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Social Distancing and Client Engagement: The Challenges of COVID-19 For Frontline Workers

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Abstract

The primary purpose of this reflection paper is to clarify the processes by which frontline workers confront the paradoxes of distance and engagement at work as a result of the COVID-19 pandemic. This reflection piece examines the relationship between safety and service, the impact of the virus in dealing with the problems and prospects of frontline work in the health delivery services.

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The Coronavirus pandemic has been devastating. In the span of several months, worldwide deaths have topped 785,412 and 9,045 in Canada at the time of writing (Worldometer, 2020). This pandemic raises many important questions about the impact of the pandemic on frontline workers. This reflection piece, as a frontline worker, focusses on the challenges faced by nurses and developmental service workers in negotiating the imperatives of social distancing with the demands of health service delivery. These observations arise from my professional work experience in developmental services and from my volunteer work at a medical clinic, where I worked closely with nurses. This reflection aims to map out the complex relationship of social distancing with health engagement, from the standpoint of frontline workers. The paper encourages further critical reflection substantively and conceptually of the relationship between *distance and engagement*; by recognizing the need for frontline workers to avoid the dangers of dislocation when serving differentially abled clients.

By piecing together the prospects and paradoxes of frontline work during a pandemic crisis, the purpose of this paper is threefold: first, to provide elements of a toolkit necessary to understand opportunities; second, to present some of the current challenges regarding the identification of foundational problems that undergird health promotion practices; and third, to demonstrate both the immediate and long term impact of these challenges on frontline health care professionals.

The New Work World Order of distance and engagement

A critical goal of frontline health services is to ensure that the central values of security, safety and health promotion are strengthened. This type of frontline service is

typically challenging on a daily basis and more exponentially acute during the COVID-19 pandemic. To elucidate, the emergence of this virus has led to a transformation of the structure of services in terms of social distancing. Herein lies the problem for frontline workers: the complex task of balancing *distance and engagement*. The former dealing with the public health requirements of attenuating the transmission of the virus and the latter consisting of the requirements of the work in the provision of health care front-line services.

This new work order means that the frontline worker must engage in performing their duties and simultaneously distance themselves in responding to the public health hazards of the pandemic. Healthcare workers caring for clients are required to “engage in distancing” also in their work equipment and apparel that are ostensibly designed to control infection and ensure sanitization protocols. They are suited up with personal protective equipment (PPE), masks, gloves, aprons, full body suits, head, eye and foot protection. Similarly, these frontline workers practice “distant engagement” in work; they conduct their required routine work in health delivery. Prior to the pandemic, interactions were more relaxed and less security oriented. The following questions emanate from these two pressing demands. First, to what extent does the nature of the pandemic shape or is shaped by the quality of everyday work? Given that this crisis is mediated in the everyday, how does one return to the expected routine world of work? How are service providers to engage with the more compromised nature of these encounters in grappling with the issues of infection transmission? The main burden of this argument is that an adequate analysis may best be attained by conceptualizing distance and engagement as interlocking spaces within a broader framework of frontline work. Essentially, frontline work

becomes a complex and difficult dynamic highlighting distance and engagement.

Throughout the first few months of the pandemic in Ontario, at both the medical clinic and at the treatment facility for developmental services, I had numerous occasions at work to witness how distance enhances stress. On the one hand, stress exists when frontline workers have little or no control over the immediate work processes as well as the overall organization of the workplace (Prescotta et al., 2020). This stress is attributable to *uncertainty*; a justified concern that impacts their safety, the safety of clients in specific social situations, and the delivery of health services. In these studies, practitioners expressed anxieties about their powerlessness and isolation. These elements are instructive in appreciating the phenomenon of disengagement. Role conflicts emerge as a result of incompatible expectations of various roles demanded by social distancing and engagement. For example, as workers experience inter-role conflicts such as incongruous demands of ensuring everyone's safety while attending to their professional health delivery services.

Developmental services

Developmental services consist of a wide range of activities in varied contexts that demand special proximity to residents. Further, residents lack the cognitive skills in appreciating the need to social distance. A routine established over years of therapy and treatment becomes compromised when residents are unable to leave the site, or encouraged to practice social distancing. For residents, close participation between clinician and patients was a crucial determinant of accommodating to therapy. For example, after years of residents experiencing withdrawal or distance, they are reminded of the need to return to such a state—a practice for which they are no longer cognitively prepared.

From the perspective of a developmental service worker, the inability of residents; all of whom are mentally, physically or developmentally challenged, to express their emotions and understand social isolation protocol is a contributor to stress within their role (Santarone et al., 2020). Visiting restrictions from friends or family members has imposed new barriers for residents who have become accustomed to spending scheduled days away with family members, at social gatherings or public events; amplifying feelings of anxiety, anger and frustration. Consequently, frontline workers bear the burden to keep residents busy, active and entertained while simultaneously completing other responsibilities such as preparing food for the residents, taking care of their hygiene and medication, alongside all other administrative duties. Social service workers who lost of face-to-face connection with clients living with Post-Traumatic Stress Disorder (PTSD), depression, anxiety and trauma makes it very stressful for both the service provider and the client to engage in effective therapy. Many frontline workers are not trained to use on-line or remote counselling technology. In addition, clients are most familiar with face-to-face counselling and are resistant to change.

Although very little is known about the characteristics of direct service work (personal support work and developmental service work), there is a strong link between job satisfaction among workers and the quality of care delivered to clients. I have observed high rates of turnover among community mental health workers. This phenomenon had become exacerbated with the onset of the COVID-19 pandemic; emotionally and physically draining aspects of their roles became amplified. In supported living arrangements and residential settings, frontline workers have had to assume substantially greater responsibilities;

assisting individuals with personal care, general healthcare, transportation, community participation, financial management, and other life skills. Residents need intensive medical and behavioral support, which is an emotionally and physically challenging responsibility. And yet, many of these workers are among the lowest paid workers in the health care profession. The emphasis on social distancing contributes to further stress. The *public health model* was never as salient as the *mental health model* in this workplace. Like nurses, front line workers, notably, personal care workers too are also required to manage the new “normal” in the delivery service. These frontline workers tend to balance the humanity of their work and the expected control precautions.

Nursing

From a nurse’s point of view, there are a number of direct impact concerns. The emotional stress is pervasive, whether on or off duty. I have witnessed nurses articulating fears about contracting the virus themselves, infecting their families, and the ability to keep the public safe. Many nurses have been isolated in hotels, away from their loved ones. Nurses expressed concerns surrounding insomnia from stress related to social distancing, exhaustion at work depleting their decision making skills, PPE being uncomfortably hot, masks causing abrasions on the face, gloves contribute to skin reactions. Chemicals used for sanitizing are harsh and affect their breathing. I observed emotional burnout being common from nurses’ increased support responsibilities. Clients enter the clinic alone, they are alone in hospitals and they are dying alone with nurses as the only person to step in and help (Spoorthy et al., 2020)

For frontline workers, maintaining the trust of clients is crucial especially in humanizing distance. Social distancing

requires frontline workers to collaborate with each other, administrators and clients in building reciprocal trust. This effort at spatializing is not one of emotional dislocation. Space (physical proximity) includes the space of the client, the service provider and the space ‘in between’; the foci of transmission of infection. Accordingly, frontline workers strive to avoid the risks of dislocation of their clients. (NEJM Catalyst, 2020)

Conclusion: a transformed normal

This reflection paper seeks to highlight the processes by which frontline workers deal with the paradoxes of distance and engagement at work as a result of the COVID-19 pandemic. This inquiry addresses the impact of the virus on the conditions of safety and service as well as the problems and prospects faced by frontline workers in the health delivery service. Furthermore, this paper encourages more critical reflections regarding the challenges of distance and engagement, specifically, the risks of dislocation for frontline workers in serving differentially abled clients. These challenges require nurses and developmental service workers to negotiate the protocols associated with social distancing of social distance and the demands of professional health delivery service.

This pandemic raises many important questions of its impact on frontline workers in developmental services. Notably, the inability of residents to express how they feel, or understand the concept behind social isolation, contributes to the stress of frontline work. Accordingly, Jecker, Wightman & Diekema (2020), provide recommendations that would reduce stress in the workplace such as prioritizing the needs of front line workers. As they argue, the foremost priority should be the healthcare of frontline workers followed by non-medical personnel (Diekema, 2020).

In brief, this reflection paper demonstrates generally how the COVID-19 pandemic impacts the roles and relations of frontline workers. They are committed to ensuring that social distancing and engagement do not deteriorate into dislocation or displacement in the event of occupational stress. In terms of recommendations, this reflection urges the need for more tools for all to better:

- understand the nature of frontline work;
- ensure the flow of information from administrators and public health authorities regarding the effects of the pandemic in the everyday work of frontline professionals;
- encourage proactive engagement; and,
- seek the use of resources to assist and direct health service workers

Vigilance is long overdue on the part of agencies in recognizing the needs of frontline workers with action-based initiatives that include, for example:

- recognition of the challenges faced by frontline workers;
- appreciating the input of frontline workers regarding routine operational safety procedures;
- strengthening of collaborative bonds between members of the general community, frontline workers, personal and developmental support workers, management teams, residents and clients;
- increased funding to support the financial needs of frontline workers and residents who are in “lock-down” during the pandemic; and
- a serious appreciation of the physical and mental health of frontline workers and first responders, who are most likely to experience burnout caused from pressure and stress at work.

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