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COVID-19 Pandemic: Workforce Implications for Gerontological Social Work

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ABSTRACT

The COVID-19 pandemic has been challenging for people of all ages but particularly devastating to adults 65 and older, which has highlighted the critical need for ensuring that all social workers gain the knowledge and skills necessary to work with this population. While there is a critical shortage of gerontological social workers and we must continue to increase that number, we cannot wait for this to occur. In this commentary, the authors call for infusing the current social work curricula with aging content; providing current social workers with trainings on aging practice; and all social work practitioners, faculty, and researchers to address four specific areas that have gained prominence due to the impact of COVID-19: ageism, loneliness and social isolation, technology, and interprofessional practice, in their respective areas.

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The COVID-19 pandemic has been challenging for people of all ages but particularly devastating to adults 65 and older. In the United States, 4,226 cases were reported between February 12 and March 16. Of these cases, older adults comprised 31% of cases, 45% of hospitalizations, 53% of ICU admissions, and 80% of deaths (CDC COVID-19 Response Team, 2020). Accordingly, the CDC has raised concerns regarding the increase in services necessary to support older adults and their families. Many of these services will require the assistance of gerontological social workers, who are trained to work in the area of aging.

We have long known of a social worker shortage, particularly in gerontological social work. Wang and Chonody (2013) reported that only 1,000 students were annually specializing in gerontological social work, while 5,000 additional gerontologically-trained social workers were needed to meet the needs of older adults in practice. The COVID-19 pandemic, however, has increased the need for even greater numbers of gerontological social workers. These social work practitioners have been on the frontlines of this crisis supporting older adults, their families, and the professionals who provide

care and services. In addition, gerontological social work scholars have been providing education/training to professionals, students, and the community; publishing necessary information and guidance; and conducting research projects to better understand the ways in which the pandemic is impacting practice with older adults. Whether in the field or the virtual classroom, gerontological practitioners and scholars have demonstrated their knowledge, skills, and values; however, it is apparent that the shortage of these skilled social workers is critical.

The social work profession takes pride in its history of responding to societal needs and while our social work knowledge, skills, and values prepare us well to respond to the current pandemic, the lack of social workers trained to work with older adults is problematic. Although we should not lose focus on increasing the number of gerontological social workers, it is crucial that we recognize the urgency of the current situation and begin making key changes now. For our current and future social work students, Schools of Social Work must look to infuse aging content across the curriculum such that all students graduate with the knowledge and skills necessary to work effectively with older adults. Trainings focused on aging must also be made available to those social work practitioners who do not possess this knowledge and skills. How long this pandemic will last and the impacts it will have on current and future older adults is not yet fully known; however, current numbers from the CDC provide sufficient evidence that the dire need for social workers trained to work with this population will continue well into the future

So, where do we begin? We begin by encouraging those providing education and training to current and future social workers to review curricula and training content to ensure that it provides a foundation of aging-related knowledge and skills. Four particular areas that have emerged and gained prominence since the COVID-19 pandemic began: ageism, technology/telehealth, loneliness and social isolation, and interprofessional practice.

Ageism

Ageism has been sadly and frequently demonstrated throughout the pandemic, including lack of protocols for older adults, lack of geriatric-specific content in the curricula of the helping professions caring for older adults, inequities in allocation of needed resources, disparaging references made about COVID-19 and older adults (e.g., “Boomer remover”) and relief that it is the older adults who are dying (Aronson, 2020; Cesari & Proietti, 2020). Ayalon and colleagues (2020) urge professionals in the helping professions to stress the risk factors (e.g., chronic conditions) and the impact of social distancing that promote the “digital divide” for many older adults. We must educate current and future social workers on how to confront ageist attitudes and practices and advocate for change at the micro, mezzo and macro levels.

Technology/Telehealth

While the use of technology is not a new resource for teaching, practicing, and researching gerontological social work, technology is leaving an indelible mark on the way in which our society has survived during the pandemic. Along with our students, colleagues, providers, and clients, we have used technology to teach, learn, and educate; provide services; and stay connected professionally and personally. What are we including in our curricula and research about incorporating technology into practice and research, particularly with older adults? Are we teaching students to practically and ethically deliver services, including group facilitation via telehealth platforms and how to integrate artificial intelligence into practice? Are we writing about innovative ways to intervene (e.g., using 3D printed objects for reminiscence with older adults with dementia) and researching the effectiveness of tele-delivered services (e.g., online group intervention for older adults and their caregivers)? These are the questions social work educators must answer by infusing necessary knowledge and practice skills within the curriculum.

Loneliness and social isolation

Loneliness and social isolation is not a new concern for older adults; however, the pandemic has brought broader awareness about the risks and consequences for all age groups and older adults, in particular (Berg-Weger & Morley, 2020a, b). Experiencing loneliness and/or social isolation can negatively impact myriad issues, including: physical health, including cardiovascular health (Molloy et al., 2010; Valtorta et al., 2016); cognitive function (Cacioppo & Cacioppo, 2014); mental health (i.e., depression) (Kabátová et al., 2016); and quality-of-life (Jakobsson & Hallberg, 2005). Outcomes associated with chronic loneliness and social isolation (longer than four years) include such conditions as hypertension, weight gain, smoking/substance use, stroke, heart disease, and alone time (Cigna, 2018; Valtorta et al., 2016). As educators and practitioners, we can address these issues by including loneliness and social isolation into the assessment and intervention strategies delivered in coursework and continuing education. As researchers, we can study risk factors and prevention strategies, evaluate existing individual and group interventions, and test innovative interventions (e.g., use of technology).

Interprofessional practice

The pandemic is challenging the traditional ways in which professionals communicate and work with one another interprofessionally in institutional and community settings. The Council on Social Work Education (CSWE) has

recognized the importance of training social workers with the skills necessary to work effectively with other professionals. In 2016, CSWE became an institutional member of the Interprofessional Education Collaborative (IPEC), whose mission is to “ensure that new and current health professionals are proficient in the competencies essential for patient-centered, community and population oriented, interprofessional, collaborative practice” (Council on Social Work Education, 2016). In 2018, CSWE hosted the Interprofessional Education Summit at its Annual Program Meeting with the goal of gathering together leaders and educators seeking to strengthen interprofessional practice among social workers (Council on Social Work Education, 2018). Although CSWE recognizes the importance of interprofessional education, this pandemic calls on the profession to review our approaches to interprofessional education, practice, and research, and to strengthen and supplement where necessary. We should determine if the current strategies are effective and adapt as needed those for future implementation.

Next steps

To promote gerontological social work and the infusion of aging content throughout the social work curriculum, funding is critical for students, faculty, practitioners, and researchers. Many of us benefitted from the support provided through the John A. Hartford Foundation whose goal was to increase the geriatric component of social work education to meet the demands of an aging society (John A. Hartford Foundation, 2019). Through this support, we began taking the steps necessary to integrate gerontology content into curricula, provide aging-focused practicum experiences for students and field instructors, and gain professional development experience in teaching and research. Now, we must advocate for resources that would enable us to again focus programming on curricular- and profession-wide initiatives such that social workers are prepared with the skills and training they need to work with older adults during this pandemic and after. An example of one such program is the Health Resources and Services Administration Geriatric Workforce Enhancement Program funding emphasizes interprofessional, aging-focused education and training for all students and professionals who work with older adults. More programs like this are essential if we are to promote the development of gerontology majors and minors at the undergraduate level; expand gerontology certificates, specializations, and concentrations at the graduate level to include an interprofessional perspective; and work with university development offices to develop endowments and scholarships in aging. These strategies are essential for ensuring that Schools of Social Work across the nation are graduating alumni who are prepared to practice with older adults. As many social work programs are experiencing the retirement of senior faculty, we also need funding that increase the number of well-trained social

work scholars who can educate our students and conduct research in gerontological social work. The Association for Gerontology Education in Social Work Pre-Dissertation Fellows Initiative is an example of a program that has been shown to be effective in supporting doctoral students committed to gerontological social work academic careers (Schroepfer et al., 2020).

Conclusion

While the COVID-19 pandemic of 2020 will be remembered as a global crisis unlike any in recent history, we will all gain information and skills that will change our personal and professional lives beyond becoming experts in videoconferencing. As gerontological social work educators, practitioners and researchers, we must work to ensure that our social work workforce has the education and training necessary to meet the demands that COVID-19 has placed on us. We must commit to providing the best care possible to older adults and their families impacted by COVID-19 both now and post-pandemic. Together, let us use this experience to bring forward the innovations that are being developed in this time of crisis and fight for the needs of our profession, students and, most importantly, the older adults who have given so much for our nation.

Disclosures

The authors declare there are no conflicts

References

- Aronson, L. (2020). *Ageism is making pandemic worse. The Atlantic*. Retrieved from: <https://www.theatlantic.com/culture/archive/2020/03/americas-ageism-crisis-is-helping-the-coronavirus/608905/>
- Ayalon, L., Chasteen, A., Diehl, M., Levy, B., Neupert, S. D., Rothermund, K., Tesch-Römer, C., & Wahl, H. W. (2020). Aging in times of the COVID-19 pandemic: Avoid ageism and fostering intergenerational solidarity. *Journal of Gerontology, Epub Ahead of Print*. Epub ahead of print. <https://doi.org/10.1093/geronb/gbaa051>
- Berg-Weger, M., & Morley, J. E. (2020a). Loneliness and social Isolation in older adults during the COVID-19 pandemic: Implications for gerontological social work. *Journal of Nutrition, Health, & Aging, 24*(5), 456–458. <https://doi.org/10.1007/s12603-020-1366-8>
- Cacioppo, J. T., & Cacioppo, S. (2014). Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later. *Evidence-Based Nursing, 17*(2), 59–60. <https://doi.org/10.1136/eb-2013-101379>
- CDC COVID-19 Response Team. (2020). Severe outcomes among patients with coronavirus disease 2019 (COVID-19) — United States, February 12–March 16. *MMWR Morbidity and Mortality Weekly Report, 69*(12), 343–346. <https://doi.org/http://dx.doi.10.15585/mmwr.mm6912e2externalicon>

- Cesari, M., & Proietti, M. (2020). Geriatric medicine in Italy in the time of COVID-19. *Journal of Nutrition, Health, and Aging*, 24, 1–2. <https://doi.org/10.1007/s12603-020-1354-z>
- Cigna. (2018). *Cigna U.S. loneliness index*. Cigna. Retrieved from: <https://www.cigna.com/assets/docs/newsroom/loneliness-survy-2018-fact-sheet.pdf>
- Council on Social Work Education. (2016). *CSWE among newest members of interprofessional education collaborative*. Council on Social Work Education. Retrieved from: <https://www.cswe.org/News/Press-Room/Press-Release-Archives/CSWE-Among-Newest-Members-of-Interprofessional-EduEdu>
- Council on Social Work Education. (2018). *Interprofessional Education Summit*. Council on Social Work Education. Retrieved from: <https://www.cswe.org/Events-Meetings/APM-Archives/2018-APM/Conference-Program/Post-conference-Interprofessional-Education-Summit>
- Jakobsson, U., & Hallberg, I. R. (2005). Loneliness, fear, and quality of life among elderly in Sweden: A gender perspective. *Aging Clinical and Experimental Research*, 17(6), 494–501. <https://doi.org/10.1007/BF03327417>
- John, A. (2019). Assessment of the accomplishments and impact of the John A. Hartford Foundation's grantmaking in aging and health 1983-1025. New York: The John A. Hartford Foundation. Retrieved from: https://www.johnahartford.org/images/uploads/reports/JAHF_Accomplishments_Impact_Report_FINAL_1.7.2019.pdf
- Kabátová, O., Puteková, S., & Martinková, J. (2016). Loneliness as a risk factor for depression in the elderly. *Clinical Social Work*, 7(1), 48-52. DOI: 10.22359/cswghi_7_1_05
- Molloy, G. J., McGee, H. M., O'Neill, D., & Conroy, R. M. (2010). Loneliness and emergency and planned hospitalizations in a community sample of older adults. *Journal of the American Geriatrics Society*, 58(8), 1538–1541. <https://doi.org/10.1111/j.1532-5415.2010.02960.x>
- Schroepfer, T., Berg-Weger, M., & Morano, C. (2020). Training the next generation of gerontological social work scholars. *Journal of Gerontological Social Work*, 62(8), 823–827. <https://doi.org/10.1080/01634372.2019.1663461>
- Valtorta, N. K., Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: Systematic review and meta-analysis of longitudinal observational studies. *Heart*, 102(13), 1009–1016. <https://doi.org/10.1136/heartjnl-2015-308790>
- Wang, D., & Chonody, J. (2013). Social workers' attitudes toward older adults: A review of the literature. *Journal of Social Work Education*, 49(1), 150–172. <https://doi.org/10.1080/10437797.2013.755104>