



Job Performance Evaluation of Medical Social Workers during Covid-19 Crisis: Tasks, Attitudes, and Difficulties

Walaa Elsayed^{1,2*} 

¹ College of Humanities and Science, Ajman University, Ajman, United Arab Emirates.

² Humanities and Social Sciences Research Center (HSSRC), Ajman University, Ajman, United Arab Emirates.

Abstract

Objectives: The objective of this study is to evaluate the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis, based on three factors "job tasks, attitudes of co-workers, and difficulties" faced by social workers in performing their duties. **Methods/Analysis:** This study is a descriptive-analytical study. A comprehensive social survey approach was used to collect data from 54 social workers in isolation hospitals for coronavirus patients. A questionnaire was employed to gather the required data. The collected data were analyzed using weight analysis to determine the value and weighted relative weight of job performance efficiency. **Findings:** The results of the study showed that the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis was at a middle level, with a total weight of 3611 and a weighted relative weight of 55.7%. Moreover, the study found statistically significant differences in the degree of job performance efficiency according to gender, age, educational qualification, number of experience years, and number of training courses at a 5% significance level. **Novelty/Improvement:** The study recommends the development of the knowledge and skills of medical social workers through training courses on how to deal with global health crises and disasters. Additionally, reducing the administrative burdens on medical social workers is important, as these burdens restrict their role and limit their ability to perform their tasks with the medical team.

Keywords:

Job Performance;
Social Workers; Difficulties;
Co-workers; Job Tasks;
Isolation Hospitals;
Covid-19 Pandemic.

Article History:

Received:	18	February	2023
Revised:	30	May	2023
Accepted:	14	June	2023
Available online:	12	July	2023

1- Introduction

Global health crises are considered one of the greatest threats to humanity on planet Earth. Today, we are facing a new global health crisis that was not anticipated. The outbreak of the Coronavirus has caused a worldwide catastrophe [1, 2]. According to the latest statistics from the World Health Organization [3], the total number of people infected with the virus in more than 210 countries and regions since the first cases were discovered in Wuhan, China, in December 2019 has reached nearly 636.154.113 million. The quality of healthcare in any society is an indicator of development. The spread of diseases and epidemics and the low level of healthcare are considered serious obstacles that impede development efforts. Therefore, governments around the world have been keen to follow and implement the instructions of the World Health Organization during the COVID-19 pandemic. Many healthcare ministries, especially the Ministry of Health, have made efforts to combat the pandemic, along with medical staff in hospitals and medical laboratories. Many countries have also converted public and university hospitals into isolation hospitals for COVID-19 patients to accommodate the huge numbers infected daily [4–8].

* **CONTACT:** w.elsayed@ajman.ac.ae

DOI: <http://dx.doi.org/10.28991/ESJ-2023-07-04-08>

© 2023 by the authors. Licensee ESJ, Italy. This is an open access article under the terms and conditions of the Creative Commons Attribution (CC-BY) license (<https://creativecommons.org/licenses/by/4.0/>).

The profession of social work in medical institutions aims to help patients take full advantage of the medical treatment provided to them as well as adapt to their social environment after leaving the hospital. Social workers do not work alone but rather as part of a medical team that includes professionals from different specialties, such as doctors, nurses, social workers, and health educators. Each team member has a different frame of reference and contributes to drawing up the best plans for dealing with the patient. The doctor provides information about the patient's disease, symptoms, and treatment plan; the social worker clarifies the patient's life and environmental conditions and their impact on their health; and the nursing staff participate in implementing the treatment plan. The members of the medical team must interact and cooperate within the framework of a single treatment plan aimed at helping the patient in terms of their health, psychological, social, and environmental aspects. Achieving team goals depends on each member's awareness of their job and specialization and how to benefit from the experiences and skills of the rest of the team's specialties [9, 10].

The importance of the medical team lies in the concept and overall view of the human being as a body, soul, and environment, which necessitates the participation of more than one specialty in the treatment process. These disciplines fuse into one unit that ends with unified decisions regarding dealing with the patient [11, 12].

As a member of the medical team, the social worker plays a clear and effective role in dealing with the non-medical aspects of the patient's life. However, the social worker's role may not be fully understood by other members of the treatment team, and working conditions can lead to a weak level of performance in providing ways to help both doctors and patients. Therefore, social workers must be highly skilled and knowledgeable in all aspects of their work to perform their role efficiently and effectively, reassuring patients [13, 14].

Previous research has highlighted the importance of medical social workers in healthcare settings. For example, Tadic et al. (2020) found that medical social workers play a critical role in facilitating communication between patients, families, and healthcare providers, as well as in addressing patients' social and emotional needs [15]. Similarly, Roberts et al. (2019) found that medical social workers can improve patient outcomes and reduce healthcare costs by addressing patients' psychosocial needs [16]. Saunders et al. (2019) investigated the impact of social workers on patient outcomes in acute care [17], while Zuchowski et al. (2023) examined the experiences of social work students in healthcare placements and referred to the importance of the role and impact of medical social workers in healthcare [18].

Additionally, Kripalani et al. (2007) report that medical social workers have been found to play an essential role in discharge planning, ensuring that patients receive appropriate follow-up care and support after leaving the hospital [19]. Furthermore, Jones et al.'s (2020) study has demonstrated that medical social workers are necessary in addressing health disparities and promoting health equity [20]. Alderwick & Gottlieb's (2019) study suggests that medical social workers can help identify and address social determinants of health that may impact a patient's health outcomes, such as poverty, housing instability, and food insecurity [21]. Also, Waite & Brooks (2014) study has demonstrated that medical social workers can also serve as advocates for patients, ensuring that marginalized and underserved populations receive equitable care [22].

Despite the growing recognition of the importance of medical social workers in healthcare, there is still a need for more research to understand their specific roles and contributions to patient care, especially in crisis times. As far as we know, no studies have been conducted on the roles, co-workers' Attitudes, and specific challenges faced by medical social workers during the COVID-19 pandemic, especially in Arab countries' hospitals. Therefore, our study aims to address this gap.

1-1-The Similarities and Differences between this Study with Previous Publications

In comparison to previous publications, this work shares similarities in its focus on the role of social workers in healthcare settings. However, this study specifically examines the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis, which is a unique context that has not been extensively explored in previous research. Overall, this work contributes to enriching research related to social work in healthcare and provides important insights into job tasks, co-workers' attitudes, challenges, and opportunities for social workers in crisis times.

1-2-Contribution of the Current Study

In light of the previous presentation and given the importance of social workers' role in the medical field, especially during times of crisis, this study aims to assess the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic. Specifically, the study seeks to answer the main question: What is the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis?

To answer this main question, the study will address the following sub-questions:

Q1: What are the job tasks of social workers in isolation hospitals for COVID-19 patients?

Q2: What are the attitudes of co-workers towards the efficiency of the job performance of social workers in the medical team?

Q3: What are the difficulties faced by social workers in performing their job with the medical team in isolation hospitals for coronavirus patients?

Q4: Does the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis vary according to gender, age, educational qualification, number of years of social worker experience in the medical field, and number of training courses taken on how to deal with the COVID-19 crisis?

2- Literature Review

The job performance of a social worker in medical institutions refers to the amount of physical or mental energy they exert in their work during a specified period of time to achieve the desired outputs or goals through the successful completion of various tasks and activities assigned to them within the organization, taking into account the available resources and possibilities. The job performance of social workers is also determined by the interaction between their behavior and achievements. It is the sum of their behavior and results achieved together, with a tendency to emphasize achievements or results due to the difficulty of separating behavior from results. The quality characteristics of job performance include: Collaboration with co-workers; Effective meeting management; Accurate report writing; Consistent attendance at the workplace; Taking responsibility and initiating constructive ideas; Maintaining emotional balance; and resolving customer complaints [23, 24].

2-1-Elements of Job Practice of Social Work in the Medical Field during the COVID-19 Pandemic

- *Unit of Work:* Individuals and groups at higher risk, such as patients infected with the coronavirus.
- *Various Life Situations:* Distressing situations, anxiety, tension, pressure, and crises, such as the COVID-19 pandemic crisis.
- *Community Institutions:* Government and private institutions that can play a role in protecting people, such as isolation hospitals for patients with the coronavirus.
- *Social Worker:* The professional who performs operations to provide effective services, such as the medical social worker.
- *Work Team:* Specialized professionals, such as doctors and nurses, with whom the specialist works.
- *Professional Relationship:* The link between individuals and groups with the specialist and the institution to provide the help process, such as the professional relationship between the social worker, patients, and the medical team as a whole [25-27].

2-2-Job Tasks of the Social Worker in the Medical Team in Isolation Hospitals for Coronavirus Patients

Implementer role of business principles: The social worker promotes teamwork with doctors and nurses by adhering to the following principles:

- Respect for each member's work and specialization [28].
- Giving each member the opportunity to benefit from others.
- Giving each member the opportunity to express their opinions and clarify their roles.
- Fostering a relationship of cooperation, understanding, and trust based on mutual respect among all members of the medical team [29].
 - Counselor role: The social worker in the hospital plays a crucial role in spreading medical and health awareness among patients and helping them benefit from the experiences of former patients in overcoming the crisis of the disease. The social worker also helps alleviate patients' tension by providing reassurance and social support, urging them to accept the disease and confront it vigorously. Additionally, the social worker spreads health and medical awareness among the families of infected patients and those in contact with them about how to properly deal with their sick relatives and follow preventive measures in cooperation with doctors [30, 31].
 - Collaborator role: The social worker seeks to strengthen the relationship with the doctors and nurses. The social worker's relationship with the doctors and nurses is vital in contributing effectively to developing and implementing an integrated treatment plan for the benefit of the patient [32]. The social worker also observes the patient's health and psychological responses to these plans [33].
 - Advisor role: The social worker's role in providing preventive services is crucial in raising awareness of the risks that threaten human life [34]. This type of service involves three levels of intervention in the medical field:
 - Primary prevention: This level involves all interventions and attempts by social workers to prevent known problem-causing factors from occurring completely.
 - Secondary prevention: Social workers engage in efforts that limit the severity of a problem through early detection and isolation to minimize its impact on others, followed by prompt treatment [35].

- Tertiary prevention: This level involves rehabilitation efforts aimed at helping individuals who already suffer from a specific problem to recover from its impact and to develop the necessary skills to prevent the problem from recurring. The social worker's involvement in this level is particularly relevant in the current Covid-19 pandemic crisis, given the increasing number of patients infected with the coronavirus inside hospitals [36]. This level involves developing a treatment plan to confront problems and is considered the most important level for the social worker in this context.
- Coordinator role: The social worker plays a critical role in coordinating the work among all members of the medical team inside the isolation hospital. This involves providing necessary information about the patient's psychological and social condition in the isolation department and communicating any patient complaints to the hospital administration [37]. The social worker also coordinates between the medical team and the hospital administration to organize work and expedite the provision of services to patients within the isolation department [33, 38].
- Assistant role: The social worker's assistant role comprises several aspects. Firstly, the social worker helps patients in the isolation department to understand and accept the procedures and follow the treatment plan. Secondly, the social worker assists patients in meeting their various needs during their isolation period. Thirdly, the social worker helps families communicate with their loved ones to check on their condition and provide encouragement. Finally, the social worker supports the medical team members by providing them with necessary information on the psychological and social aspects of the patients and assisting them in implementing the treatment plan [39].
- Developer role: The social worker's developer role involves the creation of new tools and methods of work and the development of new ideas to provide better services to clients [40].

2-3-Effective Strategies and Techniques for Social Workers in the Medical Field During the COVID-19 Pandemic

Organizational Development Strategy: This strategy aims to change the culture of the organization by forming a serious and cooperative work team, providing effective leadership, and improving horizontal communication. It also aims to play positive roles in customer care and satisfaction from a total quality perspective in the field of healthcare.

Group Discussion Technique: One effective technique for social workers in the medical field during the COVID-19 pandemic is the group discussion technique. This involves presenting the needs and problems experienced by patients in the isolation department to the medical team members, and discussing them to take them into account with the treatment plan. It also includes discussing the needs and problems of patients with the hospital administration to find a solution and make informed decisions [41].

Technique of Electronic Seminars and Lectures: One effective technique for social workers in the medical field during the COVID-19 pandemic is the use of electronic seminars and lectures. This involves creating a group or page on social networking sites to communicate with citizens in the geographical area served by the hospital. In cooperation with doctors, electronic seminars and lectures are implemented, either through live broadcasts or recorded videos, to increase public health awareness on how to prevent infection with the Coronavirus (COVID-19).

Behavior Change Strategy: Social workers work to modify and change the negative behaviors of COVID-19 patients, such as negativity, indifference, and surrender to the disease, by providing them with correct behaviors. This includes the ability to resist and confront the disease, in order to achieve recovery from the effects of infection with this disease.

Encouragement Strategy: Social workers encourage patients to follow proper health procedures and receive treatment on time as prescribed by doctors. They also encourage patients to confront the disease with strength and faith by raising their morale, which increases their ability to resist and recover [42].

Audio-Visual Techniques: Social workers use various aids such as brochures, leaflets, expressive posters, recorded videos, photos, and others, especially in the isolation departments of the hospital. The aim is to educate patients on how to properly deal with the illness psychologically, behaviorally, and healthily.

Persuasion Strategy: Social workers use this strategy in several aspects. Firstly, with patients by modifying their misconceptions about the nature of infection and disease. Secondly, with the families of patients and contacts by developing their awareness of the correct preventive methods in dealing with suspected cases of disease. Thirdly, with the medical team to clarify the importance of psychological factors for the success of the treatment plan for patients with COVID-19 [43, 44].

Self-control Strategy: Another effective strategy for social workers in the medical field during the COVID-19 pandemic is the self-control strategy. Social workers assist patients in the isolation department in controlling their emotions and feelings resulting from the illness. This is important because uncontrolled emotions and feelings may lead to a disorder of the patient's psychological state, which could then deteriorate treatment, delay recovery or lead to a dangerous stage of the disease [45].

3- Materials and Methods

The flowchart of the research methodology that was used to achieve the study's aims is shown in Figure 1.

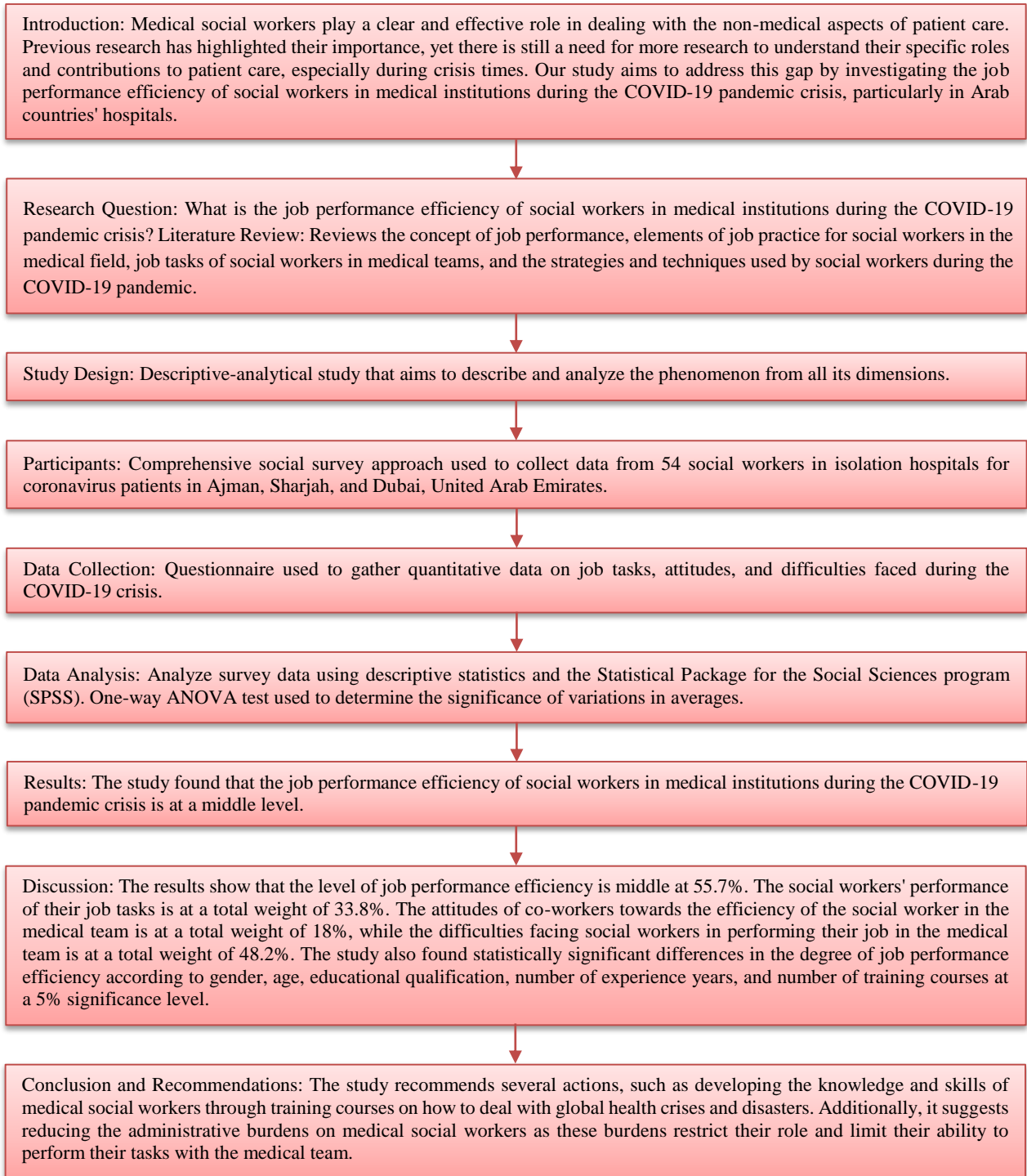


Figure 1. Flowchart from the workflow that briefly shows the process of the methodology for the current study

3-1- Participants

The researcher applied a comprehensive social survey approach to all 54 social workers working in isolation hospitals for COVID-19 patients in the emirates of Ajman, Sharjah, and Dubai in the United Arab Emirates, according to the statistics of the Health Ministry (see Table 1).

Table 1 shows that the majority of social workers in the study population are female, accounting for 53.7% of the sample, while males represent 46.3%. The largest age group of social workers is 40–49 years old, comprising 35.2% of the sample, followed by 30–39 years old at 31.5%, 20–29 years old at 20.4%, and 50–60 years old at 12.9%. The majority

of social workers have a bachelor's degree in social work, accounting for 96.3% of the sample, while 3.7% have a Master of Social Work degree. Regarding the number of years of experience of social workers in the medical field, the largest group has 5–9 years of experience, representing 33.3% of the sample, followed by 10–14 years at 27.8%, 15 years and over at 24.1%, and less than 5 years at 14.8%. In terms of the number of training courses taken by social workers on how to deal with the COVID-19 crisis, 48.1% have taken 3–4 training courses, while 31.5% have taken 1-2 training courses, and 20.4% have taken 5 or more training courses.

Table 1. Demographic characteristics of the participating social workers (N = 54)

Variables	Statement	Frequencies	Percentage
Gender	Male	25	46.3%
	Female	29	53.7%
Age	20 - 29 years	11	20.4%
	30 - 39 years	17	31.5%
	40 - 49 years	19	35.2%
	50 – 60 years	7	12.9%
Educational Qualification	Bachelor of Social Work	52	96.3%
	Master of Social Work	2	3.7%
	Ph.D. in Social Work	—	—
Number of years of social worker experience in the medical field	less than 5	8	14.8%
	5 – 9	18	33.3%
	10 – 14	15	27.8%
	from 15 and over	13	24.1%
Number of training courses taken on how to deal with the COVID-19 crisis	1 - 2	17	31.5%
	3 - 4	26	48.1%
	from 5 and over	11	20.4%

3-2-Ethical Approval

All social workers who participated in this study provided informed consent to fill out the questionnaire and be included in the study. The researcher obtained these informed consents before starting the survey. The data of the participating social workers were analyzed completely without revealing their identities. The researcher also ensured that applicable ethical regulations were followed to protect and preserve the confidentiality of the participants' details.

3-3- Study Method

The current study is a descriptive-analytical study that aims to describe and analyze the phenomenon under study from all its dimensions to arrive at accurate results. The comprehensive social survey approach was used for all social workers working in medical teams in hospitals to isolate COVID-19 patients in the emirates of Ajman, Sharjah, and Dubai in the United Arab Emirates, to ensure honest and accurate results. The data collection period for this study was from January 1, 2021, to August 30, 2022.

3-4- Study Tool Design

Questionnaire Tool: The researcher designed a questionnaire to determine the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis. This questionnaire was developed by referring to the theoretical framework of the current study and previous studies related to the current study to determine the questionnaire's axes. The researcher then formulated phrases for each axis. The validity and reliability of the questionnaire were verified as follows:

- A. *Questionnaire Validity:* The research tool was confirmed by the virtual validity method for the questionnaire by presenting it in its initial form with a list of study questions to 14 members of the teaching staff in social work at universities to arbitrate the questionnaire. The content of the questionnaire was adjusted according to their recommendations, and phrases were deleted or reformulated where necessary. An agreement percentage of not less than 85% was relied on, and the questionnaire was formulated in its final form according to the arbitrators' opinions. The final questionnaire consisted of 40 questions distributed over the questionnaire's axes.
- B. *Questionnaire Reliability:* The reliability of internal consistency was calculated using Cronbach's Alpha (see Table 2).

Table 2. Cronbach's Alpha reliability coefficients

No. Item	Cronbach's Alpha coefficient	No. Item	Cronbach's Alpha coefficient
1	0.817	21	0.822
2	0.852	22	0.805
3	0.804	23	0.874
4	0.833	24	0.801
5	0.892	25	0.895
6	0.840	26	0.833
7	0.863	27	0.871
8	0.802	28	0.850
9	0.887	29	0.849
10	0.845	30	0.856
11	0.812	31	0.890
12	0.849	32	0.819
13	0.876	33	0.862
14	0.835	34	0.827
15	0.888	35	0.843
16	0.813	36	0.861
17	0.852	37	0.852
18	0.860	38	0.807
19	0.841	39	0.809
20	0.849	40	0.811
Total		0.864	

Table 2 shows that the researcher used the Cronbach alpha coefficient to verify the internal consistency of the study tool, and the calculated Cronbach alpha coefficient was 0.864. This indicates that the questionnaire has a high degree of stability and can be relied upon in the field application of the study.

3-5-Data Collection Measures and Analysis

The data was collected from 54 social workers in isolation hospitals for COVID-19 patients in Ajman, Sharjah, and Dubai, UAE. The data collection period was from January 2021 to August 2022, with the aim of determining the views of social workers about the nature of their role in helping the medical team in isolation hospitals for COVID-19 patients. The study also aimed to determine the attitudes of medical team members towards the quality of social workers' role in isolation hospitals, identify the difficulties they face in their role, and determine the quality of the social workers' role in helping the medical team in isolation hospitals to confront the COVID-19 pandemic. The study also aimed to determine if the quality of social workers' role varies according to gender, age, educational qualification, number of years of social worker experience in the medical field, and the number of training courses taken on how to deal with the COVID-19 crisis.

The researcher used a three-dimensional Likert scale {Agree (3), Neutral (2), Disagree (1)} to determine the degree to which participants responded to each statement in the questionnaire. The questionnaire in this study consisted of 40 statements on three axes, and the study sample included 54 social workers. Therefore, each level of the first and third axes, which each consists of 15 items, will be divided as follows:

- Low axis level (810-1350);
- Middle axis level (1351-1890);
- High axis level (1891-2430).

For the second axis, which consists of 10 items, the levels will be as follows:

- Low axis level (540-900);
- Middle axis level (901-1260);
- High axis level (1261-1620).

Based on this, the job performance efficiency levels for social workers in medical institutions will be determined in the 40-item questionnaire as follows:

- Low-efficiency level (2160-3600);
- Middle-efficiency level (3601-5040);
- High-efficiency level (5041-6480).

3-6- Statistical Analysis

The researcher used the Statistical Package for the Social Sciences program (SPSS) to analyze and interpret the data collected. The statistical coefficients used to address the study questions were mean, frequencies, total weights, and percentages. The researcher also utilized a one-way ANOVA test to determine the significance of variations in averages.

4- Results

4-1- Study Results Related to RQ1: What are the Job Tasks of Social Workers in Isolation Hospitals for COVID-19 Patients?

Table 3 shows that the job tasks of social workers in isolation hospitals for COVID-19 patients were rated as low, with a total weight of 1219. According to the analysis of the responses of social workers in this study, the top-ranked job task was "providing the medical team with the necessary information about the case and the nature of its social and economic conditions," with a total weight of 102, an arithmetic mean of 1.89, and a middle level. The second-ranked job task was "educating the patient on how to properly deal with the injury and help him understand his treatment plan," with a total weight of 101, an arithmetic mean of 1.87, and a middle level.

The third-ranked job task was "educating the nursing staff about the need to take into account the psychological state of the injured in order to reduce feelings of fear," with a total weight of 89, an arithmetic mean of 1.65, and a low level. The fourth-ranked job task was seeking to cooperate with the medical team to provide the best treatment service for the patient, with a total weight of 85, an arithmetic mean of 1.57, and a low level. The fifth-ranked job task was educating medical staff about the behavior of a person infected with COVID-19 and helping them accept it, with a total weight of 84, an arithmetic mean of 1.56, and a low level. The sixth-ranked job task was helping the families of the patient understand the procedures followed in isolation, with a total weight of 83, an arithmetic mean of 1.54, and a low level. The seventh-ranked job task was communicating with the families of the patients to reassure them about the condition of their injured relatives, with a total weight of 82, an arithmetic mean of 1.52, and a low level.

The eighth-ranked job task was educating the family of the injured on how to deal properly after coming out of isolation, with a total weight of 81, an arithmetic mean of 1.5, and a low level. The ninth-ranked job task was facilitating the admission procedures of the patient to the hospital and transferring them to the triage and isolation department, with a total weight of 80, an arithmetic mean of 1.48, and a low level. The tenth-ranked job task was taking care of receiving patients' cases in the reception department since the beginning of their arrival at the isolation hospital, within the limits of the procedures allowed in the hospital, with a total weight of 79, an arithmetic mean of 1.46, and a low level. The eleventh-ranked job task was managing the hospital to provide the necessary needs for the patients in the isolation department, with a total weight of 78, an arithmetic mean of 1.44, and a low level.

The twelfth-ranked job task was trying to help the patients spend their free time in an enjoyable and useful way in the isolation department, with a total weight of 75, an arithmetic mean of 1.39, and a low level. The thirteenth-ranked job tasks were seeking to transfer urgent requests of the patients to the hospital administration for implementation as soon as possible, and being interested in activating and implementing awareness campaigns on ways to combat the COVID-19 virus on social media pages. Both job tasks had a total weight of 71, an arithmetic mean of 1.31, and a low level. The fifteenth-ranked job task was implementing external campaigns to raise awareness of the nature of the COVID-19 virus and how to confront it, with a total weight of 58, an arithmetic mean of 1.07, and a low level.

Table 3. Job tasks of social worker's (N = 54)

Job tasks of social worker's	Agree	Neutral	Disagree	Total weights	Mean	Degree	Ranking
Receiving patients' cases at the reception department upon their arrival at the isolation hospital, within the hospital's permitted procedures.	3	19	32	79	1.46	Low	10
Facilitating patients' admission procedures to the hospital and transferring them to the triage and isolation department.	3	20	31	80	1.48	Low	9
Providing the medical team with necessary information about the patient's case, including their social and economic conditions.	8	32	14	102	1.89	Middle	1
Educating patients on how to properly manage their injury and understand their treatment plan.	9	29	16	101	1.87	Middle	2
Educating nursing staff about the importance of considering the psychological state of patients to alleviate feelings of fear.	4	27	23	89	1.65	Low	3
Educating medical staff about the behavior of individuals infected with COVID-19 and helping them accept it.	7	16	31	84	1.56	Low	5
Providing necessary support for patients in the isolation department through hospital administration.	2	20	32	78	1.44	Low	11
Collaborating with the medical team to provide optimal treatment services for patients.	5	21	28	85	1.57	Low	4
Helping patients spend their free time in a meaningful and enjoyable way while in isolation.	3	15	36	75	1.39	Low	12
Assisting families of patients in understanding the procedures followed in isolation.	11	7	36	83	1.54	Low	6
Educating families of patients on how to properly manage their loved one's care after leaving isolation.	6	15	33	81	1.5	Low	8
Urgently conveying patients' requests to hospital administration for prompt implementation.	2	13	39	71	1.31	Low	13
Launching external campaigns to increase awareness about the nature of COVID-19 and how to combat it.	—	4	50	58	1.07	Low	15
Activating and implementing awareness campaigns on social media platforms to educate people on ways to fight COVID-19.	4	9	41	71	1.31	Low	13
Communicating with patients' families to provide reassurance about their loved one's condition.	3	22	29	82	1.52	Low	7
Total				1219	1.5	Low	

Based on the results presented in Table 3, it is evident that social workers in isolation hospitals for COVID-19 patients perform their job tasks at a low level. This finding is consistent with previous studies [46–49] that have also reported inadequate performance by social workers in fulfilling their roles. To improve the effectiveness of social workers in isolated hospitals for COVID-19 patients, it is crucial to facilitate all possible ways to clarify their strategies, techniques, and professional roles within the medical field. This is especially important in light of the current crisis caused by the COVID-19 pandemic.

4-2- Study Results Related to RQ2: What are the Attitudes of Co-Workers towards Efficiency of the Job Performance of Social Worker in the Medical Team?

Table 4 shows that the attitudes of co-workers towards the social worker's job performance were generally low, with a total weight of 649. Among the attitudes analyzed, the highest-ranked attitude was "Doctors ask me to participate when developing the treatment plan, taking into account the client's social and psychological conditions," which had a total weight of 77, an arithmetic mean of 1.43, and a low level. The attitudes of "Nursing staff ask me to help them deal with the psychological state of the patient" and "Medical team members ask me how to deal with patients' behavior" were ranked second, with a total weight of 71, an arithmetic mean of 1.31, and a low level. The attitude of "The doctor asks me about the state of the social conditions surrounding the patient" was ranked fourth, with a total weight of 66, an arithmetic mean of 1.22, and a low level. The attitude of "Members of the medical team accept my presence next to them in the framework of our joint cooperation inside the hospital" was ranked fifth, with a total weight of 63, an arithmetic mean of 1.17, and a low level. The attitude of "Members of the medical team realize the importance of my role in the success of providing treatment services to patients" was ranked sixth, with a total weight of 62, an arithmetic mean of 1.15, and a low level. The attitude of "Nursing accepts my interventions to solve patients' problems within the isolation department" was ranked seventh, with a total weight of 59, an arithmetic mean of 1.09, and a low level. The attitude of "The medical team members are interested in the information I give them about the patients" was ranked eighth, with a total weight of 58, an arithmetic mean of 1.07, and a low level. The attitude of "Doctors see me as an essential member

in the success of the treatment process for patients" was ranked ninth, with a total weight of 56, an arithmetic mean of 1.04, and a low level. The attitude of "Doctors participate with me in awareness campaigns on ways to combat the Coronavirus outside the hospital" was ranked tenth, with a total weight of 54, an arithmetic mean of 1.00, and a low level.

Table 4. Attitudes of co-workers towards efficiency of the social worker performance (N = 54)

Attitudes of co-workers towards efficiency of the social worker performance	Agree	Neutral	Disagree	Total weights	Mean	Degree	Ranking
Doctors ask me to participate when developing the treatment plan, taking into account the client's social and psychological conditions.	1	7	46	63	1.17	Low	5
Nursing asks me to help them deal with the psychological state of the patient.	—	8	46	62	1.15	Low	6
Medical team members ask me how to deal with patients' behavior.	—	2	51	58	1.07	Low	8
The doctor asks me about the state of the social conditions surrounding the patient.	—	6	45	66	1.22	Low	4
Members of the medical team accept my presence next to them in the framework of our joint cooperation inside the hospital.	1	15	38	71	1.31	Low	2
Members of the medical team realize the importance of my role to the success of providing treatment services to patients.	—	5	49	59	1.09	Low	7
Nursing accepts my interventions to solve patients' problems within the isolation department.	—	2	52	56	1.04	Low	9
The medical team members are interested in the information I give them about the patients.	—	17	37	71	1.31	Low	2
Doctors see me as an essential member in the success of the treatment process for patients.	8	19	27	89	1.64	Low	1
Doctors participate with me in awareness campaigns on ways to combat the Coronavirus outside the hospital.	—	—	54	54	1.00	Low	10
Total				649	1.20	Low	

The study's results indicate that medical team members' attitudes towards the role of the social worker are generally low. This finding is consistent with previous studies, which have reported a lack of clarity in the social worker's role among treatment team members and their failure to recognize the significant effort social workers make. These studies suggest that medical team members may not fully recognize the importance of the social worker as an essential member of the team. Instead, medical team members may view the social worker's role as limited to awareness and administrative aspects only [50-52]. To address these issues, there is a need to enhance joint cooperation between the social worker and the medical team and work to organize their roles and tasks to serve COVID-19 patients better. It is also crucial to modify doctors' and nurses' viewpoints and understand that the social worker's role is not limited to administrative procedures. Rather, it includes providing psychological support to patients, educating the medical team about the patient's social and economic conditions, and participating in the treatment plan's development, among others.

4-3- Study Findings Related to RQ3: What Are the Difficulties Faced by Social Workers in Performing their Job with the Medical Team in Isolation Hospitals for Coronavirus Patients?

Table 5 presents the results of the difficulties facing the social worker's performance of their job with the medical team in isolation hospitals for coronavirus patients, which were at a middle level, with a total weight of 1743. According to the analysis of the responses of social workers participating in this study, the most challenging difficulty was "Hospital administration is not convinced of the influence of social factors on the treatment plan," which ranked first with a total weight of 134, an arithmetic mean of 2.48, and a high level. The attitude of "Failure to provide a suitable atmosphere that supports my efforts with the medical team in the hospital" ranked second, with a total weight of 133, an arithmetic mean of 2.46, and a high level. The role of "The hospital administration's lack of interest in organizing any coordination meetings between the social worker and members of the medical team" ranked third, with a total weight of 125, an arithmetic mean of 2.31, and a middle level.

The attitude of "Lack of job satisfaction for the social worker with their work in the hospital due to a large number of tasks and the lack of financial incentive" ranked fourth, with a total weight of 123, an arithmetic mean of 2.27, and a middle level. The attitude of "Some doctors do not recognize the skills and practical experience of the social worker" ranked fifth, with a total weight of 122, an arithmetic mean of 2.26, and a middle level. The attitude of "Failure to hold periodic meetings between members of the medical team and the social worker" ranked sixth, with a total weight of 120, an arithmetic mean of 2.22, and a middle level. The attitude of "The number of social workers in the hospital is less than the minimum required" ranked seventh, with a total weight of 116, an arithmetic mean of 2.15, and a middle level. The attitude of "The hospital administration is not convinced of the importance of my role as a social worker in the medical team" ranked eighth, with a total weight of 115, an arithmetic mean of 2.13, and a middle level. The attitude of "Doctors/patients are not convinced of the importance of social and psychological factors in the success of the treatment plan" ranked ninth, with a total weight of 114, an arithmetic mean of 2.11, and a middle level.

The attitude of "The hospital administration believes that my role is only to deal with patients who are financially unable to pay the costs of treatment" ranked tenth, with a total weight of 113, an arithmetic mean of 2.09, and a middle level. The attitude of "Decreased number of training courses that the social worker receives on the entrances to a new practice in the medical field" ranked eleventh, with a total weight of 112, an arithmetic mean of 2.07, and a middle level. The attitude of "Lack of cooperation and coordination between members of the medical team and lack of experience in how to jointly cooperate with each other to accomplish tasks" ranked twelfth, with a total weight of 111, an arithmetic mean of 2.06, and a middle level. The attitude of "Lack of clarity in the role of the specialist in the medical team in specific tasks" ranked thirteenth, with a total weight of 107, an arithmetic mean of 1.98, and a middle level. The attitude of "Lack of knowledge in the medical field and poor means of optimal cooperation between social workers, doctors, and nurses" ranked fourteenth, with a total weight of 101, an arithmetic mean of 1.87, and a middle level. The attitude of "Lack of professional supervision to follow up and guide the social worker in their work in the hospital" ranked fifteenth, with a total weight of 97, an arithmetic mean of 1.80, and a middle level.

Table 5. Difficulties affecting job performance of social worker's (N = 54)

Difficulties affecting job performance of social worker's	Agree	Neutral	Disagree	Total weights	Mean	Degree	Ranking
Failure to provide a suitable atmosphere that supports my efforts with the medical team in the hospital	29	21	4	133	2.46	High	2
The hospital administration is not convinced of the importance of my role as a social worker in the medical team	18	25	11	115	2.13	Middle	8
The hospital administration believes that my role is only to deal with patients who are financially unable to pay the costs of treatment	21	17	16	113	2.09	Middle	10
Hospital administration is not convinced of the influence of social factors on the treatment plan	34	12	8	134	2.48	High	1
The hospital administration's lack of interest in organizing any coordination meetings between the social worker and members of the medical team	26	19	9	125	2.31	Middle	3
Lack of clarity in the role of the specialist in the medical team in specific tasks	18	17	19	107	1.98	Middle	13
Doctors/patients are not convinced of the importance of social and psychological factors in the success of the treatment plan	20	20	14	114	2.11	Middle	9
Lack of cooperation and coordination between members of the medical team and lack of experience in how to jointly cooperate with each other to accomplish tasks	16	25	13	111	2.06	Middle	12
Failure to hold periodic meetings between members of the medical team and the social worker	19	28	7	120	2.22	Middle	6
Some doctors do not recognize the skills and practical experience of the social worker	22	24	8	122	2.26	Middle	5
Lack of knowledge in the medical field, and poor means of optimal cooperation between social workers, doctors, and nurses	15	17	22	101	1.87	Middle	14
Lack of professional supervision to follow up and guide the social workers in their work at the hospital	12	19	23	97	1.80	Middle	15
Decreased number of training courses that the social worker receives on the entrances to a new practice in the medical field	17	24	13	112	2.07	Middle	11
Lack of job satisfaction for the social worker with their work in the hospital due to a large number of tasks and the lack of financial incentive	29	11	14	123	2.27	Middle	4
The number of social workers in the hospital is less than the minimum required.	22	18	14	116	2.15	Middle	7
Total				1743	2.15	Middle	

The study's findings indicate that social workers face several difficulties in performing their role in the medical team in isolation hospitals for coronavirus patients, which are at a middle level according to the social workers' perspective. This is consistent with the results of other studies, such as Spoorthy et al. (2020), Yu et al. (2021), Rivett et al. (2020), Wang et al. (2020), and Donelan et al. (2019) [53-57], which highlight the need to address the difficulties and obstacles facing social workers in the medical field. Efforts to remove these challenges can help activate the social worker's role in the medical team inside hospitals, promoting consensus between the social worker's role and the therapeutic team's role and eliminating the large gap that exists between the two roles. Increasing the number of social workers, as well as doctors and nurses' interest and appreciation for social and psychological information related to the patient's condition, is essential. This is because it can significantly impact the treatment plan and patient outcomes.

4-4- Study Findings Related to RQ4: Does the Job Performance Efficiency of Social Workers in Medical Institutions during the COVID-19 Pandemic Crisis Vary according to Gender, Age, Educational Qualification, Number of Years of Social Worker Experience in the Medical Field, and Number of Training Courses Taken on How to Deal with the COVID-19 Crisis?

The researcher used an independent one-way ANOVA test to assess the differences between the averages of the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis based on gender, age, educational qualification, number of years of social worker experience in the medical field, and the number of training courses taken on how to deal with the COVID-19 crisis.

Table 6 shows that there were statistically significant differences in the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis based on gender, where the F statistic (4.87) was greater than the F critical value (3.84) at the level of statistical significance (0.05). Additionally, there were statistically significant differences in job performance efficiency of social workers based on age, where the F statistic (2.73) was greater than the F critical value (2.60) at the level of statistical significance (0.05). Furthermore, there were statistically significant differences in job performance efficiency of social workers based on educational qualification, where the F statistic (3.53) was greater than the F critical value (3.00) at the level of statistical significance (0.05). Also, there were statistically significant differences in job performance efficiency of social workers based on the number of years of social worker experience in the medical field, where the F statistic (3.29) was greater than the F critical value (2.60) at the level of statistical significance (0.05). Moreover, there were statistically significant differences in job performance efficiency of social workers based on the number of training courses taken on how to deal with the COVID-19 crisis, where the F statistic (4.54) was greater than the F critical value (3.00) at the level of statistical significance (0.05).

Table 6. One-way ANOVA test of social workers responses

		Sum of Squares	df	Mean Square	F Statistic	F critical	Sig. level
Gender	Between Groups	174	1	174	4.87	3.84*	Significant
	Within Groups	1857	52	35.71			
	Total	2031	53				
Age	Between Groups	286	3	95.33	2.73	2.60*	Significant
	Within Groups	1745	50	34.9			
	Total	2031	53				
Educational Qualification	Between Groups	247	2	123.5	3.53	3.00*	Significant
	Within Groups	1784	51	34.98			
	Total	2031	53				
Number of years of social worker experience in the medical field	Between Groups	335	3	111.67	3.29	2.60*	Significant
	Within Groups	1696	50	33.92			
	Total	2031	53				
Number of training courses taken on how to deal with the COVID-19 crisis	Between Groups	307	2	153.5	4.54	3.00*	Significant
	Within Groups	1724	51	33.8			
	Total	2031	53				

4-5- In light of the Above Results that Answered All the Sub-Questions of the Study, We Can Now Answer the Main Question of the Study, which is [What is Job Performance Efficiency of Social Workers in Medical Institutions during the COVID-19 Pandemic Crisis?].

Figure 2 shows the results of the main question, which indicate that the value of job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis had a total weight of 3611 and a weighted relative weight of 55.7%. This suggests a middle level of job performance efficiency for social workers in medical institutions during the COVID-19 pandemic crisis. The level of social workers' performance of their job tasks was rated at a total weight of 1219 and a percentage of 33.8%. The attitudes of co-workers towards the efficiency of the job performance of the social worker in the medical team were rated at a total weight of 649 and a percentage of 18%. Furthermore, the difficulties facing the social worker's job performance in the medical team were rated at a total weight of 1743 and a percentage of 48.2%. These findings provide insights into the various factors that can impact the job performance and efficiency of social workers in medical institutions during the COVID-19 pandemic crisis. The middle level of job performance efficiency suggests that there is room for improvement in the performance of social workers in this context.

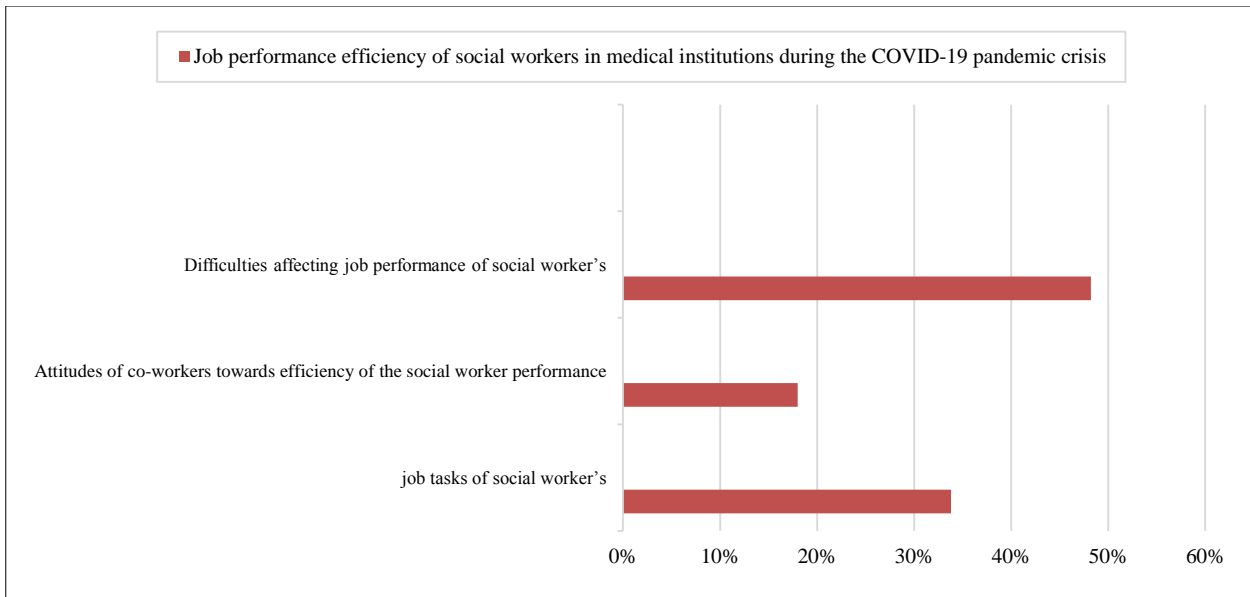


Figure 2. Job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis

5- Discussion

5-1- Main Findings of the Present Study

The study found that the overall job performance efficiency of social workers was at a middle level came to a total weight of 3611 and a weighted relative weight of 55.7%. The social workers' performance of their job tasks was at a low level, while the attitudes of co-workers towards the efficiency of the job performance of the social worker in the medical team were also at a low level. Furthermore, the difficulties facing the social workers' performance of their job in the medical team were at a middle level. In addition to, there are statistically significant differences in the degree of the job performance efficiency of social workers in medical institutions in light of the COVID-19 pandemic crisis according to gender, age, educational Qualification, Number of years of social worker experience in the medical field, and Number of training courses taken on how to deal with the COVID-19 crisis.

5-2- Comparison with Other Studies

Firstly, our study found that the social worker's performance of their job tasks in isolation hospitals for coronavirus patients was rated at a low level. These results are consistent with previous research studies conducted by Li et al. (2020), Ornell et al. (2020), Cheng et al. (2020), and Rana et al. (2020), which also reported that the performance of social workers in healthcare settings is not at the required level. To improve the effectiveness of social workers in hospitals, it is important to facilitate all possible ways to clarify their role and enable them to use their strategies, techniques, and professional knowledge effectively within the medical field [58-61]. However, it is important to note that other research studies have reported positive job tasks and experiences for social workers in normal circumstances. For example, a study by Quinn-Lee et al. (2014) found that social workers in palliative care settings reported high levels of job satisfaction and fulfillment in their work [62]. Another study by Liu (2013) found that social workers in mental health settings reported positive experiences in their work, including the ability to build strong therapeutic relationships with patients [63]. These findings suggest that the effectiveness of social workers may vary depending on the context and setting in which they work.

Secondly, our study found that the attitudes of co-workers towards the efficiency of the job performance of social workers in the medical team were rated at a low level. These findings suggest that there may be a lack of recognition and support for social workers' contributions to patient care from their co-workers in the medical team. The low level of attitudes towards social workers' job performance efficiency identified in this study is consistent with previous research studies, including Okoye (2019), Abendstern et al. (2021), which have highlighted the need for greater recognition of the important role of social workers in healthcare settings [64, 65]. However, it is important to note that other studies, such as Stone & Bryant (2019) and Chen & Zhuang (2021), have reported that some members of the medical team, such as attending physicians and psychologists, appreciate the efforts of social workers in helping them with patients in hospitals [66, 67]. These findings suggest that attitudes towards social workers' job performance efficiency may vary depending on the perspective and experiences of different members of the medical team.

Thirdly, our study found that there were difficulties facing the social worker's performance of their role in the medical team in isolation hospitals for coronavirus patients, which were rated at a middle level from the point of view of social

workers. These findings are consistent with previous research studies, including Spoorthy et al. (2020), Yu et al. (2021), Rivett et al. (2020), Wang et al. (2020), and Donelan et al. (2019), which have emphasized the need to remove the difficulties and obstacles facing social workers in their work in the medical field. This is necessary to activate the role of social workers in the medical team inside hospitals and create a consensus between the practicing role of the social worker and the therapeutic team, thereby eliminating the large gap that exists between the two roles [68-54-57]. However, it is important to note that our study differs from some previous research studies in this area. For example, studies by Brown et al. (2019) and Scanlan & Still (2019) found that social workers reported higher levels of job satisfaction and lower levels of burnout compared to other healthcare professionals [69, 70]. These findings suggest that social workers may be particularly resilient in normal circumstances, and their unique skillset may be well-suited for effective achievement in the medical field.

Fourthly, our study found statistically significant differences in the degree of job performance efficiency of social workers in medical institutions in light of the COVID-19 pandemic crisis based on gender, age, educational qualification, number of years of social worker experience in the medical field, and the number of training courses taken on how to deal with the COVID-19 crisis. These findings are consistent with some previous research studies. For example, a study by Zhang et al. (2020) found that social workers with more years of experience reported higher levels of job satisfaction and lower levels of burnout, especially in difficult times of crisis [33]. Similarly, a study by Figueredo et al. (2021) found that social workers with higher levels of education reported higher levels of job satisfaction and lower levels of psychological distress [71]. These findings suggest that medical institutions should consider these factors when recruiting and training social workers to ensure their job performance efficiency and effectiveness in providing the necessary support and care to patients during times of crisis. Additionally, providing adequate training, resources, and support to equip social workers with the necessary skills and knowledge to perform their job effectively can help overcome these differences and promote a more inclusive and supportive work environment for social workers in medical institutions.

5-3-Implication and Explanation of the Findings

The findings of this study have several implications for the field of social work and medical institutions.

First, while the findings of this study provide important insights into the job tasks of social workers in isolation hospitals for coronavirus patients. The job tasks identified in this study include a range of activities, such as providing emotional support to patients and their families, coordinating with other members of the medical team, conducting assessments and evaluations, and developing care plans for patients. These tasks are critical to the effective functioning of the medical team and the provision of high-quality patient care in isolation hospitals for coronavirus patients. However, the low level of job tasks performance in this study suggests the need for greater support and re-sources for social workers in isolation hospitals for coronavirus patients to help them perform their job tasks effectively. This could include providing additional training opportunities because it is important to provide social workers in medical institutions with adequate training and education to enhance their job performance efficiency. This includes training on COVID-19 related issues, mental health support, and communication skills. In addition, it is necessary to reduce administrative burdens and ensure that social workers have access to the necessary resources and support to perform their job tasks effectively.

Second, while the findings of this study provide important insights into the attitudes of co-workers towards efficiency of the job performance of the social worker in the medical team. It is important to note that the attitudes of co-workers towards social workers' job performance efficiency may be influenced by a range of factors, such as the quality of communication and collaboration among team members and the organizational culture of the healthcare setting and Providing the necessary resources and capabilities for work. These factors are critical to the effective functioning of the medical team and the provision of high-quality patient care in isolation hospitals for coronavirus patients. However, the overall lack of recognition and support for social workers' contributions to patient care from their co-workers in the medical team is a concern that has been highlighted in this study. Therefore, medical institutions should create a supportive work environment that recognizes the importance of social workers in the medical team. This includes establishing clear policies and procedures for social workers' roles and responsibilities, providing adequate resources and support, encouraging collaboration and communication among team members, and addressing any negative attitudes or perceptions towards the role of social workers in patient care.

Third, while the findings of this study provide important insights into the difficulties facing social workers in performing their job with the medical team in isolation hospitals for coronavirus patients. The difficulties facing social workers include in this study , such as Some doctors not recognizing the skills and practical experience of social workers, and Hospital administration not recognizing the influence of social factors on the treatment plan, and Failure to provide a suitable atmosphere that supports the efforts of social workers with the medical team in the hospital, Lack of interest from hospital administration in organizing coordination meetings between social workers and members of the medical team, which can hinder effective communication and collaboration and Lack of job satisfaction for social workers due to a large number of tasks and the lack of financial incentives, which can negatively affect their motivation and job

performance. Therefore, medical institutions should address these difficulties in order to improve the job performance efficiency of social workers in medical institutions and ensure that they are able to provide the best possible support and care to patients. This can be achieved through increased awareness and recognition of the importance of social workers in the medical field, and provide social workers with the necessary resources and support to perform their job efficiently, such as access to technology, personal protective equipment, and mental health support. In addition to, increasing numbers of social workers in the health care sector in hospitals to reduce the workload, and training them to adapt to new and rapidly changing conditions in light of the current crisis.

5-4- Strengths and Limitations

Strengths

- The study provides new knowledge about the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis.
- The comprehensive social survey approach used in the study allowed for the collection of data from a relatively large sample of 54 social workers.
- The study used a questionnaire to gather data, which is a reliable and widely used method for collecting self-reported data.
- The study used weight analysis to determine the value and weighted relative weight of job performance efficiency, which is a statistically rigorous method of analysis.
- The study found significant differences in job performance efficiency based on various factors, which can help to inform targeted interventions to improve job performance.

Limitations

- Due to the scarcity of Arabic research studies on the role of social workers in the medical sector during the COVID-19 crisis, the study's literature review was confined to previous foreign studies. The lack of research studies in Arabic-speaking countries or regions limited the scope of the literature review to foreign sources.

6- Conclusions and Recommendations

6-1-Newly Formulated Theoretical Contributions

Identification of the most important indicators that influence the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis, including job tasks, attitudes of co-workers, and difficulties faced by social workers in performing their duties.

Use of a comprehensive social survey approach and weight analysis to evaluate the job performance efficiency of social workers in medical institutions, which can provide insights into the relative importance of different factors and inform future research and policy decisions.

Identification of statistically significant differences in the degree of job performance efficiency according to gender, age, educational qualification, number of experience years, and number of training courses, which can help to inform targeted interventions and training programs to improve the job performance efficiency of social workers in medical institutions.

The study presents important recommendations represented in:

- Develop the knowledge and skills of medical social workers on how to deal with the medical team in light of the COVID-19 pandemic crisis through holding a set of qualifying training courses for them.
- Reduce the administrative burdens on social workers to enable them to perform their tasks and role effectively, by restructuring the tasks of the social service department in hospitals and urging managers to give social workers the real opportunity to carry out their roles and professional tasks inside the hospital.
- Develop the awareness of doctors, nurses, and other members of the medical team about the nature of the roles and tasks of social workers in the hospital to change the wrong view towards specialists, through holding periodic meetings and implementing seminars that will contribute to achieving this.
- Address the Department of Social Service at the Ministry of Health to provide the tools and means that help the social specialist to perform their duties and activate the department's role in coordinating with medical bodies to activate the role of the social specialist in medical teams.
- Highlight the skills of social workers related to health awareness and education as a mechanism to activate their role in the medical team, by organizing training courses through the Department of Social Service at the Ministry of Health.

- Hold seminars and workshops to clarify the importance of teamwork in the medical field and provide training to accomplish tasks more effectively.
- Raise the awareness of the medical team members about the importance of the role of the social worker for the success of providing services to patients.
- Raise awareness among the medical team members about the importance of social factors that can cause or contribute to diseases.
- Hold periodic meetings between members of the medical team and social workers to facilitate positive cooperation.
- Educate nurses about the importance of the social worker's role in dealing with patients' behavior.
- Provide the necessary time for social workers inside the hospital to carry out their duties and roles effectively.
- Provide incentives to social workers for their outstanding performance with the medical team.
- Increase the number of social workers in the hospital to ensure adequate coverage and support for patients' needs.

6-2-Limitations of the Study and Prospects for Future Research

Firstly: Limitations of the Study

This study had some limitations that should be acknowledged, which are as follows:

- **Location Limitation:** The study was conducted within Isolation hospitals for coronavirus patients in the emirates of Ajman, Sharjah, and Dubai in the United Arab Emirates.
- **Time Limitation:** The study was conducted during the period from 1/1/2021 to 30/8/2022.
- **Human Limitation:** the comprehensive social survey of all social workers working in isolation hospitals for coronavirus patients in the emirates of Ajman, Sharjah, and Dubai in the United Arab Emirates, and their number was estimated at about 54 social workers according to the statistics of the Ministry of Health.

Secondly: Prospects for Future Research

Future research could:

- Investigate the organizational culture for social workers, as well as the medical and administrative team in hospitals.
- Explore new strategies for addressing the challenges faced by social workers in the medical field, especially in times of crisis.
- Explore new strategies for improving collaboration and support within the medical team.
- Examining the role of organizational factors, such as leadership and management practices that contribute to the low performance of social workers in medical institutions during the COVID-19 pandemic crisis, as well as individual factors, such as personal characteristics and coping strategies.

By addressing these areas, future research can contribute to improving the job performance efficiency of social workers in medical institutions and enhancing the quality of care provided to patients.

6-3- Summary of Key Findings in a Compact Format and Re-Emphasize their Significance

The study evaluated the job performance efficiency of social workers in medical institutions during the COVID-19 pandemic crisis. The results showed that the overall job performance efficiency of social workers was at a middle level. However, their performance of job tasks and the attitudes of co-workers towards their efficiency were at a low level. Social workers faced difficulties in performing their job in the medical team, which were at a middle level. The study also found that there were significant differences in job performance efficiency based on gender, age, educational qualification, years of experience in the medical field, and the number of training courses taken on dealing with COVID-19.

6-4- Summary of How the Article Contributed to New Knowledge in the Domain

The article contributes to new knowledge in the domain of social work in medical institutions during the COVID-19 pandemic crisis. The study evaluated the job performance efficiency of social workers based on job tasks, attitudes of co-workers, and difficulties faced by social workers in performing their duties. The study's findings revealed that the job performance efficiency of social workers was at a middle level and that there were significant differences based on various factors. The study provides practical recommendations such as developing the knowledge and skills of medical social workers through training courses, reducing administrative burdens, increasing the number of social workers in the hospital, and providing incentives for outstanding performance. These recommendations can help to improve the

efficiency of the job performance of social workers in medical institutions during global health crises. The study's contributions highlight the importance of understanding the job performance efficiency of social workers during global health crises and provide valuable insights into the factors that influence their performance. The study's practical recommendations can inform future research and policy decisions aimed at improving the quality of care provided to patients during global health crises and strengthening the role of social workers in the medical field.

7- Declarations

7-1-Data Availability Statement

The data presented in this study are available on request from the corresponding author.

7-2-Funding

The author received no financial support for the research, authorship, and/or publication of this article.

7-3-Institutional Review Board Statement

Not applicable.

7-4-Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

7-5-Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this manuscript. In addition, the ethical issues, including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, and redundancies have been completely observed by the author.

8- References

- [1] Roy, A., Singh, A. K., Mishra, S., Chinnadurai, A., Mitra, A., & Bakshi, O. (2021). Mental health implications of COVID-19 pandemic and its response in India. *International Journal of Social Psychiatry*, 67(5), 587–600. doi:10.1177/0020764020950769.
- [2] Kentikelenis, A., & Seabrooke, L. (2021). Organising knowledge to prevent global health crises: A comparative analysis of pandemic preparedness indicators. *BMJ Global Health*, 6(8), 6864. doi:10.1136/bmjgh-2021-006864.
- [3] WHO. (2021). WHO Coronavirus (COVID-19) Dashboard. World Health Organization (WHO), Geneva, Switzerland. Available online: <https://covid19.who.int/> (accessed on April 2023).
- [4] Kontoangelos, K., Economou, M., & Papageorgiou, C. (2020). Mental health effects of COVID-19 pandemia: A review of clinical and psychological traits. *Psychiatry Investigation*, 17(6), 491–505. doi:10.30773/pi.2020.0161.
- [5] Cabarkapa, S., Nadjidai, S. E., Murgier, J., & Ng, C. H. (2020). The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A rapid systematic review. *Brain, Behavior, and Immunity - Health*, 8, 100144. doi:10.1016/j.bbih.2020.100144.
- [6] Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020). The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019(COVID-19) in January and February 2020 in China. *Medical Science Monitor*, 26, 923549–1. doi:10.12659/MSM.923549.
- [7] Hao, F., Tam, W., Hu, X., Tan, W., Jiang, L., Jiang, X., Zhang, L., Zhao, X., Zou, Y., Hu, Y., Luo, X., McIntyre, R. S., Quek, T., Tran, B. X., Zhang, Z., Pham, H. Q., Ho, C. S. H., & Ho, R. C. M. (2020). A quantitative and qualitative study on the neuropsychiatric sequelae of acutely ill COVID-19 inpatients in isolation facilities. *Translational Psychiatry*, 10(1), 355. doi:10.1038/s41398-020-01039-2.
- [8] Liu, Q., Luo, D., Haase, J. E., Guo, Q., Wang, X. Q., Liu, S., Xia, L., Liu, Z., Yang, J., & Yang, B. X. (2020). The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. *The Lancet Global Health*, 8(6), e790–e798. doi:10.1016/S2214-109X(20)30204-7.
- [9] Walton, M., Murray, E., & Christian, M. D. (2020). Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic. *European Heart Journal: Acute Cardiovascular Care*, 9(3), 241–247. doi:10.1177/2048872620922795.
- [10] Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The Role of Telehealth in Reducing the Mental Health Burden from COVID-19. *Telemedicine and E-Health*, 26(4), 377–379. doi:10.1089/tmj.2020.0068.
- [11] Gong, K., Xu, Z., Cai, Z., Chen, Y., & Wang, Z. (2020). Internet Hospitals Help Prevent and Control the Epidemic of COVID-19 in China: Multicenter User Profiling Study. *Journal of Medical Internet Research*, 22(4), 18908. doi:10.2196/18908.

- [12] Comas-Herrera, A., Fernandez, J. L., Hancock, R., Hatton, C., Knapp, M., McDaid, D., Malley, J., Wistow, G., & Wittenberg, R. (2020). COVID-19: Implications for the Support of People with Social Care Needs in England. *Journal of Aging and Social Policy*, 32(4–5), 365–372. doi:10.1080/08959420.2020.1759759.
- [13] Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066. doi:10.1016/j.ajp.2020.102066.
- [14] Gao, Y., Li, Y., Luo, J., Wang, H., Su, Y., Chen, H., Han, X., & Wang, H. (2020). Emergency System of Designated Hospital for COVID-19. *The Clinical Diagnosis and Treatment for New Coronavirus Pneumonia*. Springer, Singapore. doi:10.1007/978-981-15-5975-4_1.
- [15] Tadic, V., Ashcroft, R., Brown, J. B., & Dahrouge, S. (2020). The role of social workers in interprofessional primary healthcare teams. *Healthcare Policy*, 16(1), 27–42. doi:10.12927/HCPOL.2020.26292.
- [16] Roberts, A. R., Roberts, A. R., Bowblis, J. R., & Smith, A. C. (2019). The Impact of Social Workers on Post-Acute Care Discharge Outcomes. *Innovation in Aging*, 3(Supplement_1), S359–S360. doi:10.1093/geroni/igz038.1309.
- [17] Saunders, S., Killackey, T., Kurahashi, A., Walsh, C., Wentlandt, K., Lovrics, E., Scott, M., Mahtani, R., Bernstein, M., Howard, M., Tanuseputro, P., Goldman, R., Zimmermann, C., Aslakson, R. A., & Isenberg, S. R. (2019). Palliative Care Transitions From Acute Care to Community-Based Care—A Systematic Review. *Journal of Pain and Symptom Management*, 58(4), 721–734.e1. doi:10.1016/j.jpainsymman.2019.06.005.
- [18] Zuchowski, I., McLennan, S., & Sen Gupta, T. (2023). Evaluation of Social Work Student Placements in General Practice. *The British Journal of Social Work*, bcac244. doi:10.1093/bjsw/bcac244.
- [19] Kripalani, S., Jackson, A. T., Schnipper, J. L., & Coleman, E. A. (2007). Promoting effective transitions of care at hospital discharge: A review of key issues for hospitalists. *Journal of Hospital Medicine*, 2(5), 314–323. doi:10.1002/jhm.228.
- [20] Jones, T., Nedjat-Haiem, F., & Bullock, K. (2022). Health Equity in Palliative Care. *The Oxford Textbook of Palliative Social Work*, 14–25, Oxford Academic, Oxford, United Kingdom. doi:10.1093/med/9780197537855.003.0002.
- [21] Alderwick, H., & Gottlieb, L. M. (2019). Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. *Milbank Quarterly*, 97(2), 407–419. doi:10.1111/1468-0009.12390.
- [22] Waite, R., & Brooks, S. (2014). Cultivating social justice learning & leadership skills: A timely endeavor for undergraduate student nurses. *Nurse Education Today*, 34(6), 890–893. doi:10.1016/j.nedt.2014.02.009.
- [23] Armstrong, A., Jeevaratnam, J., Murphy, G., Pasha, M., Tough, A., Conway-Jones, R., Mifsud, R. W., & Tucker, S. (2020). A plastic surgery service response to COVID-19 in one of the largest teaching hospitals in Europe. *Journal of Plastic, Reconstructive & Aesthetic Surgery*, 73(6), 1174–1205. doi:10.1016/j.bjps.2020.03.027.
- [24] Wand, A. P. F., Zhong, B. L., Chiu, H. F. K., Draper, B., & De Leo, Di. (2020). COVID-19: The implications for suicide in older adults. *International Psychogeriatrics*, 32(10), 1225–1230. doi:10.1017/S1041610220000770.
- [25] Carmassi, C., Foghi, C., Dell’Oste, V., Cordone, A., Bertelloni, C. A., Bui, E., & Dell’Osso, L. (2020). PTSD symptoms in healthcare workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic? *Psychiatry Research*, 292, 113312. doi:10.1016/j.psychres.2020.113312.
- [26] Elsayed, W., Sokolovskiy, K., & Gavrilova, Y. (2022). Religious Practices in the Effectiveness of Social Service Workers: A Subjective Assessment. *Public Organization Review*, 1-14. doi:10.1007/s11115-022-00668-z.
- [27] Chen, Z., He, S., Li, F., Yin, J., & Chen, X. (2020). Mobile field hospitals, an effective way of dealing with COVID-19 in China: sharing our experience. *Bioscience Trends*, 14(3), 212–214. doi:10.5582/bst.2020.01110.
- [28] Dutra, C. C. D., & Rocha, H. S. (2021). Religious Support as a Contribution to Face the Effects of Social Isolation in Mental Health During the Pandemic of COVID-19. *Journal of Religion and Health*, 60(1), 99–111. doi:10.1007/s10943-020-01140-2.
- [29] Tavakoli, M., Carriere, J., & Torabi, A. (2020). Robotics, Smart Wearable Technologies, and Autonomous Intelligent Systems for Healthcare during the COVID - 19 Pandemic: An Analysis of the State of the Art and Future Vision. *Advanced Intelligent Systems*, 2(7), 2000071. doi:10.1002/aisy.202000071.
- [30] Traylor, A. M., Tannenbaum, S. I., Thomas, E. J., & Salas, E. (2020). Helping healthcare teams save lives during COVID-19: Insights and countermeasures from team science. *American Psychologist*, 76(1), 1–13. doi:10.1037/amp0000750.
- [31] Elsayed, W. (2021). Social work practices in the multiethnic urban reality of covid-19 in the Middle East: The case of UAE. *Journal of Ethnic and Cultural Studies*, 8(4), 307–320. doi:10.29333/ejecs/900.
- [32] White, E. M., Wetle, T. F., Reddy, A., & Baier, R. R. (2021). Front-line Nursing Home Staff Experiences during the COVID-19 Pandemic. *Journal of the American Medical Directors Association*, 22(1), 199–203. doi:10.1016/j.jamda.2020.11.022.

- [33] Zhang, C., Yang, L., Liu, S., Ma, S., Wang, Y., Cai, Z., Du, H., Li, R., Kang, L., Su, M., Zhang, J., Liu, Z., & Zhang, B. (2020). Survey of Insomnia and Related Social Psychological Factors among Medical Staff Involved in the 2019 Novel Coronavirus Disease Outbreak. *Frontiers in Psychiatry*, 11, 306. doi:10.3389/fpsy.2020.00306.
- [34] Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A., Storm, K., Truell, R., Uriz, M. J., & Weinberg, M. (2020). Ethical challenges for social workers during Covid-19: A global perspective. *International Federation of Social Workers*, Rheinfelden, Switzerland.
- [35] Simpson, R., & Robinson, L. (2020). Rehabilitation after critical illness in people with COVID-19 infection. *American Journal of Physical Medicine and Rehabilitation*, 99(6), 470–474. doi:10.1097/PHM.0000000000001443.
- [36] Eyre, D. W., Lumley, S. F., O'Donnell, D., Campbell, M., Sims, E., Lawson, E., Warren, F., James, T., Cox, S., Howarth, A., Doherty, G., Hatch, S. B., Kavanagh, J., Chau, K. K., Fowler, P. W., Swann, J., Volk, D., Yang-Turner, F., ... Stoesser, N. (2020). Author response: Differential occupational risks to healthcare workers from SARS-CoV-2 observed during a prospective observational study. doi:10.7554/elif.60675.sa2.
- [37] Hunter, E., Price, D. A., Murphy, E., van der Loeff, I. S., Baker, K. F., Lendrem, D., Lendrem, C., Schmid, M. L., Pareja-Cebrian, L., Welch, A., Payne, B. A. I., & Duncan, C. J. A. (2020). First experience of COVID-19 screening of health-care workers in England. *The Lancet*, 395(10234), e77–e78. doi:10.1016/S0140-6736(20)30970-3.
- [38] Aekwarangkoon, S., & Thanathamthee, P. (2022). Associated Patterns and Predicting Model of Life Trauma, Depression, and Suicide Using Ensemble Machine Learning. *Emerging Science Journal*, 6(4), 679-693. doi:10.28991/ESJ-2022-06-04-02.
- [39] Chen, Q., Lan, X., Zhao, Z., Hu, S., Tan, F., Gui, P., & Yao, S. (2020). Role of Anesthesia Nurses in the Treatment and Management of Patients With COVID-19. *Journal of Perianesthesia Nursing*, 35(5), 453–456. doi:10.1016/j.jopan.2020.05.007.
- [40] Roncero, C., García-Ullán, L., de la Iglesia-Larrad, J. I., Martín, C., Andrés, P., Ojeda, A., González-Parra, D., Pérez, J., Fombellida, C., Álvarez-Navares, A., Benito, J. A., Dutil, V., Lorenzo, C., & Montejo, Á. L. (2020). The response of the mental health network of the Salamanca area to the COVID-19 pandemic: The role of the telemedicine. *Psychiatry Research*, 291, 113252. doi:10.1016/j.psychres.2020.113252.
- [41] Selman, L. E., Chao, D., Sowden, R., Marshall, S., Chamberlain, C., & Koffman, J. (2020). Bereavement Support on the Frontline of COVID-19: Recommendations for Hospital Clinicians. *Journal of Pain and Symptom Management*, 60(2), e81–e86. doi:10.1016/j.jpainsymman.2020.04.024.
- [42] Wang, L. (2021). Changes in Social Work Practice in China during the COVID-19 Pandemic. *Practice*, 33(5), 339–353. doi:10.1080/09503153.2021.1924129.
- [43] Martland, A. M., Huffines, M., & Henry, K. (2020). Surge priority planning COVID-19: critical care staffing and nursing considerations. *Chest*, American College of Chest Physicians, Glenview, United States.
- [44] Brennan, J., Reilly, P., Cuskelly, K., & Donnelly, S. (2020). Social work, mental health, older people and COVID-19. *International Psychogeriatrics*, 32(10), 1205–1209. doi:10.1017/s1041610220000873.
- [45] Nestor, S., O' Tuathaigh, C., & O' Brien, T. (2021). Assessing the impact of COVID-19 on healthcare staff at a combined elderly care and specialist palliative care facility: A cross-sectional study. *Palliative Medicine*, 35(8), 1492–1501. doi:10.1177/02692163211028065.
- [46] Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y. T. (2020). Progression of mental health services during the COVID-19 outbreak in China. *International Journal of Biological Sciences*, 16(10), 1732–1738. doi:10.7150/ijbs.45120.
- [47] Ornell, F., Schuch, J. B., Sordi, A. O., & Kessler, F. H. P. (2020). “Pandemic fear” and COVID-19: Mental health burden and strategies. *Brazilian Journal of Psychiatry*, 42(3), 232–235. doi:10.1590/1516-4446-2020-0008.
- [48] Cheng, W., Zhang, F., Liu, Z., Zhang, H., Lyu, Y., Xu, H., Hua, Y., Gu, J., Yang, Z., & Liu, J. (2020). A psychological health support scheme for medical teams in COVID-19 outbreak and its effectiveness. *General Psychiatry*, 33(5). doi:10.1136/gpsych-2020-100288.
- [49] Rana, W., Mukhtar, S., & Mukhtar, S. (2020). Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak. *Asian Journal of Psychiatry*, 51, 102080. doi:10.1016/j.ajp.2020.102080.
- [50] Mitra, A., Soman, B., Gaitonde, R., Singh, G., & Roy, A. (2022). Data science methods to develop decision support systems for real-time monitoring of COVID-19 outbreak. *Journal of Human, Earth, and Future*, 3(2), 223-236. doi:10.28991/HEF-2022-03-02-08.
- [51] Zhou, Y., Yang, Y., Shi, T., Song, Y., Zhou, Y., Zhang, Z., Guo, Y., Li, X., Liu, Y., Xu, G., Cheung, T., Xiang, Y. T., & Tang, Y. (2020). Prevalence and Demographic Correlates of Poor Sleep Quality among Frontline Health Professionals in Liaoning Province, China during the COVID-19 Outbreak. *Frontiers in Psychiatry*, 11, 520. doi:10.3389/fpsy.2020.00520.

- [52] Mo, Y., Deng, L., Zhang, L., Lang, Q., Liao, C., Wang, N., Qin, M., & Huang, H. (2020). Work stress among Chinese nurses to support Wuhan in fighting against COVID-19 epidemic. *Journal of Nursing Management*, 28(5), 1002–1009. doi:10.1111/jonm.13014.
- [53] Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic—A review. *Asian Journal of Psychiatry*, 51, 102119. doi:10.1016/j.ajp.2020.102119.
- [54] Yu, Z., Duan, W., Jiang, L., Yuan, Z., Kong, Y., & Wang, J. (2021). Interdisciplinary Bridging Response Teams in the COVID-19 outbreak aid provision in China. *International Social Work*, 64(5), 783–789. doi:10.1177/00208728211021145.
- [55] Rivett, L., Sridhar, S., Sparkes, D., Routledge, M., Jones, N. K., Forrest, S., Young, J., Pereira-Dias, J., Hamilton, W. L., Ferris, M., Torok, M. E., Meredith, L., Gupta, R., Lyons, P. A., Toshner, M., Warne, B., Bartholdson Scott, J., Cormie, C., ... Gill, H. (2020). Screening of healthcare workers for SARS-CoV-2 highlights the role of asymptomatic carriage in COVID-19 transmission. *ELife*, 9. CLOCKSS. doi:10.7554/elife.58728.
- [56] Wang, C., Cheng, Z., Yue, X.-G., & McAleer, M. (2020). Risk Management of COVID-19 by Universities in China. *Journal of Risk and Financial Management*, 13(2), 36. doi:10.3390/jrfm13020036.
- [57] Donelan, K., Chang, Y., Abebe, J. B., Spetz, J., Auerbach, D. I., Norman, L., & Buerhaus, P. I. (2019). Care management for older adults: The roles of nurses, social workers, and physicians. *Health Affairs*, 38(6), 941–949. doi:10.1377/hlthaff.2019.00030.
- [58] Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y. T. (2020). Progression of mental health services during the COVID-19 outbreak in China. *International Journal of Biological Sciences*, 16(10), 1732–1738. doi:10.7150/ijbs.45120.
- [59] Ornell, F., Halpern, S. C., Kessler, F. H. P., & Narvaez, J. C. de M. (2020). The impact of the COVID-19 pandemic on the mental health of healthcare professionals. *Cadernos de Saúde Pública*, 36(4). doi:10.1590/0102-311x00063520.
- [60] Yıldırım, M., & Arslan, G. (2022). Exploring the associations between resilience, dispositional hope, preventive behaviours, subjective well-being, and psychological health among adults during early stage of COVID-19. *Current psychology*, 41(8), 5712–5722. doi:10.1007/s12144-020-01177-2.
- [61] Abbas, S., Al-Abrow, H., Abdullah, H. O., Alnoor, A., Khattak, Z. Z., & Khaw, K. W. (2021). Encountering Covid-19 and perceived stress and the role of a health climate among medical workers. *Current Psychology*, 1-14. doi:10.1007/s12144-021-01381-8.
- [62] Quinn-Lee, L., Olson-McBride, L., & Unterberger, A. (2014). Burnout and Death Anxiety in Hospice Social Workers. *Journal of Social Work in End-of-Life & Palliative Care*, 10(3), 219–239. doi:10.1080/15524256.2014.938891.
- [63] Liu, S. W. (2013). Bilingual social workers in mental health service provision: Cultural competence, language, and work experience. *Asian Social Work and Policy Review*, 7(2), 85–98. doi:10.1111/aswp.12009.
- [64] Okoye, U. O. (2019). *Health care social work in Nigeria*. Health care social work: A global perspective, 149-61, Oxford University Press, New York, United States.
- [65] Abendstern, M., Hughes, J., Wilberforce, M., Davies, K., Pitts, R., Batool, S., Robinson, C., & Challis, D. (2021). Perceptions of the social worker role in adult community mental health teams in England. *Qualitative Social Work*, 20(3), 773–791. doi:10.1177/1473325020924085.
- [66] Stone, R. I., & Bryant, N. S. (2019). The Future of the Home Care Workforce: Training and Supporting Aides as Members of Home - Based Care Teams. *Journal of the American Geriatrics Society*, 67(S2), S444 - S448. Portico. doi:10.1111/jgs.15846.
- [67] Chen, Y. Y., & Zhuang, J. (2021). Roles of medical social workers in interprofessional teams: a case study of a Shanghai COVID-19 quarantine centre for medical observation. *Asia Pacific Journal of Social Work and Development*, 31(1–2), 123–131. doi:10.1080/02185385.2020.1828157.
- [68] Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic—A review. *Asian Journal of Psychiatry*, 51, 102119. doi:10.1016/j.ajp.2020.102119.
- [69] Brown, A. R., Walters, J. E., & Jones, A. E. (2019). Pathways to Retention: Job Satisfaction, Burnout, & Organizational Commitment among Social Workers. *Journal of Evidence-Based Social Work*, 16(6), 577–594. doi:10.1080/26408066.2019.1658006.
- [70] Scanlan, J. N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service. *BMC Health Services Research*, 19(1), 1-11. doi:10.1186/s12913-018-3841-z.
- [71] Figueredo, J. M., García-Ael, C., Gragnano, A., & Topa, G. (2021). The mediating role of work-health balance in the relationship between perceived work ability and affective job satisfaction. *Psihologijske Teme*, 30(3), 547–572. doi:10.31820/pt.30.3.8.