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# We Are Essential: An Overview of Emergency Department Social Work

Jennifer L. Talley, PhD, LCSW

The Centers for Disease Control and Prevention, (CDC) defines essential workers "as those who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions in the United States (U.S.)" (CDC, n.d.). The National Association of Social Workers (NASW) most appropriately coined the social work theme for March 2021 as "Social Workers Are Essential" (NASW, n.d.). The term essential worker became synonymous with those brave frontline health care workers who were risking their lives to help mitigate the devastating and deadly effects of SARS-CoV-2. Many times, social workers were not included in this narrative of the brave and courageous health care workers. This article will discuss the various and vital roles of emergency department (ED) social workers and how COVID-19 affected their role.



The general U.S. population's knowledge of social work is primarily limited to child welfare settings. In fact, social workers are key, vital, and necessary members of multidisciplinary teams across various treatment settings to include administration and management, advocacy and community organization, aging, child welfare, developmental disabilities, justice and corrections, mental health and clinical, mental health and substance abuse, occupational and employee assistance, policy and planning, politics, school, and health care (Roy, 2020). Social workers are essential. Hospital social work is one subset within health care. Hospital social work has been in existence

since the early 1900s, with its pioneer, Ida Cannon. In her book, *Social Work in Hospitals*, she wrote that the central purpose of medical social work was to treat the social complications of physical disease using the medical diagnosis, the social situation of the patient, and the well-ground principles of sociology (Cannon, 1913). Hospital-based social workers were on the front lines of care and developed a strong professional identity that carried on well after the 1918 influenza pandemic (Farkas & Romaniuk, 2020). Medical social work continued to evolve and build on Cannon's fundamental tenets of the field, to include psychoeducation regarding

health and wellness, navigating the medical system, completing psychosocial assessments, connecting patients with various resources, and ultimately addressing and mitigating barriers to hospital discharges.

There is a dearth of literature regarding one specific aspect of medical social work: emergency department social work. The role of the ED in health care system has expanded to include not only emergency medical services but, for the uninsured, access to routine medical services. As the ED is multifaceted and unique with its attention for time-sensitive, critical care, so is the role of the emergency room social worker. The ED social worker provides assessments, psychoeducation, and resource allocation in a fast-paced setting that sees high volumes of patients, in limited space, with greater expectations to triage and admit or discharge patients quickly.

ED social workers play a multitude of roles; Moore et al. (2017) identified eight major ones: investigator, gatekeeper, resource broker, care coordinator, problem solver, crisis manager, advocate, and discharge planner. An additional and integral role of ED social work is to be an essential participant in critical conversations regarding death and dying. The pandemic made what were already difficult conversations even more stressful for medical providers, patients, and family members (Relias Media, 2020). The essential ED social worker is many times the initiator and facilitator of these end-of-life conversations in tandem with the medical doctors and chaplain. The presence of the legal next of kin and/or closest family member is essential to these critical conversations. The Atlanta Level I hospital initially limited family presence to two persons for these critical conversations at the onset of the pandemic. However, visitation policies varied from hospital to hospital across the country. Many hospitals significantly reduced and/or

restricted visitation (Murray & Swanson, 2020). Many family members were cautious about entering the ED, due to their concerns about COVID-19. Masks were required and were made available to those family members who arrived without one. The role of the ED social worker did not end with the death notification; many times, the ED social worker accompanied family members in viewing their loved one's remains. The ED social worker also provided brief bereavement counseling and support as well as critical education regarding the next steps for the family of the deceased patient. This role is complex and requires a delicate balance between providing empathetic listening and unconditional regard while being cognizant of the time constraints needed when working in a Level I trauma-receiving unit.

Another major function of ED social work is the provision of housing resources, specifically for homeless populations. The homeless are a particularly vulnerable group during the COVID-19 pandemic. Measures geared at the general population—such as self-isolation, increased hygiene, staying at home, strict social distancing—are not realistic for people experiencing homelessness. Many cities across the country employed plans/strategies to provide temporary shelters, typically in hotels and vacant apartments. The city of Atlanta used two vacant hotels to house homeless people who were COVID-positive as well as for those who were 65 years and older. These strategies were refreshing resources, especially for homeless females, who outside of the pandemic had no access to homeless shelters during the weekend (Talley & Greene, 2021).

The stories and experiences of the essential workers portrayed on the local news often overlook the presence of ED social workers. ED social workers are frontline workers who daily bridge the gaps between care of medical diseases and social complications. These workers are



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vital to the medical ED staff, patients, and their families. Many of the profession's pioneers—including George Edmund Hayes, Mary Church Terrell, and Thyra J. Edwards—laid the foundation of the profession in many of the forementioned settings.

ED social workers have also demonstrated the responsibility of the profession by providing appropriate professional services during our country's current pandemic. Our stories and our participation during COVID-19 need to be shared as our county continues to navigate through this pandemic. We are essential.

**Dr. Jennifer L. Talley, LCSW, PhD, is a licensed clinical social worker for the Atlanta Veterans Health Administration. She can be contacted at [jtalley@aol.com](mailto:jtalley@aol.com).**

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As we enter 2022, social workers continue to challenge themselves and others within the helping professions to find the tools and resources needed to support positive sustainable changes for their clients and the communities they serve. Throughout the pandemic, social workers continued to be essential workers on the front lines, addressing a myriad of issues related to the virus; at the same time, they have not been dismissive about how to build a race equity culture within our present divided society. They continue to do the work through allyship, advocacy, and even protest. We hope you enjoy this issue of the *InterSections* in Practice annual bulletin.