally formulated by Immanuel Kant. Kantian ethics are grounded in the respect for persons as an end unto itself, and rely on the capability of humans to formulate rational moral rules that apply to all situations. Additionally, the utilitarian theory of maximizing the good outcomes of actions has traditionally been important alongside deontological ethics (Gray, 2010). In recent decades, discussion about the increased number of rules and regulation in

social work (see e.g. Banks, 2004) has led to a prolonged extension of ethical theorizing in social work, including virtue ethics (see e.g. McBeath & Webb, 2002; Banks & Gallagher, 2009) and the ethics of care (see e.g. Lloyd, 2006; Meagher & Parton, 2004). Moreover, Sarah Banks has conceptualized the concept of *ethics work* to describe the different aspects (e.g. emotion, identity, roles and responsibilities) of the actual ethical work practitioners do in complex everyday situations (Banks, 2016).

Despite this, the code of ethics is still seen as important for professional status, and also for the practice of social work. In Finland, the ethical guidelines are stated in a booklet called 'Work, Values and Ethics – Ethical Guidelines for Social Welfare Professionals', published by the trade union of social service workers, Talentia (2019). The ethical guidelines represent a principle- or duty-based view of ethics, since, in Talentia's booklet, many of the principles are expressed alongside with the legislation. Hence, many of the ethical principles can also be found in the Finnish legislation in a form of the social rights of clients, especially in the Social Welfare Clients Act (812/2000), which is applicable in both private and public provisions of services. This means that these ethical duties can also end up being judged by legal means, such as by the parliamentary ombudsman or in court.

In the Ethical Guidelines, it is stated that the right to self-determination is a basic right, and social workers must give clients the opportunity to make choices. In the legislation, the older people's right to have a say in their own matters, and to choose their own services is strong, as older people have – as do all clients – a legally protected right to participate (see e.g. Social Welfare Service Clients Act, 8; Older Person's Services Act, 15). This self-determination is protected by rules providing that the services must be planned together with the client, a client must always be heard before making decisions on his/her services, and the client's wishes and self-determination must always be respected, if possible (Administration Act, 34; Social Welfare Services Act, 8). Inclusion means the client's right to be informed of all matters concerning him/her and the right to express opinions on those matters. The social worker must act in cooperation with the client, and explain the consequences and all different factors related to the decisions affecting the client (Talentia, 2019). The law also states that a client must be provided adequate information in a manner suitable to that individual (Social Welfare Clients Act, 5). Alternatively, the client's will

could be found in a living will or similar entries in the client's files. That is, self-determination and participatory rights are protected, even in situations where the client cannot express him/herself (Social Welfare Clients Act, 8 and 9). The ethical guidelines emphasize that inclusion is also the subjective feeling of belonging with the possibility to participate.

The scarcity of resources has been a well-known explanation for decreasing opportunities to conduct ethically responsible social work. Social workers feel it is harder to provide adequate and appropriate services for their clients, to intervene in their clients' situations early enough, and to meet the time requirements mandated by law. Diminishing resources and increased pressures due to growing demands are affecting social work practices in many countries (Mänttari-Van der Kuip, 2015; Lohvansuu & Emond, 2020; see also Weinberg & Banks, 2019; Banks, 2011; Fenton, 2015). It is also known that increasing organizational accountability and intersecting interests are affecting the capabilities to practise according to the code of ethics (see e.g. Sawyer, 2009; Mänttari-Van der Kuip, 2015).

Well-being at work and occupational health and safety are ethical issues, and they are also considered in the ethical guidelines. Employees should have reasonable workloads, and working conditions should be safe and healthy. Employers and supervisors should trust and support their employees and show their appreciation (Talentia, 2019). The law protects the social worker as well: pursuant to the Finnish Occupational Safety and Health Act (738/2002), it is the employer's duty to ensure the safety and health – both physical and mental – of the employees at work. Studies have shown a positive correlation between the difficulties of the social workers in acting in ways they perceive as ethical and their work-related well-being (see e.g. Di Franks, 2008; O'Donnell et al., 2008; Mänttari-Van der Kuip, 2015; Salo et al., 2016). Thus, it is important to include well-being at work in the discussion of ethical practices.

In this study, our research question is: What kind of ethical challenges have Finnish gerontological social workers experienced in the first phases of COVID-19, in the year 2020?

Data, and methods

Data collection procedure

The findings presented in this article are from an interview study exploring social workers' experiences of the effects of COVID-19 upon their work, and upon the lives of their older clients. Data was collected by one of the authors through individual semi-structured interviews via Teams, and was conducted between November 2020 and February 2021. The analysis is based on nine (9) interviews with social workers.

When recruiting interviewees, two of the authors approached a total of 28 social welfare units from different-sized municipalities from different parts of Finland. Nine social workers volunteered to be interviewed, with an interview invitation sent to the willing. The invitation outlined the main themes of the interview, but no actual interview frame was given.

Interview process and ethical considerations

The invitation included information about the voluntariness, confidentiality and anonymity of the research, and the estimated duration of the interview (one hour). Interviewees were asked to verify the need for a research permit from the organization in which they worked, but none of the organizations required such a need. At the beginning of each interview, information about the aim of the research, in addition to details about anonymity and the voluntary nature of the participation were described, and participants were informed that they may leave the study at any time. A consent to participate in the study was ensured, as well as consent to the recording.

In the interviews, participants were asked to share their perceptions about the impact of COVID-19 on their work and working conditions, on ethical working and the impact on their clients' autonomy, about restrictions against their clients and on their own well-being at work. The interview included 23 questions, which were asked in the same order for all interviewees, though additional questions or comments were also made when necessary. The atmosphere in the interviews was confidential, and participants were willing to share their experiences. Before being asked about ethical working, the following background information was given: 'Next, you will be asked to share your experiences on the implementation of ethical principles in social work and the basic rights of clients in your work. In the Ethical Guidelines of Talentia, ethical

principles include, among others, client's self-determination, the right to participate, and various principles of promoting social justice.' In this research, we primarily focused on the answers produced to the following interview question: 'What different factors during the pandemic have contributed to whether you can act on professional ethical principles in your work?' Also, other parts where ethical challenges were discussed were included.

Interviews were video or audio recorded, and transcribed verbatim by one of the authors. All transcribed recordings were destroyed, and research data was anonymized to prevent the identification of individuals. Anonymized transcript data was archived in a password-protected file. The interviews varied in duration from 28 to 64 minutes, yielding data that consisted of 82 pages of transcribed text in Finnish.

Participants

Data analysed in this research includes nine interviews from social workers, of whom seven were graduated social workers with master's degrees in Social Work (MSW), and two were students in the final stage of their studies acting as social workers. Seven participants were working in social welfare offices and two as social workers in long-term care. There were participants from six different-sized municipalities from different parts of Finland. Eight participants were women, and one was male. The average age of all the participants was 46 years (SD=13.4), with the average years of service in the current position being 7.5 years (SD=7.6).

Table 1: Participants

Participant	Degree	Place of work	Age	Years of service (current position)
GSW1	Master of social work	Social welfare office	25	1.5
GSW2	Student of social work (acting social worker)	Social welfare office	38	1
GSW3	Master of social work	Social welfare office	59	3.5
GSW4	Master of social work	Social welfare office	59	20
GSW5	Master of social work	Social welfare office	28	1
GSW6	Master of social work	Social welfare office	59	18
GSW7	Master of social work	Social welfare office	42	9
GSW8	Master of social work	24-hour long-term unit	52	12
GSW9	Student of social work (acting social worker)	24-hour long-term unit	53	1.5

Analysis

Data was analysed in accordance with the principles of a theory-guided content analysis (see e.g. Hsieh & Shannon, 2005; Tuomi & Sarajärvi, 2018) by using ATLAS.TI software as a tool. The interview data was analysed in collaboration between the first two authors to increase the reliability of the analysis. The entire data was first read multiple times, and we detected that the factors affecting ethical working was discussed in various sections, and not only in the section where we specifically asked about ethical working. That is why we included all sections that discussed factors affecting ethical working, and in the first phase they were marked in the interview data as meaningful units (citations). In the next stage of the analysis, we generated codes for the meaningful units, and after that similar codes were combined into five different categories. Each category formed a broader entity that describes challenges in ethical working. Table 2 shows an example of the coding process. Citations from each category have been selected for the results section:

Table 2: Example of the coding

	Meaningful unit (citation)	Condensed meaning (interpretation)	Codes	Category
Participant	We have four group homes, and the instructions are that the nurses work in their own care units. But since I am the only social worker [for all four group homes], I have not been able to visit the units, so I stay in my own office and mostly communicate by phone, which has led to a situation that the clients don't get to see me. If they [clients] have issues, I have instructed group home employees to discuss the issues with them... but it does have a harmful effect, I mean, that I have only heard about the issues second hand.	Inability to visit the units where the clients live, the need to receive information from the clients which leads to only being able to receive second-hand information on the client's needs	Not being able to meet their clients face-to-face	The inability to meet clients

Limitations

Our research has some limitations. Our findings are based on nine interviews, which is a rather moderate amount, and clearly does not provide a complete portrayal of the ethical challenges faced by GS workers. The sample is also not demographically representative, although we did have different size municipalities from different parts of Finland. The time of the data collection was challenging for the social workers, and we are very grateful to the interviewees for putting their time and effort into this study.

Findings

The employees' biggest ethical challenge was related to the closing down of services for the older people and the reduced possibilities to meet with their clients.

Furthermore, the unclear instructions on how to respond to the threat of COVID-19 were making ethical practices difficult. In addition, the participants were worried about the increased loneliness and depression in their clients. The participants suffered from a lack of support from their colleagues, and they also described the lack of acknowledgement by their employers.

The closing down of various services to older people

The ethical challenge most often mentioned was the closing down of older people's various daily services. In the spring of 2020, practically all services with the exception of necessary care and essential social services were closed, and many were still closed or minimized around the turn of the year from 2020 to 2021. The participants described their clients losing daily activities, such as eating out at service centres and participating in group activities. Many of the clients also washed their laundry and took baths with the help of the staff in the service centres. The participants were worried about their client's loss of routines and activity, which to a large extent were maintaining the client's functional ability:

For example, in normal times, one of my clients visits the service centre three times a week, and it is the one place where they take care of his nutrition, so at least three times a week someone makes sure he gets food and medicines and takes him to the shower and maybe does laundry. Now all of this has stopped. (GSW3)

It was also mentioned that the appetite of the older clients who previously ate out decreased, as the social interaction of the event ceased. For many older clients, the social interactions linked to the different daily services were described as the only

social situation in the clients' daily lives. Many participants said they did not have many ways to help their clients, who longed for their daily activities:

Now when all services are closed down, there is not really anything to offer to the client. All service providers have closed down and no one organizes anything and all the places are just closed. It is really miserable to see that they're [clients] not involved in anything, and they just sit alone inside four walls. At normal times there would be services, where to direct the clients, but now there is nothing available. (GSW5)

As the above quotation shows, the closing down of the daily support services made working more difficult, since there were no services to offer. The social worker felt miserable at seeing her clients being isolated in their own homes. Informal caregivers were also mentioned being left without any support services:

The situation for informal caregivers changed fast when all support services were reduced or completely closed. For example, statutory leave for carers did not happen, because there were no services available... there were no day activities or such at all. (GSW2)

In one interview, the participant mentioned that institutions such as KELA, the Social Insurance Institution of Finland, which provides social security benefits, had closed down all face-to-face customer service counters. She said she and her co-workers have to help clients by printing social assistance applications and assisting them in filling them out. She said they do not have timely resources for assisting all clients in filling out applications, and already now the time is being taken away from clients who have extensive needs. She described the situation as being difficult since they do not have resources to help everyone in need. Moreover, some health services, such as oral health care and outpatient substance abuse rehabilitation services, became inaccessible during the pandemic.

The consequences of shutting down services were described as many. A loss of the routine and social life of the older people worried the participants. Also, the difficulties in taking care of crucial health and economic-related issues were mentioned. All in all, the functional ability of older clients was seen as being at risk. The inability to offer services to clients and the limitedness of how the employees can use their own time to compensate for the absent services were seen as the main difficulties in ethical practicing.

The inability to meet clients

One widely mentioned issue challenging ethical practising was the inability to meet clients face-to-face. In all regions where participants work, home visits were decreased at the beginning of the pandemic, and in two regions they were totally forbidden at first. It was discovered that not all GSW could be done remotely. At first, visits were not recommended to be done in clients' homes, sheltered housing units or nursing homes. Social workers operated from their homes by remote connections. Participants highlighted the challenges of moving to remote connections, since for older clients the use of ICTs can be difficult. One participant said she fought to be able to meet with a client living in sheltered housing. She pleaded with the manager of the housing unit, and appealed to the client's right to meet the social worker before she was let in.

The participants felt stress because their older clients would not necessarily understand why the social worker was not coming to meet them in person. Hearing the clients in the decision-making process became more difficult since meetings were made remotely, or decisions were even made without any actual contact with the client. Restrictions on home visits and face-to-face meetings made it more difficult to make social care needs assessments and decisions on supplementary social assistance:

When the social care needs assessment is done on the phone, all the client's needs might not come up..., when you can't meet the client in their home, you don't recognize all those needs that the client might have, and then those needs pile up. (GSW3)

In the quote above, the participant describes the difficulties of getting an overall picture about the client's situation when a decision was made without meeting the client at home. Some needs can remain unknown, which can lead to a situation in which the needs accumulate and the need for services grows. Not meeting the client made working more difficult since the overall situation of the client was hard to perceive remotely:

There have been limitations in home visits and face-to-face meetings with the clients, which is not good from a client's point of view. But neither is it from ours [social workers]. If you think about some wide service needs assessment, then if you see the client there in their own home conditions... so now these meetings have been stopped, and we contact clients by phone, which is not that good. (GSW7)

Participants mentioned that the client's inclusion was not properly realized. Client inclusion in decision-making deteriorated, thereby resulting in a greater emphasis on the voices of others who are not the client, such as relatives, authorities or home service employees. It was also more difficult to monitor the fulfilment of the client's rights, as home visits were cancelled.

Unclear instructions

Many participants told of how, in the beginning of the pandemic, instructions given from higher authorities on how to protect older people from COVID-19 were unclear. They described many rapidly changing, contradictory and imprecise instructions concerning, for example, the use of protective equipment and remote working. Some also described their own organizations' decision-making as fluctuating, making the employees work difficult, since it was their responsibility to implement the decisions. In the quote below, the participant describes how GSW was not properly recognized in instructions:

Most of the social work is done with much younger people, and we [gerontological social workers] are a quite small unit here, so it is quite understandable that they forget us [in instructions], but still unfortunate. For example, those instructions include the supposition that all the clients come to meet the social worker at the office, but with our clients, that is not the case. Most of our meetings with clients are home visits. So, for example, instructions lack this aspect totally. There were no instructions specifically to us. (GSW1)

Many participants described the situation as quite chaotic after COVID-19 was declared to be a pandemic. Decisions were made '*in panic*' and the social aspects of decisions were not thoroughly thought through. In a quote below, the participant describes contradictory instructions:

At first, those instructions were really undetermined, and at the time we were hoping for more precise instructions. Then we didn't get face masks/surgical masks, and at the same time the instruction was that we should wear them. So sometimes the instructions and reality were in conflict. There were many demands, but no tools for carrying out those orders. (GSW9)

Loneliness, depression and the functional decline of the elderly

Several participants were really worried about older clients. The loss of daily activities and services, such as the inability to attend any activities outside the home and social isolation, already had a lot of consequences. The participants described many clients as lonely and hopeless:

The last time I met this client, she said that she feels so depressed, that she just lays in the dark and doesn't even want to turn on the lights. She doesn't have any memory

disorders and her physical capacity is good, so she could go out. She would really benefit from social contact; she is a talkative person. (GSW5)

In the above quote, the employee describes her client, who earlier had good capabilities, now feeling so depressed that it is affecting her functionality. After social isolation, the client's willingness to act diminished, and she just lays in a dark room. These kinds of descriptions recurred in many interviews. Older clients were also mentioned as having feelings of worthlessness, as in a quote below:

I've heard that many older people have felt their life as pointless. And they've been pondering what's the point of anything. I've noticed that prospects for the future are quite poor for many. Despite the fact that many of them have experienced war and all, this is a whole new situation. I think there should be more support to offer. (GSW6)

There were also several mentions about the close relatives who were not allowed to meet their loved ones who lived in care homes. Relatives were often old people themselves and expressed their sorrow and worries caused by the restrictions to the social workers. The future consequences of COVID-19 for the older people were mentioned often. Some told of how they have already seen the service needs of older clients growing. Also, many participants were certain that older people's abilities in general have deteriorated, which has led to a large increase in elderly people's service needs. Many were concerned about the possibility of responding to the needs of older clients in the future, since resources were already seen as limiting the possibilities to help clients. The COVID-19 crisis will tighten the budgets even more.

Work-related well-being and working conditions of employees

Many participants described how they have suffered from the sudden requirement of remote working, and from the overall stress caused by the pandemic. The pandemic caused worry about the clients' health, and many described the stress caused by the fear of infecting clients. This fear was present regardless of how careful the employees were – even in their private lives. One participant described how she practically stopped all her normal free-time activities at the beginning of the pandemic, as she did not see any people other than her spouse and quit going to the gym. As a result, she worked all day long and her work-life boundaries collapsed. Now, when looking back, she described realizing how difficult it was. Many interviews included descriptions of difficulties in work-life balance when suddenly required to shift to remote work.

Some participants also described the fear of getting sick themselves, or of infecting their own family members. The overall stress caused by the fear of the virus was present in many interviews:

The whole awareness of the virus, it does impact my work-related well-being. It does impact my motivation; in the morning I have to motivate myself to get off to work and try to convince myself that I can protect myself from it. (GSW6)

The most often mentioned concern related to the participants' work-related well-being was the lack of support from colleagues. Many participants described feelings of loneliness and longed for normal times, in which the workload could be unburdened with colleagues. The many meanings of coffee breaks were particularly present in the interviews; participants described how client's situations are discussed and processed, future work tasks are planned, and stress is relieved together with colleagues at coffee breaks. The interviews clearly emanated the longing for colleagues' support, since support is more than essential for coping at work:

We've always emphasized that the reason why we are able to do this work is that we have each other [colleagues]. Now, currently, it is not the case. (GSW9)

Some participants also described the lack of support from their supervisor or the management as a cause for concern. The lack of appreciation, was present in many of the interviews. The participants described longing for some sign of acknowledgement of their work during COVID-19.

Conclusions

The aim of this study was to examine what kind of ethical challenges employees of GSW faced in Finland during the COVID-19 pandemic. This paper is based on interviews of nine social workers working with older clients, which we acknowledge to be a rather moderate number. Also, the sample is not demographically representative, so our findings cannot be said to have good generalizability. Still, our study is one of the first to examine gerontological social workers' ethical practices during the COVID-19 pandemic. As a result, it is providing an important contribution to the formation of knowledge on employees working with vulnerable groups during the pandemic. Overall, it also makes an important contribution to research on ethics in exceptional crisis situations in social work, which is a topic that has been very limited. Our research also brings a theoretical knowledge that is useful for social work education. From the point of view of social work practice, our research gives

knowledge about the importance of clarity in orders given by decision-makers – whether they represent the state level, the community level or the organizational level.

Our interview data showed that the participants' ethical working is firmly tied up on the well-being of clients and the realization of their rights. That is to say, ethical working and the well-being of the client are interwoven. According to our findings, the biggest ethical challenge was the closing down of elderly services. Our findings resemble the findings of Banks et al. (2020a; 2020b), who found that the lack of services has made it difficult for social service clients to obtain the support they need during the COVID-19 pandemic. In our study, the employees felt helpless since they knew their clients would benefit from the services, but were unable to provide them. Different services help maintain the self-determination of older people, and enable them to participate in the community. Taking away older people's services is a violation of their self-determination, and causes exclusion. The participants described how they attempted to compensate for the closed services by finding ways to help the clients, but they did not have enough time to help all their clients. Without the proper resources, supporting and maintaining the good life of the client becomes difficult.

The inability to meet their clients was the next most often mentioned ethical challenge. In the spring of 2020, the employees soon realized that it was not possible to only engage with older clients via remote connections, since not all older people are familiar with ICTs. The COVID-19 pandemic has led to a digital divide of with older people (see e.g. Ayalon et al., 2020). Although many participants did eventually meet some of their clients, there were restrictions on home visits and face-to-face meetings. The findings also showed that hearing the clients in the decision-making processes became harder, since meetings were made remotely, or that decisions were made without any actual contact with the client. This is against the ethical guidelines, and is also not in accordance with the legally protected right to participate (see e.g. the Social Welfare Service Clients Act, 8; Older Person's Services Act, 15). Our findings support the research of Banks et al. (2020a), who found that without being able to do face-to-face meetings, it was more difficult for social workers to

assess the clients' needs fairly. Equal treatment is threatened if digital devices become dominant in all client relationships.

The sudden requirement of remote working has been challenging for employees. Working from home has brought challenges to maintaining privacy and confidentiality (see also Banks et al., 2020a). However, in our study, the biggest concern about remote working was the lack of support from colleagues. The participants clearly longed for the face-to-face situations with their colleagues, which seemed to be the most important source of support at work. Sadly, some participants also mentioned the lack of support from their supervisor or management, and also felt that their efforts were not appreciated. The employees also suffered from the unclear instructions relating to the actions to protect older people from the virus. The instructions were seen as unclear and contradictory, and some also mentioned that their own organizations' decision-making was fluctuating, hence making the employees' work difficult, since it was the employees' responsibility to implement the decisions (see also Banks et al., 2020b). There was a lack of legal expertise needed to protect the human rights of the older people. As case law shows, there were no official decisions made with solid legal grounds, there was no individual discretion as to whether the restrictions were proportional, and there were no possibilities to appeal. The managers, supervisors and employees were not accustomed to 'thinking legally', or to recognizing that their deeds do have consequences in regard to human rights. As such, just being old or disabled does not entitle anyone to restrict one's rights – not even for protection.

The participants in our study were very concerned about their clients. Social isolation, and the sudden loss of normal life and freedom, have already increased older peoples' loneliness, thereby leading to feelings of hopelessness. There were concerns about the social consequences of the pandemic for clients, and anxiety about the future recourse for providing help with the growing service needs of older people.

The COVID-19 pandemic has had a lot of repercussions on the ability of GSW employees to work according to ethical principles. COVID-19 has been especially dangerous for older people, and their lives have been successfully protected with

recommendations and restrictions. At the same time, the measures taken have had serious consequences, since they have resulted in violations of older peoples' self-determination and their right to participate. Employees of GSW have an ethical obligation to respect their clients' self-determination and to promote inclusion, but they have had very little with which to work, since they lack the tools for supporting older people. Providing older clients with a good present, as well as a good future, is the objective of GSW (Ylinen, 2008), and this objective cannot be carried through without adequate tools and resources. The pandemic's social repercussions will affect a wide range of people, but the difference is that for older people the perspective on the future is inevitably different. Many of the oldest people might not live through the COVID-19 pandemic in any case, which makes the present even more remarkable. Moreover, for all elderly, loneliness and depression can have serious consequences, including an increased risk of mortality. The employees of GSW must always have the possibility to support the quality of life of the elderly *right now* – at all times. The employers and supervisors must also ensure their employees' safe and reasonable working conditions, and must take notice of the pressures the employees have faced during the COVID-19 pandemic. Employers must find ways to support the work-related well-being of employees, who have been stretching their limits in the face of the pandemic. Finally, the work of GSW employees must be acknowledged by their employers and by the public. As is known, having to work unethically burdens the employees, and even risks their well-being. The best way to support the GSW employees is to enable them to work ethically – which would also make possible a good present for the elderly. In the future, we will continue to study in detail the functioning of the social care sector and the working conditions of social welfare workers in the times of COVID-19, in order to provide information for future pandemics and crisis situations. In addition, it would be essential to study the experiences of older social work clients to find out how they themselves experienced the time of COVID-19, and how their experiences resemble the reflections of gerontological social workers.

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