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Experiences of social workers regarding managing workload during COVID-19 pandemic: A study at the Department of Social Development in Roodepoort

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Experiences of social workers regarding managing workload during COVID-19 pandemic: A study at the Department of Social Development in Roodepoort



A report on a research study presented to

The Department of Social Work

School of Human and Community Development

Faculty of Humanities

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In partial fulfilment of the requirements

For the Degree Master of Arts in Social Work in the

field of Occupational Social Work

By

Tshiwela Portia Mambabada

Student Number: 2571642

March 2024

DECLARATION

I, Tshiwela Portia Mambabada (Student No: 2571642), thus declare that the information I have provided about the experiences of social workers regarding managing workload during COVID-19 pandemic is entirely original to me, and that all sources I have allude to have been properly cited.

Signature:



Date: **01 March 2024**

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ABSTRACT

The aim of this study was to explore experiences of the Department of Social Development (DSD) social workers when managing their workload during the COVID-19 pandemic. This is a qualitative study that employed exploratory case study research design to understand the experiences of participants in their everyday life within their workplace. The researcher utilised a non-probability purposive sampling procedure to select participants. Fifteen (15) participants were recruited from Roodepoort's DSD in South Africa. The researcher used a semi-structured interview schedule as the data collection tool. Data was collected on one-on-one basis, face-to-face with participants. The researcher was interested in utilising a thematic analysis to analyse the collected data. The study offers insights into how social workers' workload at DSD changed as a result of the COVID-19 pandemic. The insights are used to make recommendations for future disaster plans to support social workers and the clients that they serve within DSD. Fundings show that Roodepoort DSD social workers faced higher caseload in foster care. This was as a result of a shortage of social workers and limited resources during the COVID-19 pandemic. These social workers also faced changes that were brought about by the pandemic, such as the shortage of personal protective equipment and they had to adopt hybrid work to provide services to clients virtually. They experienced poor mental health due to increased workload, stress, and burnout. Their coping strategies were based on exercising and employee assistance programmes.

Keywords: COVID-19 pandemic, coping strategies, Department of Social Development, experiences, social work, workplace stress, workload, wellbeing.

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ABBREVIATIONS

COVID-19-Coronavirus Disease 2019

CWSA- Child Welfare South Africa

DSD-Department of Social Development

EAP-Employee Assistance Programme

FAMSA-Family South Africa

NGO-Non-Governmental Organization

PIE-Person-in-Environment theory

PPE-Personal Protective Equipment

SARS-CoV-2-Severe Acute Respiratory Syndrome Coronavirus 2

SRD-Social Relief of Distress

CHAPTER 1
INTRODUCTION

1.1. BACKGROUND TO THE STUDY

This study explores the experiences of social workers on managing their workload during the COVID-19 pandemic. The study was conducted at the Department of Social Development (DSD) in Roodepoort, South Africa. According to Stevens (2008) high workload is associated with increased stress if the organisation's work expectation is too high. Social workers experience a significant increase in workload when they receive a client who is referred to them. The significant increase is associated with having to assess and intervene in the client's life. However, social workers' workload increases may not be sustainable since some situations are highly volatile and require unpredictable bursts of work. Usually, a social worker is under pressure to take up tasks to help several clients, while undertaking other additional duties at the same time, which can cause workplace stress.

During the COVID-19 pandemic, DSD social workers had to use available methods and opportunities to manage their workload. The Treasury Department allocated financial resources for remote work so that social workers meet their clients' needs using digital platforms (Zvomuya, 2021). The use of virtual communication in social work has influenced the spirit of innovation and rethinking for future social work education and practice. The use of technology for client support, as a response to the COVID-19 pandemic, was an indication that there were changes in social workers' duties at DSD. Therefore, the social work career is a profession that supports social change, and helps people to fix their relationships. It empowers and provides freedom to people to improve their wellbeing. It intervenes between people and their environment using various theories. Social work also it promotes human rights and social justice (Nicholas et al., 2010).

Ashcroft et al. (2021) state that the outbreak of the COVID-19 pandemic affected DSD social workers' day-to-day operations in that some had to work directly with clients to address various psycho-social crises that emerged. In addition social workers at DSD needed to develop a new set of skills and competencies, such as risk assessment, crisis management, and use of virtual technology to preserve the communities. This made clients and social workers susceptible to the pandemic. The outbreak of the COVID-19 pandemic affected the growing number of cases

that were handled by DSD social workers at micro-, meso-, and macro-levels of practice. Additionally, DSD social work service delivery was rapidly altered to include use of virtual platforms, and adhere to public health requirements. These changes put DSD social workers at a critical position (Ashcroft et al., 2021).

During COVID-19, DSD social workers faced challenges such as: adhering to physical distancing requirements during the in-person service delivery, closing non-essential in-person workplaces while maintaining connections with the clients, and assessing clients' nonverbal cues during virtual counselling (Ashcroft et al., 2021). Notwithstanding, social workers lacked sufficient training and access to tools that were created especially for their practice, such as virtual care.

The difficulties that DSD frontline social workers faced during the COVID-19 pandemic included a lack of resources to carry out their duties, anxiety for their own health, and exhaustion. They also lacked guidance, and training to manage their shifting roles. These factors put DSD frontline social workers at risk of experiencing severe psychological distress, as a result of acting or not acting in a way that violated their moral or ethical principles. They were left feeling unprepared for the results of their decisions and lacking support from the community. Resultantly, DSD social workers found it difficult to satisfy their clients' requirements, maintain daily work schedules, and address various social justice concerns that the pandemic caused (Ashcroft et al., 2021).

1.2. STATEMENT OF THE PROBLEM

This study explores the experiences of social workers on managing their workload during the COVID-19 pandemic. In the study, experiences refer to the events or activities that affect a person, such as the employee's workload (Hornby, 2010). Weng's (2022) study on integrated health care provision, reveal that social workers' mental health was negatively affected by their overwhelming workload at the start of the COVID-19 pandemic. Additionally, social workers who were dealing with a heavy workload during the pandemic experienced stress and burnout. Resultantly, they suffered mental health issues. However, during the COVID-19 outbreak, social workers faced heavy tasks that were physically and psychologically exhausting, which decreased their morale and increased absenteeism.

According to Zvomuya (2021) the impact of COVID-19 influenced DSD to practice hybrid workforce, thus, combining remote with on-site working. For example, high-risk social workers who were highly likely to be infected by COVID-19 were allowed to work from home. At the beginning of the COVID-19 pandemic in South Africa, DSD social workers were tasked to distribute food parcels to clients. DSD also selected frontline social workers who had to stay in offices to provide crisis intervention services to clients. However, but this was endangering social workers and their clients' lives (Hartford, 2020).

1.3. RATIONALE FOR THE STUDY

DSD social workers' caseloads include; foster care services, issuing social relief of distress (SRD), psychosocial and guardianship report writing, delivering services to the elderly, awareness campaigns at schools, individual and family counselling, administration work as well as compilation of statistics. An individual social worker is expected to perform all these duties on regular basis. In light of these and their tasks in the beginning of the COVID-19 pandemic, the researcher explored how DSD social workers, in Roodepoort, were able to manage their workload (Hartford, 2020).

The reason that the researcher undertook this study was her interest in finding out the experiences of DSD social workers on managing workload during the COVID-19 pandemic. She also wanted to know how were they affected by the workload and what alternative ways did they employ to deal with the workload. The importance of this study is to highlight the changes in the workload that was handled by social workers at DSD, before and during the COVID-19. This study adds to existing literature that indicate that social workers had to conduct remote work, by using virtual means to communicate with their clients. These previous studies show that it was difficult for social workers to be in physical contact with their clients, and assess their needs due to COVID-19 pandemic restrictions (Zvomuya, 2021).

Overall, it was necessary to undertake this study because, during the first wave of the COVID-19 pandemic, social workers faced numerous challenges in providing services to the clients. On the other hand social workers were battling with high workloads while they had limited resources to adapt to new ways of providing services to clients through for example, telephonic counselling. Therefore, this study contributes to informing DSD, so that they are better equipped to care for social workers in times of crisis or disaster.

1.4. RESEARCH QUESTION

What were the experiences of DSD social workers on managing their workload during the COVID-19 pandemic.

1.5. AIM OF THE STUDY

The overall aim of the study was to explore the experiences of DSD social workers on managing their workload during the COVID-19 pandemic.

1.6. OBJECTIVES OF THE STUDY

a) To investigate the challenges faced by DSD social workers during the COVID-19 pandemic, from the year 2020 to 2023.

b) To investigate the effects of workload on DSD social workers' well-being.

c) To explore the coping strategies that were adopted by DSD social workers to manage their workload before and during the COVID-19 pandemic.

1.7. DEFINITION OF CONCEPTS

1.7.1. EXPERIENCES

The events or activities that affect a person, such as employee's workload (Hornby, 2010).

1.7.2. SOCIAL WORK

A profession that supports social change. It helps people to fix their relationships, it empowers, and provides freedom for people to improve their wellbeing. It intervenes between people and

their environment using different forms of theories. Social work also emphasises the importance of human rights and social justice (Nicholas et al., 2010).

1.7.3. WORKLOAD

The amount of work, which is represented by the social worker's number of cases and other duties that they undertake (Stevens, 2008).

1.7.4. COVID-19 PANDEMIC

Part of the ongoing pandemic of coronavirus disease 2019 (COVID-19), which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Mbuvha et al., 2020).

1.7.5. WORKPLACE STRESS

The change in an employee's physical or mental state in response to workplaces that pose assessed difficulties to the employee (Colligan et al., 2006).

1.7.6. COPING STRATEGIES

To capitalise on one's own conscious strength, to resolve personal or social problems, to minimalise or stand pressure and struggle (Weiten et al., 2009).

1.8. DIVISION OF THE STUDY

This research report consists of six chapters that are organised as follows:

CHAPTER 1: INTRODUCTION

This chapter provides a comprehensive overview of the study, with a focus on its background, problem statement, research question, aim, objectives, and definition of concepts.

CHAPTER 2: THEORETICAL FRAMEWORK

This chapter uses the person-in-environment perspective to analyse the experiences of social workers regarding managing workload during the COVID-19 pandemic.

CHAPTER 3: LITERATURE REVIEW

This chapter discusses: the challenges that social workers encountered during the COVID-19 pandemic, the effects of workloads on social workers' wellbeing, the coping strategies that social workers adopted to manage workloads before and during the COVID-19 pandemic.

CHAPTER 4: RESEARCH METHODOLOGY

This chapter consists of: the research approach and design, population and sampling procedures, research instrument, method of data collection, method of data analysis, trustworthiness, ethical considerations, and limitations as well as delimitations of the study.

CHAPTER 5: PRESENTATION OF DATA AND DISCUSSION OF FINDINGS

This chapter thematically presents and discusses the findings.

CHAPTER 6: MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Based on the objectives, this chapter discusses the main findings of the study. The chapter also contains the study’s main conclusion and recommendations.

CHAPTER 2
THEORETICAL FRAMEWORK

2.1. THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

2.1.1. Person-In-Environment (PIE)

A theoretical framework is a structure that can hold or support a theory for the study. Its purpose is to introduce and describe the theory that is used to explain why the research problem under study exists (Swanson, 2013). According to Nicholas et al. (2010) the person-in-environment (PIE) perspective is a guiding principle that seeks to understand an employee's behavior within the physical environment in which they work and interact with their colleagues. PIE states that an employee's problem is heavily influenced by the environment in which they work. Therefore, to fully understand the employee's problem one needs to explore their work environment including their colleagues. The current study explores the experiences of social workers on managing their workload during the COVID-19 pandemic. In the study, experiences refer to the events or activities that affect a person, for example, the employee's workload (Hornby, 2010).

Therefore, in order to apply PIE, the researcher had to explore and understand the workplace, which is the environment in which employees work and interact with their colleagues. The researcher examined whether DSD social workers were managing a heavy workload during the COVID-19 pandemic and how did this affect them. DSD social workers also needed to develop strategies to deal with challenges associated with heavy workloads, to prevent individual effects at home or other environments.

The study is framed around PIE to effectively understand the challenges, effects, and coping strategies that could be used by the DSD social workers when managing their workload during the COVID-19 pandemic. PIE is related to the researcher's goals because it examines an employee's overall health and social functioning within a specific environment, in which they work and interact with their coworkers.

The researcher discovered that the workload that was faced by DSD social workers had an impact on their mental health and wellbeing. Therefore, using the employee assistance

programme (EAP) services is one way to permanently solve issues before affecting individual employees and their other environments. EAP provides services such as substance abuse counselling, marital counselling, child/elder care, work/life balance, anger management, legal and financial advice. Additionally, EAP offers wellness services to employees, such as exercises, health education, and referrals to dieticians for healthy eating lifestyle. These services help in dealing with work or personal problems that cause employees' absenteeism, decreased work productivity, and morale (Veldsman et al., 2021).

2.2. CONCLUSION

PIE helped the researcher to comprehend participant's work environment, issues that they are facing, and potential solutions to ensure that the problems that they face do not interfere with their ability to interact with colleagues or with other environments in which they live. Consequently, PIE was appropriate for the current study because it examined the difficulties that DSD social workers faced in managing their workload during the COVID-19 pandemic. The researcher also utilised PIE to explore the effects of the workload on social workers' wellbeing, and highlighted potential solutions to the research problem.

CHAPTER 3
LITERATURE REVIEW

3.1. INTRODUCTION

A literature review is designed to provide an overview of sources that the researcher explored while researching a topic. The purpose of a literature review is to demonstrate to the readers how your research fits within a larger field of study (Arlene, 2014).The current study is interested in the experiences of social workers on managing workload during the COVID19 pandemic. The study's overall aim is to explore the experiences of the social workers on managing workload during the COVID-19 pandemic.

According to Moore (2021) the novel human coronavirus disease 2019 (COVID-19) started in Wuhan, China, in 2019 and then spread globally to become the fifth documented pandemic. In just two years after the first diagnosis of COVID-19 in Wuhan, by September 2021 there had already been more than 200 million confirmed cases and more than 4.6 million fatalities worldwide. On March 5, 2020, South Africa announced its first COVID-19 case. Thereafter, the cases increased to 61 on March 15, 2020 and by March 23, 2020, there were 402 infections. To reduce the disease's spread and lessen its effects on the South African society, the president, in coordination with the countrywide Command Council, declared a 21-day countrywide lockdown beginning on March 26, 2020 (Sekyere et al., 2020).

Resultant from the COVID-19 induced lockdowns, by April 16, 2020, South Africa had 410 recoveries. However, by the same day there were already 34 fatalities, and 2506 confirmed infections, leading to South Africa being placed in a state of emergency by President Cyril Ramaphosa, who also ordered a number of steps to be implemented to stop the spread of the virus. For instance, the maximum number of individuals who were permitted to congregate in one place was reduced from the initial 100 to 50 (Sekyere et al., 2020). By the 1st February 2023 there were more than 4 million positive cases, more than 3 million recoveries, more than 100 thousand deaths, and 1358 new positive cases in South Africa (StatsSA, 2023). COVID-19 pandemic had a wide range of socio-economic effects globally. But much was also learnt from the pandemic and its related challenges. The study may help the entire world together with the DSD to better prepare for or prevent future outbreaks of infectious diseases and pandemics.

In the beginning of the COVID-19 pandemic, some DSD social workers reported experiencing emotional impacts on managing their workload, including facing challenges associated with remote working and online counselling (Zvomuya, 2021). The biggest challenge that was reported was an increase in demands of services such as marriage counselling, child protection, and services for homeless people. DSD social workers also reported experiencing work-related changes as a result of the COVID-19 pandemic. These included having to assess clients wearing masks which made it difficult for social workers to conduct proper assessment of the clients' needs (Zvomuya, 2021).

However, ideally, DSD social workers have better benefits compared to social workers hired by NGOs, since they have allowances such as: danger allowance, cell phone allowance, laptop and data allowance, to assist them when helping the clients (Ashcroft et al., 2021). These benefits were relevant whether working remotely, providing clients with telephone counselling or working in their offices during the strict COVID-19 induced lockdown, but not all DSD social workers have access to these benefits due to limited resources (Ashcroft et al., 2021).

The literature review focuses mostly on the challenges that social workers encountered during the COVID-19 pandemic, DSD social workers and workload, the causes of DSD social workers stress, the effects of workload on social workers wellbeing, the coping strategies that social workers engaged in to manage workload before and during the COVID-19 pandemic, and the utilisation as well as importance of EAP services during the COVID-19 pandemic.

3.2. THE CHALLENGES SOCIAL WORKERS ENCOUNTERED DURING THE COVID-19 PANDEMIC

Okafor (2021) found that COVID-19 related restrictions limited social workers in the United Kingdom (UK) to refer clients to external resources so that they could receive neccessary support. Additionally, maintaining physical distance limited social workers' interactions with their clients. The impact of the COVID-19 pandemic also put social workers' values of social justice to test, because the destitute population lacked access to better healthcare services. Resultantly, the International Federation of Social Workers (IFSW, 2020) noted that social workers' roles included advocating for the health and social service systems to protect people from the virus, reduce inequality, and lessen socio-economic challenges that were faced by the society. In light of the above, social workers' roles, values, and principles were tested during

the COVID-19 pandemic. This reduced social workers' ability to provide appropriate social services to the society.

Malathi (2023) reports that social workers in the United States of America (USA) had to continue working, despite the COVID-19 pandemic's unexpected course and the lack of transparency in the organisational policies and guidelines. Additionally, the surveys that were conducted in the beginning of the COVID-19 pandemic show that, despite the increased pressure and changes in practice, most social workers continued to work. They utilised online platforms and adaptive risk management approaches to ensure that the voices of the vulnerable populations were heard. However, the efforts to ensure social justice affected social workers' wellbeing, led them to burnout, which is highly connected to personal and work-life problems. In the UK social workers reported that burnout levels appeared to rise due to staff shortage, rising workloads, and employers' lack of communication, these pressures worsened as the pandemic continued (McFadden et al., 2023). Therefore, some of the challenges DSD social workers in Roodepoort service point faced during the Covid-19 pandemic were burnout as a result of rising workloads and a lack of resources caused by a lack of budget at the DSD.

In South Africa, there was a serious lack of personal protective equipment (PPE), which made it difficult for social workers and social auxiliary workers to provide appropriate care to individuals, groups, and families during the COVID-19 pandemic. Social workers also suffered mental health problems such as stress, worry, fear, role conflict, and job overload. These had a negative impact on the quality of the services that social workers provided to their clients and globally, 61% of social workers reported that COVID-19 induced lockdowns negatively impacted their mental health (Gunhidzirai et al., 2022).

The COVID-19 induced lockdowns resulted in social workers feeling isolated, receiving increased workloads, and lacking of management support. Social workers were also affected by service user suicides, general concerns about COVID-19, and significant challenges of balancing work and personal life (Mithran, 2020). South African social workers were also affected by being in physical contact with the clients while they lacked PPE. Gunhidzirai et al.'s (2022) study states that although social workers had no PPE they used any other form of PPE that they had and provided services to clients, while risking their health. As discussed below, it was a challenge to adopt telephone counselling for clients in rural areas and townships (Ashcroft et al., 2021). Social workers could not contact their clients who did not have technological devices and internet, .

Bester (2021) states that South African social workers experienced ethical challenges such as the inability to develop and maintain trustworthiness, honesty, and empathetic relationships with their clients. This is because of the restrictions in physical contact, and social workers also had fear of contracting COVID-19, hence they were forced to render their services virtually. They also encountered challenges related to resource scarcity, such as a lack of suitable policies to conduct full assessments and render appropriate services to the clients. Additionally, they experienced work overload, while one was supposed to take care of themselves in a stressful environment, to avoid mental health problems and burnout.

The above discussion indicates that the COVID-19 pandemic and actions that were taken to curb its spread, restricted the services that were offered by social workers. The restrictions demanded new set of skills because social workers had to be innovative, to meet communities' needs, while respecting people's right to privacy.

3.2.1. DSD social workers and workload

A study that was conducted by Dlamini et al (2015), in South Arica, found that the average caseload for a single social worker at a DSD service point that they studied, was 1:19 cases per month and 1:150 per year and the researcher has found that the generic norms and standards ratio of DSD in Roodepoort service point is 1:60 whereas the supervision framework states that the generic norms and standards ratio of social workers on consultation supposed to be 1:15 (Sekawana et al., 2012). This indicates that DSD social workers have higher workloads compared to social workers at Child Welfare organisations, who had 1:10 cases per social worker each month before the onset of the COVID-19 pandemic. According to Venter (2022) at the DSD office at the Faerie Glen in Pretoria East, social workers experienced an overload of clients in the beginning of the COVID-19 pandemic. This was because there were too many clients than the resources. From March 2020 there were more than 27 000 clients that requested social workers' services from DSD office at the Faerie Glen in Pretoria East, compared to ChildLine South Africa wherein at the end of March and early April, 21 827 clients requested services.

3.2.2. The causes of DSD social workers stress

The major stress that is experienced by DSD social workers is associated with the lack of resources, and poor working conditions. They also have to deal with heavy workloads (Dlamini et al., 2015). Filho et al. (2020) state that DSD social workers assist the destitute population with limited resources. Social workers working with children and families also encounter lack of budget from DSD. Their work environment had more obstacles during the COVID-19 pandemic. Another cause of stress for DSD social workers during the first waves of the COVID-19 pandemic was the transition to virtual counselling while they lacked technological infrastructure and reliable high-speed internet operation in some rural communities. Additionally, some clients could not afford online counselling (Zvomuya, 2021).

Furthermore, during the COVID-19 pandemic, DSD social workers had to take care for their family members. Thus, they had to balance family-related issues, caring for their wellbeing, and workforce responsibilities. This put more pressure on social workers, possibly leading to mental ill health due to multitasking and absenteeism in their workplace (Ashcroft et al., 2021). During the beginning of the COVID-19 pandemic remote work and virtual counselling were adopted by social workers worldwide as an option for them to continue rendering services to the needy. However, online counselling also came with its challenges that social workers encountered as discussed above.

3.3. THE EFFECTS OF WORKLOAD ON SOCIAL WORKERS' WELL-BEING

According to Deering (2020) the COVID-19 pandemic exacerbated burnout, compassion fatigue and secondary trauma. In the USA, these challenges resulted from social workers handling heavy workload, which affected them even in non-pandemic times. Other studies reported that the COVID-19 pandemic caused stress within the social work labour force. The peritraumatic distress might have affected social workers' health and wellbeing. Research further indicates that social workers who worked remotely offering clients virtual counselling during the onset of the pandemic, and after the ease of lockdown regulations, experienced more distress than social workers who did not work remotely (Miller et al., 2022). The wellbeing of healthcare staff was a primary concern in many countries during the pandemic, hence it was

also important to examine the social worker's workload and resilience in detail (Malathi, 2023). Furthermore, there is little literature on how social workers' workload affected their wellbeing during the COVID-19 pandemic.

In light of the above, remote working was a good option for employees. However, some employees might have been worried about additional stress and the ability to concentrate on their work tasks. This would be related to employees, concurrently needing to take care of personal responsibilities such as child-rearing. Yet, given many restrictions that were associated with the COVID-19 pandemic, physical and mental health plans were disrupted, which also led to more distress. For example, there was closure of many health facilities such as gyms and were limited operations of mental health providers. These changes affected employees whom were seeking to cope with the COVID-19 related distress.

McFadden et al. (2023) found that UK social workers experienced burnout due to workplace factors such as inadequate support, high stress, increased caseloads, and lack of resources, during the early stages of the pandemic. Furthermore, according to Nicholas et al. (2023) the increased job scope and pressures placed South African social workers in a fragile position between their clients, their own needs, and wellbeing during the COVID-19 pandemic. This means that during the onset of the COVID-19 pandemic, social workers experienced the pressure of high workload while concerned with their health, since dealing with the workload pressure is detrimental to employees' wellbeing.

According to Ashcroft et al. (2021) the reasons for increased workload was working longer hours during the onset of the COVID-19 pandemic. The social workers' caseloads raised to more than double for in-person and remote services. This affected social workers' mental and physical health. The decline in social workers' wellbeing led to changes on the way in which they carried out their jobs since they needed to quickly modify their strategies, which contributed to role strain. However, social workers in private practice and NGOs reported that they attended to fewer clients since the onset of the COVID-19 pandemic. They stated that their clients decreased because they preferred in-person treatment rather than remote services (Ashcroft et al., 2021).

According to Salmon (2021), social workers who connected clients with community-based organisations and relief organisations that support COVID-19 victims, faced psycho-social distress and burnout at work during the early stages of the pandemic. This is because many families were compelled to seek assistance and relief from DSD after losing their primary

source of income. Thus, increasing the workload for DSD social workers. In addition, social workers had to care for their own COVID-19-infected family members and relatives. “This placed extra pressure on social workers as the boundaries between professional and home life had become unexpectedly and increasingly blurred” (Social Work Ethics Research Group and the IFSW Ethics Commission, (2020: 13). It can be concluded that government (DSD) social workers experienced high workloads owing to the COVID-19 pandemic. This workload affected social workers’ mental and physical health. Worldwide, it can be said that the COVID-19 pandemic resulted in heavy burden for social workers, and had a negative impact on their physical as well as emotional wellbeing.

3.4. THE COPING STRATEGIES DSD SOCIAL WORKERS ENGAGED IN TO MANAGE WORKLOAD BEFORE AND DURING COVID-19 PANDEMIC

Malathi (2023) indicated that in the USA, social workers’ workload increased in times of the COVID-pandemic. Examples of the cases that increased the social workers’ workload related to: homeless, drug use, abused children, people with mental health problems, and those convicted of a crime. Thus, the COVID-pandemic generated new challenges for social workers, which changed the nature of social work, their tasks, professional knowledge, and competencies. According to Dominelli (2020), during the COVID-19 pandemic there was also a need for social workers to scrutinise changes to legislations and policies, to make an impact unto people’s lives. It also could help social workers to deal with heavy workload that they encountered during the COVID-19 pandemic.

Furthermore, the pandemic forced social workers to adapt to new innovations and changed their professional activities from face-to-face interactions with their clients to virtual interactions. This brought significant change to which social workers had to adapt to manage the workload that they encountered (Malathi, 2023).

According to Cook et al., (2023) they indicated that in the United States despite of the transition to virtual work that was introduced during the onset of Covid-19 pandemic, the social workers would arrange in-person meetings with other colleagues in order to exchange practice knowledge or reflect on their work which partially mitigated the need to seek advice in order to manage their caseloads and some social workers reported virtual fatigue as a result of overload of work. Furthermore, it was stated that supervision of social workers during the

Covid-19 pandemic was a key in managing workload because if a social worker is being supervised to do their work it makes work easier and able to manage workload (Cook et al, 2023).

Surveys conducted in the UK in the beginning of the pandemic found that good supervision and supportive relationships amongst co-workers could prevent burnout, improve employee turnover, and assist social workers to manage their workloads (McFadden et al., 2023). For instance, the supervisor can be able to alert the supervisee to close the casework files that have no further intervention to proceed with those that need further intervention. The supervisor can also alert the supervisee about the lapsing court date of the foster care case, and all this can assist the social worker to reduce their workload.

However, some social workers used the time that they worked remotely to take a break in between hours of work, to refresh their mind and secure energy to continue with their work, since there are more hours of work at home compared to the office. For example, social workers in the UK took advantage of working from home to provide family care and support, avoid travel, as well as personal contacts through online communication (McFadden et al., 2023).

Moreover, social workers in the UK received support during the COVID-19 difficult times. At micro-level, they helped to use efficient coping mechanisms such as working from home and writing reports. They were also allowed to benefit from peer support and effective supervision. At meso- and macro-level, employers had an impact on public service values, which boosted social workers' confidence and sense of contributing to the society (McFadden et al., 2023). Social work employers in the UK also provided emotional support, which assisted social workers to manage their caseloads, prevent stress, and burnout. However, political, and social support is still needed for people working in jobs such as social work, to sustain a workforce that was already under extreme pressure worldwide, prior to the COVID-19 pandemic. But there is a lack of studies on how South African social workers coped with managing workloads, using an example of before or during the COVID-19 pandemic.

3.4.1. The utilisation and importance of EAP services during the Covid-19 pandemic

According to Veldsman et al. (2021) the utilisation of EAP services before the COVID-19 pandemic was 14% for work-related cases. In the beginning of the COVID-19 pandemic, work-related cases increased to 21% in a certain multinational insurance organisation which marked

the highest level of utilisation. This is an indication of challenges that emerged within the workforce during the onset of the COVID-19 pandemic and the services that EAP provides are: substance abuse counselling services, marital counselling, child/elder care services, work/life balance, anger management, legal, and financial advice.

Additional EAP services include wellness such as, exercises, health education, and referrals to dieticians for healthy eating lifestyle. These services help employees deal with work or personal problems that causes employee absenteeism, decreased work productivity, and morale. During the onset of the COVID-19 pandemic, DSD social workers experienced high workload as indicated above, and it was essential for their employer to seek EAP services on their behalf. This would ensure that DSD social workers received help on their work or personal-related problems that they experienced, so that their work productivity and morale did not decreased.

There are strategies to manage work or personal-related problems that DSD could take into consideration, such as referring social workers to EAP for counselling or Wellness services for health education and exercises to avoid work or personal problems from interfering with their work productivity and morale (Veldsman et al., 2021). Another strategy to manage workplace stress are individual interventions, which include several aspects such as physical, emotional, social, recreational, spiritual, and cognitive aspects. Intervention in these aspects plays an important role in an individual, to prevent stress and burnout. Physical care includes, exercises, and emotional care concerns voicing out feelings to others.

Additionally, social care means socialising with other people either one's friends, other professionals such as psychologists or colleagues. Recreational care concerns going out for vacations and entertainment. Spiritual care is about believing in your religion, and lastly cognitive care concerns reading or studying further for capacitating your knowledge. All these self-care strategies can help employees manage their work or personal related stress and prevent burnout (Ross & Deverell, 2010). DSD social workers needs to physically exercise to keep their minds and bodies healthy so that they reduce workplace stress. In accordance with the Occupational Health and Safety Act 85 of 1993, DSD as an employer must also create and maintain a safe workplace which is free from hazards to the health of its social workers. During the COVID-19 pandemic, this included encouraging social workers to wear masks, engage in social distancing, wash their hands frequently, and screen clients before they visit counselling.

3.5. CONCLUSION

This literature review discussed the impact that the COVID-19 pandemic had on social work practice, including the shift that social workers made to virtual counselling and remote working. The review also outlines the difficulties that were faced by social workers, such as, heavy caseloads that DSD social workers had to manage. The heavy caseloads led to: stress, burnout, and poor physical health. The effects of the COVID-19 pandemic was exacerbated by the social workers' need to juggle work and home obligations. The literature review also explored various coping mechanisms that were employed by social workers to manage their workload before and during the pandemic. Employers in the USA and UK focused on social work supervision and peer support to prevent stress and burnout. Lastly, the utilisation and importance of EAP was also included in this review. However, the literature review shows that there was a lack of data on the coping strategies that were adopted by South African social workers, in managing their workload during the COVID-19 pandemic.

CHAPTER 4
RESEARCH METHODOLOGY

4.1. RESEARCH APPROACH AND DESIGN

This study adopted a qualitative research approach, with the aim of exploring and understanding participants' experiences in their daily life within their workplace. The rationale of using a qualitative approach was to give the researcher depth of understanding, which is difficult to gain from a closed question survey. In qualitative research, participants are able to freely disclose their experiences, thoughts, and feelings. Qualitative research is often less structured and to understand human experiences the collected data is supposed to be put in words than numbers.

However, the researcher was fully aware of the challenges of using qualitative approach, such as that data analysis and interpretation can be time consuming. The researcher adopted an exploratory case study design which is a research design that focuses on research issues that have not been thoroughly investigated before. The researcher was also conscious of the limitations of exploratory research, that findings cannot be generalised to a wider population since such studies are not usually useful in terms of decision-making (Fouche at al., 2021).

4.2. POPULATION, SAMPLE AND SAMPLING PROCEDURES

Population is the entire group of people which the researcher wishes to generalize the study findings and the importance of the target population is to set a clear direction on the scope and objective of the research and data types while the disadvantages are difficulty gaining access to a list of a larger population, time, costs, and that bias can still occur under certain circumstances, and sample is a smaller set of people that a researcher chooses or selects from a larger population and its advantage is that the researcher is able to collect richer data from just few people while its disadvantages includes sampling bias, generalizability issues, and ethical conerns and lastly the sampling procedure is the process of selecting a group of people to conduct a study and its advantage is that data collection from a portion of the entire population is more affordable and cost-effective in advance and its disadvantage is that bias can occur when the sample set is not larger enough to adequately represent the full population (Creswell et al, 2018). The research population for this study comprised of all social workers

who were employed at the Department of Social Development in Roodepoort, South Africa, between 2020 and 2023. The study's sample consisted of 15 social workers. These were social workers who had most knowledge and qualities that the researcher was looking for. The researcher used a non-probability purposive sampling approach to choose the participants (Fouche at al., 2021). The following aspects were part of the inclusion criteria; participants had more than three years of experience working at DSD, since the start of the COVID-19 epidemic. Participants were also chosen based on their age (25-65 years), gender (males and females), and educational background (Bachelor of Social Work). The benefit of this sampling technique was that it allowed the researcher to select the population that would be studied. However, the drawback was that the study could only include participants who possessed the traits that the researcher desired (Fouche et al., 2021).

4.3. RESEARCH INSTRUMENT

The researcher utilised a semi-structured research instrument (Appendix C). The reasons for utilising semi-structured research interviews was for the researcher to gather detailed information regarding the study – nine open-ended questions were asked from the participants (Fouche et al., 2021). During pre-testing of the research instrument, the researcher selected two participants from the selected population. The pre-test participants answered the questions of the main study, before the main investigation took place. This helped the researcher to correct the mistakes that emerged during the pre-test. Pre-testing is a stage where the research interviews questions are tested and reviewed using a small scale of participants of the research population. This would allow the researcher to ensure that all the questions are clear and well-understood, before the main investigation (Fouche et al., 2021).

4.4. METHOD OF DATA COLLECTION

A face-to-face individual interview is a qualitative method of data collection that allows a detailed collection of data to deeply understand the experiences of the participants from their own point of view (Fouche et al., 2021). The researcher utilised a semi-structured interview schedule since it allowed her to gather detailed data. Data collection began after the researcher secured an ethical clearance certificate attached in Appendix E. Resultantly, data was gathered through in-person, one-on-one interviews with the participants at the Department of Social Development in Roodepoort. Participants voluntered to participate in the study and gave the

researcher an hour for the interviews. The advantage of individual face-to-face interviews is that they can be used when participants cannot be directly observed and the researcher used the cell phone voice recorder to record the interviews. However, they also have the drawback of providing access to information that has been filtered by respondent's point of view and they can be time-consuming (Fouche et al., 2021).

4.5. METHOD OF DATA ANALYSIS

According to Caulfield (2022) thematic data analysis is a method of analysing qualitative data. It involves reading through a set of data and looking for patterns in the meaning of the data to find themes. It is usually applied to a set of texts, such as an interview or transcripts, wherein the researcher closely examines the data to identify common themes, topics, ideas, and patterns in the data. For this study, data was in the form of interview transcripts, and it was compared to the information gathered during the pretest study. The researcher used thematic analysis as a method of data analysis.

4.5.1. THE RESEARCHER FOLLOWED THE FOLLOWING PROCEDURES FOR ANALYSING DATA IN QUALITATIVE RESEARCH METHOD

4.5.1.1. *Transcribing the data*

According to Fouche et al. (2021), transcribing the data means converting audio interviews collected from the participants into written text, and this is the first step in the method of data analysis. After data collection, the researcher prepared for analysis. In this process she transcribed the interviews in Microsoft Word software.

4.5.1.2. *Data familiarisation*

For this stage, the researcher collected the data by herself (Fouche et al., 2021), then, after transcribing the interviews, she read and re-read the transcripts, for familiarisation and deeper understanding.

4.5.1.3. *Coding (first order analysis)*

According to Fouche et al. (2021) the process of coding is when the researcher gives the text a label. For this study, the researcher decided to code participants' text through coloring it. However, there is no right or wrong way of coding the data.

4.5.1.4. *Theme development (second order of analysis)*

Theme development concerns assessing the researcher's material (Fouche et al., 2021). In the process of theme development, the researcher found words that were repeatedly appearing from the information collected from the participants in order to give a clear analysis of data.

4.5.1.5. *Data interpretation: Defining themes and categories*

In this stage of data analysis, researchers should ask themselves, a question, 'What's happening with the trend of data?' The researcher should provide detailed meanings of the identified themes, provide patterns, compare, contrast, and interpret the data (Fouche et al., 2021). The researcher applied a thematic analysis when interpreting the data.

4.5.1.6. *Data presentation*

Data presentation is the last step in thematic data analysis, and this is when researchers present the data (Fouche et al., 2021). Nowadays qualitative research no longer only allows text presentation of the data (Fouche et al., 2021). In the current study, data was presented in form of text.

4.6. TRUSTWORTHINESS

4.6.1. THE FOLLOWING PROCEDURE FOR VERIFYING DATA IN QUALITATIVE RESEARCH IS "TRUSTWORTHINESS" AND WAS FOLLOWED.

4.6.1.1.Credibility

Credibility is to verify if the research study's findings are accurate and correct (Lincoln & Guba, 1999). To ensure credibility of the current study, the researcher examined the relationship between the participant's opinions and the research questions and the researcher found them to be related to each other.

4.6.1.2.Transferability

Transferability refers to the degree at which the results of a qualitative study can be transferred to other contexts or settings (Lincoln & Guba, 1999). To ensure transferability for the current study, the researcher provided readers with evidence of the research findings.

4.6.1.3.Dependability

Dependability refers to the stability of the research findings, which can be achieved through detailed documentation of the research procedures (Lincoln & Guba, 1999). In the current study, the researcher ensured that the findings are consistent and reliable. The researcher also properly documented the research procedure for the reader to check, be able to audit and critique the research process.

4.6.1.4.Conformability

Lincoln et al. (1999) argues that conformability is the capacity for objectivity, or the ability of two or more independent persons to agree on the relevance, correctness, or significance of facts. For the current study, the researcher supplied an audit trail that outlines every stage of the data analysis process and demonstrates that the results accurately reflect participants' responses and are free from conscious or unconscious bias.

4.7. ETHICAL CONSIDERATIONS

The researcher adopted the following ethical implications when collecting data.

4.7.1. Voluntary participation

This ethical implication indicates that for the participants to take part in any study, it should be the decision that they freely take (Fouche et al., 2021). In the current study, the researcher firstly ensured that participants volunteered to take part in the study, since the researcher had to respect the participant's right to participate in the study.

4.7.2. Informed consent

Informed consent refers to that research participants should voluntarily and freely participate in a study. They must have a full understanding of the meaning of taking part in the study (Fouche et al., 2021). The researcher provided the participants with the consent form to complete if they agree to take part in the study.

4.7.3. Confidentiality

Confidentiality is when the researcher knows and protects the identity of the participants from other people (Fouche et al., 2021). For the current study, the interviews were conducted at the Department of Social Development in Roodepoort service point within the participant's respective offices. However, the researcher firstly ensured that the place where the data was collected was private and conducive, so that the participants felt comfortable to participate.

Additionally, the researcher informed the participants that their information, including their personal details, will be kept confidential. The data was stored in Google drive and in a password protected computer accessed by the researcher only, and when the study is completed, data will be destroyed after 3 years. To ensure anonymity of the participants the researcher did not collect the identifying information of the individual participant, such as: their names, physical address, and email address, so that no one can link individual responses with the participants' identities.

4.7.4. Non-maleficence

Non-maleficence means that a study must not cause harm to the participants (Fouche et al., 2021). The current study did not cause harm to participants. If the study would have caused harm to a participant, the researcher would have stopped the interview and continue another time, if the affected participant would be willing. However, the participant information sheet that the researcher provided, contained a counsellor's contact information. If participants required any support or counselling after the interview, these services were going to be offered at no cost at Family South Africa (FAMSA) in Roodepooort.

4.8. DISTRESS PROTOCOL IN THE SETTING OF AN INTERVIEW

If participants showed signs of discomfort due to some sensitive questions that were asked, the researcher would have done the following:

- Immediately stop the interview.
- Evaluate the psychological/emotional status of the participant by asking his/her thoughts and feelings.
- If the participant can continue with the interview, the researcher would have continued. Or,
- If not, the researcher was going to reschedule an appointment to resume the interview but encourage the participant to contact the counselling services, provided in the participant information sheet, if the participant experienced increased distress in hours/days following the interview.
- Make a follow up call to the participant if consent was granted.

4.9. LIMITATIONS AND DELIMITATIONS OF THE STUDY

The study was limited to the social workers who were based at the Department of Social Development in Roodepoort service point and on their perceptions of workload during the COVID-19 pandemic. The limitation of the purposive sampling method that was adopted was that the social workers needed to have the characteristics that the researcher wanted. The study was limited to the following steps: testing the measuring instrument, and analysis of the data

in order to make sure that all the questions were clear and well-understood before the main investigation took place. The study was also limited to face-to-face individual interviews with the participants since it gave access to indirect information that has been filtered by respondents' points of view and it became highly time-consuming.

4.10. CONCLUSION

This chapter discusses the research approach and design, population, sample and sampling procedures, research instruments and the procedure for pre-testing the data collection tools for the current study. Furthermore, the chapter discusses data collection, data analysis, data verification which included trustworthiness and ethical considerations. The chapter ended on the distress protocol in the setting of an interview as well as the limitations and delimitations of the study.

CHAPTER 5
PRESENTATION OF DATA AND DISCUSSION OF FINDINGS

5.1. INTRODUCTION

In this chapter, data is presented, interpreted, and analysed. The findings are based on the data that was collected from 15 participants, who agreed to take part in this study. The chapter answers the research question that guided the current study, namely: what are the experiences DSD social workers faced on managing workload during the COVID-19 pandemic.

Through semi-structured interviews, participants were given the chance to discuss their experiences on managing workload during the COVID-19 pandemic, and this is how the raw data was obtained. Noteworthy, participants' anonymity and confidentiality were preserved by not using the participant's names. With the participant's consent, the researcher audio recorded the interviews, the themes, sub-themes, and categories emerged from participants' responses to the interviews.

This chapter includes participant's demographic information, as well as the four themes, sub-themes, and categories. Each theme, sub-theme, and category are discussed using the direct quotations from the interviews.

5.2. DEMOGRAPHIC INFORMATION

A summary of the demographic information of the 15 participants that were interviewed in this study is presented in table 5.1, below. The key demographic characteristics of the participants in table 5.1 are, gender, race, age, their highest qualifications, work experience as a social worker, work experience at the Department of Social Development, and the main focus of the participants' work in DSD.

Table 5.1: Participant's demographic profile

Demographic information	Sub-category	No.
Gender of participants	Male	1
	Female	14
Race	Black	15
Age of participants	28-38 years	10
	39-49 years	4
	50 + years	1
Highest qualification	BSW	15
Years of work experience	3-5	5
	6-11	5
	12 and above	5
Duration of employment at DSD	3-5 years	5
	6-11 years	5
	12 + years	5
Main focus of work undertaken at DSD	Foster care field	12
	Intake field	2
	School social work field	1

Table 5.1 illustrates that participants were 14 Black female social workers and only one male. Ten of the participants were 28-38 years old, four were 39-49 years old, and only one participant was above the age of 50 years. Participants' highest qualification was a Bachelor of Social Work and five participants had 3-5 years of work experience. Five participants had 6-11 years of experience, while the other five had more than 12 years of experience in social work. Most participants rendered services in foster care.

5.3 PRESENTATION AND DISCUSSION OF FINDINGS: THEMES, SUB-THEMES AND CATEGORIES

The different themes, sub-themes and categories that emerged from analysing the data are demonstrated in table 5.2.

Table 5.2: Themes, sub-themes and categories of experiences of social workers regarding managing workload during COVID-19 pandemic.

Themes	**Sub-themes**	**Categories**	**Quotes**
Theme 1: Challenges faced by social workers during COVID-19 pandemic.	**Sub-theme 1:** High caseload	-Lack of capacity	*"I got employed at DSD the year 2020 during the onset of the COVID-19 pandemic I was handed with 100 foster care cases that had to increase to 200 caseloads and I got so overwhelmed by the cases since we were handling high caseload during the COVID-19 pandemic"* (Themba, 33-years old).
	Sub-theme 2: Shortage of resources	-Lack of budget	*"The challenge that we have is that we do not have enough cars"* (Miranda, 36-years old).

	Sub-theme 3: Difficulties in regard to the use of personal protective equipments (PPE)	-Lack of adequate PPE	*"During COVID-19 pandemic the use of masks was a barrier in assessment of the clients non verbal cues"* (Butterfly, 33-years old).
Theme 2: Changes experienced by social workers as a result of COVID-19 pandemic.	**Sub-theme 1:** Hybrid work	-Virtual counselling	*"In DSD Roodepoort service point we have a problem in regard to unstable Wi-Fi and this problem had to affect us during COVID-19 pandemic since we had to rely on contacting the clients telephonically in order to render services which became impossible due to lack of network operation"* (Sinethemba, 38-years old).
Theme 3: The wellbeing and mental health of social workers during the COVID-19 pandemic.	**Sub-theme 1:** Effects of COVID-19 pandemic on social workers wellbeing.	-Coping mechanisms	-*"COVID-19 pandemic affected my wellbeing due to handling high caseloads since I had to experience burnout"* (Themba, 33-years old).

Theme 4: Suggestions for the way forward.	**Sub-theme 1:** Suggestions to improve internal organisational structure.	-Providing of support and debriefing sessions. -Providing of EAP services. -Staff training.	*"If I was a social work supervisor in order to manage workload I would plan with my supervisees and have a performance management strategy, provide them with support in a form of debriefing sessions"* (Makoti, 40-years old).

The themes, sub-themes and categories regarding the experiences of social workers on managing workload during the COVID-19 pandemic as listed in table 5.2, entail the following:

5.3.1 THEME 1: CHALLENGES FACED BY SOCIAL WORKERS DURING COVID-19 PANDEMIC

This theme is discussed through three sub-themes, namely: high caseload, shortage of resources, and difficulties in using personal protective equipment (PPE). The first sub-theme generated one category which is, the lack of capacity. The second sub-theme also generated one category which is, lack of budget. The last sub-theme discussed the lack of adequate PPE. Overall, this first theme, provides challenges that were encountered by social workers during the COVID-19 pandemic.

5.3.1.1 ***Sub-theme 1: High caseload***

During the interviews the researcher asked participants about the number of caseloads that they dealt with during the COVID-19 pandemic. Participants indicated that their casework ratio was 1:60 per social worker per year, in foster care unit, as agreed in their written employment

contracts. However, some participants stated that they had to manage 80 to 100 foster care cases and they regarded these as their highest caseloads, which made them feel overwhelmed, leading to burnout. The following quotation describes Themba's feelings towards the management of caseload during the COVID-19 pandemic:

> "*I got employed at DSD the year 2020 during the onset of the COVID-19 pandemic I was handed with 100 foster care cases that had to increase to 200 caseloads and I got so overwhelmed by the cases since we were handling high caseload during the COVID-19 pandemic*" (Themba, 33-years old).

According to Sekawana et al. (2012) social work employers are required to implement a context-specific supervision strategy that addresses the ratio of social workers to clients. Furthermore, the supervision contract must cohere to the supervision framework within the social work profession, and the ratio for social workers on consultations must be 1:15.

During the COVID-19 pandemic, DSD social workers in Roodepoort service point, were managing high caseload in foster care unit as Themba indicated that when he secured a job at DSD during the onset of the COVID-19 pandemic, he was handed with 100 foster care cases. These cases had to increase to 200 caseload and that contributed to him being overwhelmed. Therefore, based on the supervision framework it is noted that the caseload handled by DSD social workers in Roodepoort service point during the COVID-19 pandemic was high since the ratio for social workers on consultation is supposed to be 1:15 (Sekawana et al., 2012). The person-in-environment (PIE) theoretical framework states that an employee's problem is heavily influenced by their work environment (Nicholas et al., 2010). The cause of Themba being overwhelmed by the cases worrying about how he would manage high caseload in his work environment. This means that if the caseload handled by DSD social workers in Roodepoort service point continued to be high it would result in social workers being burnout.

Some participants expressed dissatisfaction because of the unequal distribution of cases amongst social workers within their organisation. Sinethemba (38-years old) described her feelings towards the unequal distribution of cases amongst social workers in DSD Roodepoort service point, as,

"*The distribution of cases in our office is not equal since I will have 80 cases while another social worker have 100 cases*".

It seems that the area that DSD Roodepoort service point is located and the nature of services that they offered, contributed to higher than normal caseload. Furthermore, PIE states that to understand the employee's problems one needs to explore their work environment (Nicholas et al., 2010). Therefore, in order for DSD to solve the issue of high caseload faced by their social workers, they need to reduce the areas demarcated to DSD Roodepoort service point.

Another issue that was faced by DSD social workers in Roodepoort service point during the COVID-19 pandemic was shortage of social workers. Participants indicated that the shortage contributed to high caseload that they were encountering. The following category discusses the lack of capacity, as experienced by the participants at the DSD in Roodepoort service point.

Category 1: Lack of capacity

The social workers in the UK reported that burnout levels appeared to be rising as a result of staff shortage, rising workloads, and employers lacking communication; these pressures worsened as the pandemic continued (McFadden et al., 2023). Some participants in the current study expressed dissatisfaction regarding the shortage of social workers, and high caseload in foster care unit during the COVID-19 pandemic. Most participants recommended that the Gauteng DSD needs to employ more social workers for manpower, especially in sections such as intake, substance abuse and foster care. Additionally, Gauteng DSD needs to employ unemployed social workers in the Gauteng province and place them in various service points. Njabulo reported the following, in regard to lack of capacity:

"I *once became overwhelmed and experienced burnout due to managing high caseload and the cause of this was due to shortage of social workers in our section but at least currently the Department of Social Development brought more social workers in June 2023 for manpower in foster care unit and the caseload is a bit reduced now*" (Njambulo, 43-years old).

The high caseload that was experienced by participants during the COVID-19 pandemic seems to result from shortage of social workers at the DSD Roodepoort service point. As highlighted by (Njambulo, 43 years old), the burden was subsequently lowered when DSD allocated additional social workers. It can be concluded that, social workers in other countries also faced staffing shortfall and an increase in caseloads (Mcfadden et al., 2023). In addition to the participant's lack of capacity and heavy caseload during the COVID-19 pandemic, they also mentioned that they faced difficulties regarding a lack of resources during the COVID-19 pandemic. Therefore, the next sub-theme and category discusses the issue of the shortage of resources and lack of funding at the DSD Roodepoort service point.

5.3.1.2 *Sub-theme 2: Shortage of resources*

Dlamini et al. (2015) state that DSD social workers' primary causes of stress included a lack of resources and an unfavourable work environment. Most participants expressed dissatisfaction concerning the shortage of resources such as, government cars, laptops, printers, and photocopying stationery. Miranda (36-year old) described the shortage as,

> "*The challenge that we have is that we do not have enough cars to conduct home visits and we end up double booking cars in order to conduct home visits*".

Often, DSD social workers are supposed to work in the field, delivering services such as foster care services, going to courts, conducting home and school visits, although during the COVID-19 pandemic field work was done only if it was critically required. However, the shortage of government cars at DSD became a barrier in delivering those services as highlighted by Miranda, above. Ultimately, social workers were unable to meet their work targets. According to Dlamini et al. (2015) a lack of resources in DSD is disturbing and it strains social workers when they think of delivering services to the community and meeting their work requirements.

Category: Lack of budget

According to Filho et al. (2020), DSD social workers already assist destitute populations with few resources, due to a lack of the budget from the department. But their work environment

caused more obstacles during the COVID-19 pandemic. Some participants indicated that a shortage of resources was caused by the lack of a budget from DSD. Participants indicated that when they requested material resources such as the tools of trade at DSD head office, they were always told that there was no budget. Therefore, Thembi reported below:

> "*When we request resources at DSD head office they always say that they have a shortage of budget and on the other side nowadays the economy is very high and everything is expensive more than what we get*" (Thembi, 30-years old).

A lack of the budget at DSD is stressful, as Themba and previous literature indicate (Filho et al., 2020). Therefore, if DSD can resolve the issue of lack of budget and lack of capacity, there can be a solution to high caseload and shortage of resources that is encountered by DSD social workers in Roodepoort service point. DSD social workers in Roodepoort service point further indicated that they encountered new challenges during the onset of the COVID-19 pandemic, such as the difficulties regarding the lack of adequate, and use of available PPE – this is expanded in the following theme.

5.3.1.3 *Sub-theme 3: Difficulties in regard to the use of personal protective equipments (PPE)*

According to Zvomuya (2021) DSD social workers experienced work related challenges as a result of the COVID-19 pandemic. The challenges included having to assess clients while wearing masks, which made it difficult for social workers to conduct a proper assessment of the client's needs. Therefore, during the interviews Butterfly reported that it was difficult to conduct proper assessment of the clients without observing non-verbal cues, because of the use of masks. Butterfly (33-years old) reported,

> "*During COVID-19 pandemic the use of masks was a barrier in assessment of the clients non verbal cues"* (Butterfly, 33-years old).

The COVID-19 pandemic affected social workers' delivery of services to clients, since the use of masks affected social workers' assessments as Butterfly indicated, above. Literature also stated that the challenge of having to assess clients wearing masks made it difficult for social workers to make proper assessment (Zvomuya, 2021).

Category 1: Lack of adequate PPE

In South Africa, there was a serious lack of PPE, which made it difficult for social workers and social auxiliary workers to provide appropriate care to individuals, groups, and families during the COVID-19 pandemic (Gunhidzirai et al., 2022). Some of the current study's participants indicated that there was a lack of supply of PPE by the DSD during the COVID-19 pandemic. Below, Cynthia reported:

> *"The challenges we encountered during the COVID-19 pandemic was that, us as officials we had limited masks and sanitizers provided by the Department of Social Development, therefore we had to also buy our own masks and sanitizers in order to secure enough PPE"* (Cynthia, 33-years old).

The lack of PPE at DSD affected social workers' delivery of services to clients and literature also states that there was a serious lack of PPE in South Africa (Gunhidzirai et al., 2022). Therefore, for DSD social workers in Roodepoort service point to continue rendering services to clients, they had to purchase the PPE for themselves, as a way for self-protection from the COVID-19 pandemic.

PIE explores the overall health and social functioning of an employee within a particular working environment (Nicholas et al., 2010). PIE also links to Cynthia's quotation, above. The PIE theoretical framework stresses the point that employees should be protected from any harmful situation within their working environment and the lack of supply of PPE at the DSD in Roodepoort service point shows that employees were not protected from the COVID-19 pandemic and this affected their social functioning within their working environment.

Furthermore, participants indicated that they encountered changes as a result of the COVID-19 pandemic. Therefore, the following theme will discuss the hybrid work and virtual counselling, as the changes that were experienced by DSD social workers in Roodepoort service point.

5.3.2 THEME 2: CHANGES EXPERIENCED BY SOCIAL WORKERS AS A RESULT OF COVID-19 PANDEMIC

During the COVID-19 pandemic, social workers were forced to employ hybrid work in order to deliver their services electronically. As previously discussed earlier, social workers' ability to provide services was clearly affected by COVID-19, and its related restrictions, which imposed new requirements and guidelines. This was because social workers had to think creatively, to meet the needs of communities in dangerous situations while upholding people's right to privacy and being involved in their most important life decisions.

The changes that social workers adopted as a result of the COVID-19 pandemic included hybrid work, which is discussed next as a sub-theme.

5.3.2.1 ***Sub-theme 1: Hybrid work***

According to Webex (2024), hybrid work is flexible and accommodates a combination of remote, in-office, and mobile employees. It gives workers the freedom to choose where, when, and how they are most productive to work. This study's participants indicated that during the COVID-19 pandemic, they were told to work remotely and conduct online counselling with the clients hence they faced several challenges concerning resources such as laptops, data, a lack of network in their offices, and techniques for conducting online counselling. However, some participants also reported that they utilised their own personal laptops to conduct their work at home. Sinethemba explained, below:

> *"In DSD Roodepoort service point we have a problem in regard to unstable Wi-Fi and this problem had to affect us during COVID-19 pandemic since we had to relay on*

contacting the clients telephonically in order to render services which became impossible due to lack of network operation" (Sinethemba, 38-years old).

Hybrid work was introduced to social workers during the onset of the COVID-19 pandemic, and DSD social workers in Roodepoort service point experienced challenges such as network operation while working in the office as Sinethemba indicated, above. According to Webex (2024) hybrid work is the combination of remote and in-office work. The inability of the DSD social workers in Roodepoort service point to deliver services to the clients was affected by a lack of network operation within their work environment, which meant they could not conduct telephonic interventions when working in the office.

Category 1: Virtual counselling

According to Canadian Association of Social Workers (2020) virtual counselling refers to counselling conducted over the phone, by email (hush mail), live chat (Google chat), and video conference such as Skype. In contrast to in-person, virtual counselling is not suitable for crisis intervention. Another cause of stress within DSD social workers during the first wave of the COVID-19 pandemic was the transition to virtual counselling with a lack of technological infrastructure and reliable high-speed internet operation in some rural communities. In addition, some clients could not afford online counselling (Zvomuya, 2021). In the following quotation, Butterfly reported on her feelings in relation to her experience of virtual counselling during the COVID-19 pandemic:

"*Telephone contact with the clients was ineffective since one can not do an assessment telephonically hence one can gather some information regarding the client telephonically*" (Butterfly, 33-years old).

Social workers' shift from face-to-face counselling to virtual counselling came with its several challenges including the inability to conduct assessment as Butterfly indicated above. Literature also states that virtual counselling is not suitable for crisis interventions (CASW,

2020). Overall, social workers were compelled to change to virtual counselling, due to COVID-19-related restrictions. However, virtual counselling was ineffective as the above participant stated. Therefore, DSD social workers in Roodepoort service point were affected in delivering services to their clients.

The COVID-19 pandemic brought changes to how social workers could render their services to clients, affected the quality of social work service delivery, and social workers mental health as well as wellbeing. The following theme, sub-theme and category discusses the wellbeing and mental health of social workers during the COVID-19 pandemic, the effects of the COVID-19 pandemic on social workers' wellbeing and the social workers' coping mechanisms.

5.3.3 THEME 3: THE WELLBEING AND MENTAL HEALTH OF SOCIAL WORKERS DURING THE COVID-19 PANDEMIC

According to Deering (2020) the COVID-19 pandemic exacerbated burnout, compassion fatigue, and secondary trauma that were related to handling heavy workload amongst social workers in the USA, which also affected them even in non-pandemic times. Other studies indicated that the COVID-19 pandemic caused stress within the social work labour force. For example, it caused peritraumatic distress which might have affected social workers' health and wellbeing. Literature further indicate that social workers who worked remotely, offering clients virtual counselling during the onset of the pandemic and after the ease of lockdown regulations, experienced more distress than social workers who did not work remotely (Miller et al., 2022).

McFadden et al. (2023) found that UK social workers experienced burnout due to workplace factors such as inadequate support, high stress, increased caseloads, and lack of resources, particularly during the early stages of the pandemic. In the current study, participants reported having been affected their mental health and wellbeing, as exemplified by Themba below:

> *"COVID-19 pandemic affected my wellbeing due to handling high caseloads since I had to experience burnout because I was over working myself, I had to work in the office as well as at home without time to rest and taking care of myslef because I wanted to push my caseload since I was also supposed to account for my progress to the*

supervisor and I had no time to go to gym to exercise because the facilties previously were closed" (Themba, 33-years old).

The COVID-19 pandemic affected social workers' comfort, health, and happiness since most of them faced fatigue due to handling high caseload without time to rest. In agreement with Themba, literature confirms that the COVID-19 pandemic worsened burnout which was already experienced by social workers who handled high caseloads even before the COVID-19 pandemic (Deering, 2020). Therefore, these findings confirm that social workers had been experiencing high caseloads and burnout even before the COVID-19 pandemic.

The Covid-19 pandemic also affected the social workers' mental health as the following participant quotation indicates:

"COVID-19 pandemic affected my mental health since I went to a point wherein I was very stressed and I even went to a doctor several times to test for COVID-19 but I was never contaminated and my husband together with my daughter were contaminated as well as one of our tenant and I remember I also bought a disinfectant and disinfect the whole yard and I took my husband and my daughter to the doctor and they gave them prescription of medications and I bought the medication and due to fear of contamination the doctor indicated that the rest of the family can take the medication and I had to take care of my family as well as to balance family reponsibility with my work responsibility and this had to put more pressure on me" (Violet, 48-years old).

The COVID-19 pandemic also emotionally, psychologically, and socially affected social workers. It affected how they feel, think, and behave, leading to them being worried and confused about: theirs and their family members' health, as well as service delivery to their clients. Violet, above, indicated, in relation to literature, that the COVID-19 pandemic caused stress within the social work labour force (Miller et al., 2022).

5.3.3.1 *Sub-theme 1: Effects of COVID-19 pandemic on social workers wellbeing*

The wellbeing of the healthcare staff was a primary concern in many countries during the pandemic, hence it was also important to examine the social worker's workload, wellbeing, and resilience, in detail (Malathi, 2023). However, there is little literature on how social workers' workload affected their wellbeing during the COVID-19 pandemic. Sinethemba reported the following regarding the impact of the COVID-19 pandemic on her wellbeing:

> "*COVID-19 pandemic caused me to have fear, stress and stigma since I was the first one in our unit to be contaminated and I went to quarratine for 21 days and after 21 days I went to test again and I got the negative results and then go back to work*" (Sinethemba, 38-years old).

The COVID-19 pandemic caused anxiety, worry, and they were humiliated. They were afraid of being contaminated or die of the COVID-19 virus. When they became contaminated with the virus, as Sinethemba, above, indicated they felt humiliated in their work environment because their colleagues would distance themselves from them. Thus, for the fear of transmission of the virus.

Sinethemba experienced trauma by being contaminated and according to Nicholas et al. (2010) PIE is a guiding principle that seeks to understand an employee's behavior within the physical environment in which they work and interact with colleagues. Therefore, the stigmatisation of social workers who became contaminated by the COVID-19 virus, by their colleagues might have put more pressure on social workers on top of the stress that they were already encountering and social workers might have changed the way in which they behaved or conducted themselves, especially towards social workers who are contaminated.

Category 1: Coping mechanisms

There are strategies to manage work or personal-related problems that DSD as an employer can take into consideration. These include referring social workers to EAP for counselling or wellness service for health education and exercises, to avoid work or personal problems from

interfering with their work productivity and morale (Veldsman et al., 2021). Other strategies that can be used to manage workplace stress are individual interventions, which include several aspects such as: physical, emotional, social, recreational, spiritual, and cognitive. These aspects play an important role in an individual, to prevent stress and burnout. They, help employees to manage work or personal related stress and prevent burnout (Ross & Deverell, 2010). Themba reported exercising as his personal-level coping method that he employed during the COVID-19 pandemic:

> *"I use to go to gym when the gym facilities open in order to exrcise and I had to lose weight since I wasn't like this before due to lack of execise, and currently since my workload has decreased from 200 caseload to 60 caseload I can be able to take care of myself and rest when I arrive at home and I have also informed the clients that they need to make contact with me from 7h30 to 16h00 as well as eating healthy food since previously I use to eat lot of junk food"* (Themba, 33-years old).

During the COVID-19 pandemic it was important for social workers to take good care of their physical, emotional, and psychological health. Above, Themba mentioned that when his workload decreased, he had to go to gym in order to exercise. The gym facilities were a form of taking care of his health, when he had to deal with a very high caseload during the COVID-19 pandemic. Literature also confirms that physical care includes exercising, which is important for taking care of oneself during difficult times (Ross & Deverell, 2010). However it was also important for DSD to refer social workers to EAP for counselling or wellness services to help them deal with stress and burnout that were related to high caseloads (Veldsman et al., 2021).

The following theme discusses the suggestions for a way forward as suggested by the current study's participants to DSD.

5.3.4 THEME 4: SUGGESTIONS FOR THE WAY FORWARD

This theme discusses the recommendations that were made by the participants on how to help social workers successfully carry out their duties when providing social work services in difficult situations as the COVID-19 pandemic.

5.3.4.1 *Sub-theme 1: Suggestions to improve internal organisational structure*

According to De Corte et al. (2017) a system of actions and behaviours that help people achieve goals and objectives is referred to as an organisation. An organisation is made up of two or more people collaboratively working together, within specified boundaries to pursue a common purpose or objectives (Mwangeka, 2020). DSD, as an organisation, consists of multiple units of social workers rendering generic social work services such as foster care, intake, and school social work. Thus, to enhance service delivery in DSD, internal organisational structure improvements are required. These improvements are suggested in the following categories, with a focus on the provision of: support, debriefing sessions, EAP services, and staff training.

Category 1: Providing of support and debriefing sessions

Some participants emphasised that support and debriefing services could improve their productivity, to ensure that they successful at work, hence this should be DSD's top priority. Furthermore, debriefing and emotional support services could help social workers avoid burnout as well as motivate them to continue providing generic social work services. Debriefing is an organised group process that reacts to the cognitive, emotional, physical, and social problems that emerge from catastrophes and other traumatic situations (Miller, 2003). Toews et al. (2021) further emphasised that when all five distinguishing characteristics are present, debriefing can be a comprehensive, inter-professional, and collaborative event. These characteristics include the setting, education, assessment, emotions, and a knowledgeable or skilled facilitator. Conversely, emotional support concentrates on giving a person comfort and encouraging a sense of security (Browning & Cruz, 2018). Employees who receive warmth and nurturing from sources of support feel cherished and appreciated. The statement from the participant below provides examples of emotional support:

> "*If I was a social work supervisor in order to manage workload I would plan with my supervisees and have a performance management strategy, provide them with support in a form of debriefing sessions in order to avoid burnout amongst social workers,*

monitoring, supervision and encourage peer supervision to avoid dependency as well as to make sure that I acknowledge them and avoid favoritism" (Makoti, 40 years).

Makoti indicated that if she was a supervisor, she would provide social workers with support in a form of debriefing sessions. She further stated that debriefing sessions are an important tool that supervisors at DSD need to utilise to avoid social workers' burnout. Similar to Makoti, Miller (2003) argues that debriefing and emotional support services can help social workers avoid burnout.

Category 2: Providing EAP services

Veldsman et al. (2021) found that EAP services were utilised at a 14% rate before the COVID-19 pandemic, but increased to 21% during the pandemic. These services include substance abuse counselling, marital counselling, child/elder care, work/life balance, anger management, legal and financial advice, and wellness services. The pandemic also affected DSD social workers, who experienced high workloads, necessitating employer assistance to maintain productivity and morale. In following quotation, Cynthia emphasised the need for EAP services:

"*If I was a social work supervisor I would link social workers with Employee Assistance Practitioners or EAP's so that they can help them with their work and personal related problems in order to increase their work productivity and morale since during the COVID-19 pandemic eveyone had to experience social ills"* (Cynthia, 33 years old).

EAP services assist employees with work or personal related problems as Cynthia indicated above, and social workers at DSD needed EAP services during the COVID-19 pandemic in light of very high caseloads at their workplace. One can also assume that social workers also went through personal challenges since everyone was encountering challenges brought forward by the COVID-19 pandemic.

Category 3: Staff training

The current study's participants claimed that staff training is essential to their work efficiency. Life reported the following:

> "*The social work managers must also introduce training to social workers since they introduce forms to us without proper training and I only attended one training since 2020 and they also delayed us to attend induction as we started working without being inducted*" (Life, 32 years old).

Life indicated that workplace training is highly important to employees since they provide them with sufficient knowledge and skills. It is also vital that social workers are provided with trainings in order to deliver proper services to clients. This will also prevent clients' complaints about social workers' services.

5. CONCLUSION

This chapter thematically presented and discussed the study's findings. Overall, the findings show that DSD social workers in Roodepoort service point encountered high caseload, as a result of shortage of social workers, and lack of resources such as PPE. The COVID-19 pandemic also brought changes on how social workers should deliver services to their clients since they had to make use of hybrid work and virtual counselling. These changes in service delivery affected DSD social workers' mental health and wellbeing. However, they adopted several coping mechanisms that included exercise. However, to enhance the coping, DSD was supposed to also refer social workers to EAP services. Hence participants suggested that they should have been provided with support and debriefing sessions, EAP services, and staff training during the COVID-19 pandemic. Social workers need these services to be incorporated in their wellbeing by DSD, beyond the COVID-19 pandemic context.

CHAPTER 6
MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION

The main findings of the current study are provided in this chapter. The study's objectives, literature review, and theoretical framework will all be taken into consideration while discussing the findings.

The overall aim of the study was to explore the experiences of Department of Social Development (DSD) social workers on managing workload during the COVID-19 pandemic. The study findings are anticipated to provide DSD with insight into how the COVID-19 pandemic changed the workload of DSD social workers. The study also highlights how these insights may be adopted for future disaster plans to assist DSD social workers and their clients.

The researcher was also inspired to conduct this study after noticing that many social workers are unemployed, and DSD social workers in Roodepoort service point are thought to be handling high caseloads. Therefore, hiring more social workers would help to lessen the workload that is carried out by these social workers.

6.2. MAIN FINDINGS

Text is used to present the main findings of this study. The section is divided into the study's objectives.

6.2.1. OBJECTIVE 1: THE CHALLENGES DSD SOCIAL WORKERS FACED DURING THE COVID-19 PANDEMIC FROM THE YEAR 2020 TO 2023

This study's findings suggest that DSD social workers in Roodepoort service point encountered higher than normal caseloads in foster care unit. One of the participants indicated that he once managed more than 100 foster care cases as a result of the shortage of social workers since when DSD brought other social workers from other sections in June 2023 the caseload was

then reduced. Participants also reported that when they requested resources at DSD, they were consistently informed that there was no budget. This presented another difficulty for DSD social workers during the COVID-19 pandemic. Resultantly, during the pandemic, social workers' workload had to change, and they had to deal with a shortage of PPE. Social workers bought PPE for themselves so that they could continue providing services to clients. Literature also mentioned that there was a severe PPE shortage in South Africa, which made it difficult for social workers to provide services to the communities. One of the participants also mentioned that using masks made it difficult to assess the client's facial expressions. Thus, using PPE such as masks presented another challenge for social workers.

In addition, DSD social workers at Roodepoort service point faced changes that were brought about by the COVID-19 pandemic, which forced them to adopt hybrid work and virtually provide services to clients. One of the challenges that these social workers faced was failure to conduct virtual counselling because of the lack of resources, such as a network, which made it difficult for them to contact clients by phone. Another challenge that they faced was the lack of laptops and internet data, even though they were expected to work from home. Some participants mentioned that they used their own personal laptops for work. In light of the difficulties faced by social workers during the COVID-19 pandemic, DSD should consider how to improve the quality of services that it provides, by securing sufficient staff, resources, and training for social workers in the event that hybrid work becomes necessary for future disasters. This will ensure that social workers can continue to provide services to clients without hindrance.

6.2.2. OBJECTIVE 2: THE EFFECTS OF WORKLOAD ON DSD SOCIAL WORKERS WELLBEING

This study shows that DSD social workers in Roodepoort service point had poor mental health during the COVID-19 pandemic as a result of having to deal with a stressful shift in service delivery. They also experienced a rise in burnout as a result of having to balance an increasing workload with the additional challenges resultant from the pandemic. PIE examines an employee's general wellbeing and social functioning in the context of the workplace. It may be established that DSD social workers in Roodepoort service point suffered from mental

health issues and that the COVID-19 pandemic and the increased caseloads led to social workers being overwhelmed, frustrated, and burned out.

One of the effects of the COVID-19 pandemic on social workers' wellbeing was stigma since the social workers who contracted the virus were shunned by their coworkers. This made social workers who had previously contracted the virus more stressed. PIE's goal is to comprehend how employees behave in their workplace and interact with one another. PIE can be used to explain the behaviour of social workers who were not affected by the COVID-19 pandemic, toward those who were affected. Noteworthy, social workers who were not affected had to keep their distance from those who were affected out of the concern for the virus' spread, which made the affected feel unequal and anxious.

6.2.3. OBJECTIVE 3: THE COPING STRATEGIES DSD SOCIAL WORKERS ENGAGED TO MANAGE WORKLOAD BEFORE AND DURING COVID-19 PANDEMIC

The current study's findings found that the coping strategies that were employed by DSD social workers in Roodepoort service point were based on doing exercises at the gym facilities. As the literature states, taking care of oneself can also be in the form of physical care. Literature also suggests that social workers should be referred to EAP for counselling and wellness services, to prevent work or personal related challenges from interfering with their work productivity and morale. Therefore, it was crucial that DSD social workers in Roodepoort service point be referred to EAPs, especially during the COVID-19 pandemic. These workers faced work related challenges, and it is possible that some of them also experienced personal related challenges.

6.3. CONCLUSION OF THE STUDY FINDINGS

It can be concluded that DSD social workers in Roodepoort service point encountered a variety of challenges brought forward by the COVID-19 pandemic, which also had an impact on their mental health and wellbeing. Their coping mechanisms included exercising, but it was important for DSD to avail EAP services to social workers, to ensure that the difficulties that

they were facing did not negatively affect their morale and productivity at work. Furthermore, DSD social workers in Roodepoort service point recommended that they needed to be provided with support and debriefing sessions, EAP services, and staff training during the COVID-19 pandemic. However, they require such assistance throughout their employment at DSD.

6.4. RECOMMENDATIONS

The following recommendations are made referring to the Gauteng Department of Social Development, the Occupational social workers as well as the future research.

6.4.1. RECOMMENDATION FOR THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

To address high caseloads that DSD social workers faced in Roodepoort service point, the Gauteng DSD must hire additional social workers. This would also lower the unemployment rate of social workers. Furthermore, for social workers to carry out their responsibilities and reach their goals, the Gauteng DSD must give significant consideration to resource scarcity. It is also recommended that the Gauteng DSD offer technological training to social workers. This will enable them to incorporate virtual care into their regular practice and continue providing services to clients in the face of emerging disasters. DSD social workers in Roodepoort service point should also utilise self-care time as a helpful coping mechanism for stress, burnout and compassion fatigue. Other helpful coping mechanisms include realistic goal planning and efficient time management. Lastly, the Gauteng DSD should be prepared for future disaster plans to support social workers and clients that they serve.

6.4.2. RECOMMENDATION FOR THE OCCUPATIONAL SOCIAL WORK

The Department of Social Development needed occupational social workers during the COVID-19 pandemic, to scrutinise changes to legislations and policies and to ensure that social workers had a positive impact on people's lives. Additionally, the researcher suggests that DSD should create more awareness of EAP practitioners, who are qualified professionals, to help

employees with both work and personal related issues, to reduce the work or personal related problems that social workers encounter, which are likely to lower work productivity, morale, and increased absenteeism.

6.4.3. RECOMMENDATION FOR THE FUTURE RESEARCH

Literature suggests that the wellbeing of healthcare workers was a top priority in many countries during the pandemic. Thus, it was also important to examine the social workers workload, wellbeing, and resilience. However, there are little studies available regarding how social workers' workload affected their wellbeing during the COVID-19 pandemic. Therefore, future studies should concentrate more on this topic and the coping strategies used by South African social workers in managing workload during the pandemic. Lastly, a similar study should be conducted in other provinces in South Africa.

7. REFERENCES

Arlene, F. (2014). *Conducting Research Literature Reviews: From the internet to paper* (4thed.). Thousand Oaks, CA: SAGE.

Ashcroft, R., Sur, D., Greenblatt, A & Donahaue, P. (2021). The impact of the Covid-19 pandemic on Social Workers at the frontline: A Survey of Canadian Social Workers. *British Journal of Social Work 52* (3), 1724-1746. Doi:10.1093/bjsw/bcab158.

Bester, E. (2021). *The ethical challenges to social workers under Covid: A world perspective. Solidarity publishers.* https://beroepsnetwerke.solidariteit.co.za/en/the-ethical-challenges- to-social-workers-under-covid-a-world-perspective.

Browning, E. D., & Cruz, J. S. (2018). Reflective debriefing: A social work intervention addressing moral distress among ICU Nurses. *Journal of social work in end-of-life & palliative care, 14* (1), 44-72.

Canadian Association of Social Workers (2020). 3.3 Virtual counselling. https://www.casw-acts.ca/en/33-virtual-counselling.

Caulfield. J. (2022). *How to Do Thematic Analysis: Guide & Examples.* Scribbr publishers. https://www.scribbr.com/methodology/thematic-analysis/.

Colligan, T. W., & Higgins, E. M. (2006). Workplace stress: Etiology and consequences. *Journal of workplace behavioral health 21* (2), 89-97.

Cook, L.L., & Carder, S. (2023). *Teams Interrupted: Social Work Teams as Communities of Practice and Coping during COVID-19.* Routledge, London. Doi:10.4324/9781003374374-9.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, Quantitative, and Mixed Methods Approaches*. (5th ed). SAGE Publications, Inc.

De Corte, J., Verschuere, B., Roets, G, & De Bie, M. (2017). Uncovering the Double-Edged Sword of Inter-Organisational Networks of Welfare Services: Tackling Wicked Issues in Social Work. *The British Journal of Social Work, 47* (2), 147-156.

Deering, M. (2020). *The role of social workers during COVID-19*. Social Work Guide. https://www.socialworkguide.org/resources/the-role-of-social-workers-during-covid-19.

Dlamini, T., & Sewpaul, V. (2015). Rhetoric versus Reality in Social Work Practice: Political, Neoliberal and New Managerial Influences. *Social Work/ Maatskaplike Werk, 50* (4), 467-481.

Dominelli, L. (2020). *The role of social workers in a pandemic and its aftermath: learning from Covid-19. BASW*. https://www.basw.co.uk/role-social-workers-pandmic-and-its-aftermath-learning-covid-19.

Filho, S. R. P; Goldfarb, D; Zibetti, M. R & Blefari, C. A. (2020). Brazilian child protection professionals resilient behaviour during the Covid-19 pandemic. *Child abuse & neglect, 110* (2), 104701. Doi: 10.1016/j.chiabu.2020.104701.

Fouche, C. B., Strydom, H., & Roestenburg, W. J.H. (2021). *Research at grassroots: For the social sciences and human services professions* (5th ed.). Van Schaik Publishers.

Gunhidzirai, C., Chamisa, S. F., & Ruzungunde, V. S. (2022). Exploring the Experiences of Social and Auxilliary Workers during COVID-19 Crisis in South Africa. COVID-19 in the African Continent: *Sustainable Development and Socioeconomic Shocks,* 295-307. Emerald publisher. Doi: 10.1108/978-1-80117-686-620221026.

Hartford, D. (2020). *Social workers on the frontline during COVID-19*. Unicef South Africa.

Hornby, A. S. (2010). *Oxford Advanced Learner's Dictionary of Current English.* (8th ed.). Oxford University Press.

International Federation of Social Workers (2020). *Updated information of IFSW and COVID-*

19. Sage publications. Available at https://www.ifsw.org/updated-information-on-ifsw-and–the-COVID-19-virus. [Accessed 30 July 2020] [Google Scholar]

Lincoln, Y., & Guba, E. G. (1999). Establishing trustworthiness. In Bryman, A., & Burgess, R. G. (Eds). Qualitative research Vol. III. London: Sage.

Malathi, A. (2023). *"Introduction" in Social Work During COVID-19 Glocal Perspectives and Implications for the Future of Social Work.* Routledge, London. Doi:1-00-337437-9,978-1-00-337437-4.

Mbuvha R, & Marwala, T. (2020). Bayesian inference of COVID-19 spreading rates in South Africa. *PLoS ONE 15* (8). Doi:10.1371/journal.pone. 0237126.

McFadden, P., Neill, R., & Manthorpe J. (2023). *UK Social Workers Burnout and Coping during the First Years of the COVID-19 Pandemic*. Routledge, London. Doi:10.4324/9781003374374-7.

Miller, J. (2003). Critical Incident Debriefing and Social Work. *Journal of Social Services Research, 30* (2), 7-25.

Miller, J.J, & Owens, E. G. (2022). The impact of COVID-19 on Social Workers: An Assessment of Peritraumatic Distress. *Journal of Social Work 22* (3), 674-691. Doi:10.1177/14680173211013243.

Mithran, S. (2020). *Third of social workers considering quitting profession in wake of Covid, finds survey*. London: Community Care.

Moore, S. (2021). *History of COVID-19.* AZoNetwork. https://www.news-medical.net/health/History-of-COVID-19.aspx.

Mwangeka, R. M. (2020). *Supply Chain Visibility and Operational Performance of Logistics Firms in Mombasa Contry, Kenya* (Doctoral dissertation, University of Nairobi).

Nicholas, L., Rautenbach, J & Maistry, M. (2010). *Introduction to Social Work*. Cape Town:

Juta and Company Ltd.

Nicholas, D. B., Samson, P, & Hilsen, L. (2023). Examining the COVID-19 pandemic and its impact on social work in health care. *Social work journal, 23* (2), 334-349.

Occupational Health and safety Act 85 of 1993

Okafor, A. (2021). Role of the social worker in the outbreak of the pandemic: A case of COVID-19. *Cogent psychology 8* (1). DOI:10.1080/23311908.2021.1939537.

Ross, E., Deverell, A. (2010). *Health, Illness and Disability: PSYCHOSOCIAL APPROCHES*. (2nd ed.). Published by Van Schaik Publishers.

Salmon, S. (2021). *Parental protection and COVID-19*. Retrieved from https://jnfpb.org/parental- protection-and-Covid/. Accessed on January 25, 2022.

Sekawana, I., Smith, I., Long, T., Nhlapo, B., Ncube, M., Engelbrecht, L., Mnguni, J., Khanyile, N., Mtshali, N., Dintwe, S., Van Deventer, C., Retief, N., Lelaka, J. M., Ferreira, L., Sithole, J., Plaatjie, B., Van Niekerk, L., & Spruis, S. (2012). *Supervision framework for the social work profession in South Africa.* https://www.westerncape.gov.za

Sekyere, E., Bohler-Muller, N., Hongoro, C., & Makoae, M. (2020). *The impact of COVID-19 in South Africa: AFRICAN PROGRAM OCCASIONAL PAPER*. Wilson Centre.

Social Work Ethics Research Group and IFSW Ethics Commission. (2020). *Ethical challenges*

for social workers during COVID-19: A global perspective. Retrieved from https://www.ifsw.org/ethical-challenges-for-social-workers-during-covid-19-a-global-perspective/. Accessed on January 18, 2022.

Statistics South Africa (2023). *COVID-19 South African Coronavirus News and Information*. https://sacoronavirus.co.za.

Stevens, M. (2008). Workload Management in Social Work Services: What, Why, and How. *Practice, 20* (4), 207-221. Doi:10.1080/09503150802601860.

Swanson, R. A. (2013). *Theory Building in Applied Discipline. San Francisco,* CA: Berrett-Koehler.

Toews, A. J., Martin, D. E, & Chernomas, W. M. (2021). Clinical debriefing: A concept analysis. *Journal of Clinical Nursing, 30* (11-12), 1491-1501.

Veldsman, D. & Van Aarde, N. (2021). The impact of COVID-19 on an employee assistance programme in a multinational insurance organisation: Considerations for the future. *SA Journal of industrial psychology/SA Tydskrif vir Bedryfsielkunde, 47* (0), a1863. https://doi.org/10.4102/sajip.v47i0.1863.

Venter, Z. (2022, April 1). Social worker talks of overwhelming pressures of job during Covid-19 lockdown.. *Pretoria news*. https://www.iol.co.za/pretoria-news/news/social-worker-talks-of-overwhelming-pressures-of-job-during-covid-19-lockdown-d1b4ec11-733c-439e-9589-5083658a3e46.

Weiten, W & Lloyd, M. A. (2009). *Psychology Applied to Modern Life*. (9th ed.). Belmont, CA: Wadsworth Cengage Learning.

Weng, SS. (2022). Social workers' experiences in integrated health care during the COVID-19 pandemic. *Social work journal, 22*(6), 1431-1446.

Webex (2024). What is hybrid work and what are hybrid work models. https://www.webex.com/what-is-hybrid-work.html

Zvomuya, W. (2021). The impact of COVID-19 pandemic on Social Work Education and Practice. *South African Journal of Social Work, 11* (4), 189-200.

APPENDIX A

PARTICIPANT INFORMATION SHEET (PIS)

Dear Sir / Madam

My name is Tshiwela Portia Mambabada. I am a Masters student in Occupational social work at the University of the Witwatersrand, Johannesburg. My supervisor is Professor Roshini Pillay. I am conducting a research study about experiences of social workers regarding managing workload. The study title is the experiences of social workers regarding managing workload during COVID-19 pandemic at the Department of Social Development in Roodepoort.

I am inviting you to take part in a face to face individual interview. If you decide to take part, your participation in this research study will last for 1 hour. The interview will take place at the Department of Social Development in Roodepoort service point at 13:00.

With your permission, I would like to audio record the interview. The data will be stored in Google drive and in a password protected computer known by the researcher only and when the research is completed the data will be destroyed after 3 years. Only the researcher will have access to the data. During the research activity, I won't ask for your personal information about you, including your name etc. in order to ensure anonymity of the research project.

The interview will be confidential and anonymous. When I share the results of the research study, I will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on.

If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits, or rights you would normally have if you decide not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study.

The risks for this research study are no more than what happens in everyday life. Some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time if you are willing to do so. If you need some support or counselling services following the interview, these are available free of charge at FAMSA in Roodepoort. The name of the counsellor is Ms Penny Ntshegang and the contact details for the counselling service are 011 766 3283.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely,

Researcher:
Tshiwela Portia Mambabada
2571642@students.wits.ac.za
082 357 2608

Supervisor:
Professor Roshini Pillay
Roshini.pillay@wits.ac.za
011 717 4486

APPENDIX B

CONSENT FORM

Title of project:

Experiences of social workers regarding managing workload during COVID-19 pandemic. A study at the Department of Social Development in Roodepoort.

Name of researcher:

Tshiwela Portia Mambabada

I…….agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.

YES/NO

I understand that I can volunteer to take part in the study

YES/NO

I agree that the interview activity may be audio recorded

YES/NO

I agree that direct quotations from my interview activity may be used by the researcher in their research report.

YES/NO

I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report)

YES/NO

I agree that other researchers may use the information I provide in my interview activity (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on. YES/NO

…… (Signature)

…… (Name of participant)

…… (Date)

…… (Signature)

…… (Name of researcher/person seeking consent)

…… (Date)

APPENDIX C

RESEARCH INSTRUMENT

INTERVIEW GUIDE

Experiences of Social Workers regarding managing workload during COVID-19 pandemic.

A study at the Department of Social Development in Roodepoort.

SECTION A: Identifying particulars

1. Age
2. Gender
3. Qualifications
4. Years of experience

SECTION B: Investigating challenges DSD social workers faced during the COVID-19 pandemic from the year 2020 to 2023.

1. What kind of challenges did you experienced regarding service delivery before the COVID-19 pandemic?
2. What kind of challenges did you experienced regarding service delivery during the onset of the COVID-19 pandemic?
3. And, what kind of changes that took place in your work environment as the results of the COVID-19 pandemic?

SECTION C: Investigating the effects of workload on DSD social workers' well-being.

1. How the COVID-19 pandemic affected your workload?
2. How the COVID-19 pandemic affected your well-being?
3. And, what kind of strategies did you engaged in taking care of your health during the COVID-19 pandemic?

SECTION D: Exploring the coping strategies DSD social workers employ to manage workload before and during COVID-19 pandemic.

1. What kind of coping strategies did you engaged in to manage workload before the COVID-19 pandemic?
2. And, what kind of coping strategies did you engaged in to manage workload during the COVID-19 pandemic?

3. Talking from the viewpoint of a social work manager and supervisor at DSD, what would you do to manage workload?

APPENDIX D

PERMISSION LETTER

Gauteng Department of Social Development
Private Bag X35
Johannesburg
2000
12 May 2023

Dear Sir/Madam

Re: Permission to conduct research at the Department of Social Development in Roodepoort

My name is Tshiwela Portia Mambabada I am studying for a Master of Arts in Social Work by Coursework and Research Report in the School of Human and Community Development at the University of the Witwatersrand. I am seeking permission to do research at Department of Social Development in Roodepoort.

I am conducting research about the experiences of Social Workers regarding managing workload during COVID-19 pandemic and the participants are 15 social workers as the selected sample of the study based at the Department of Social Development, in Roodepoort during the year 2020 to 2023. The researcher will utilize a non-probability purposive sampling procedure to select the participants since its population contains the richest information and the participants consist of the characteristics that the researcher wants.

The research will entail collecting data from the staff or employees of the Department of Social Development in Roodepoort. If they agree, the method of data collection that the researcher will utilize is the direct or face to face individual interview with the participants. The respondent's participation will last about 30 minutes. The interview will take place at the Department of Social Development in Roodepoort service point during working hours and the participant's responses will be audio recorded and the data will be stored in Google drive and in a password protected computer known by the researcher only and when the research is completed the data will be destroyed after 3 years. Participants will be asked to give their written consent before the research begins. Their responses will be treated confidentially, and identities such as their names and the name of the organisation will be anonymous unless otherwise expressly indicated. Individual privacy will be maintained in all published and written data resulting from the study.

The results will be communicated through academic research report. The research participants will not be advantaged or disadvantaged in any way. They will be reassured that they can withdraw their permission at any time during this project without any penalty and the participants will also be told that they wouldn't be paid for participating in this research study. This research study might expose the participants to potential risks or harm to which the participants would not otherwise be exposed based on the sensitive questions to be asked and the researcher has already created a distress protocol and the following will be done if the participants shows signs of discomfort during the interview:

- Will immediately stop the interview.
- Evaluate the psychological/emotional status of the participant by asking his/her thoughts and feelings.
- If ever the participant state that they feel able to continue with the interview, the researcher will continue with the interview.
- If not, reschedule an appointment to resume with the interview and encourage the participant to contact the counselling services provided in the participant information sheet if the participant experience increased distress in hours/days following the interview.
- And lastly, make a follow up call to the participant if consent was granted.

I therefore request permission in writing to conduct my research at your organisation. The permission letter should be on your organisation's headed paper, signed and dated, and specifically referring to myself by name and the title of my study.

Please let me know if you require any further information. I look forward to your response as soon as is convenient.

Yours sincerely,

Tshiwela Portia Mambabada (Researcher)
2571642@students.wits.ac.za
082 357 2608

Professor Roshini Pillay (Supervisor)
Roshini.pillay@wits.ac.za
011 717 4486

APPENDIX E

ETHICS CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: SW23/05/08**
PROJECT TITLE	Experiences of Social Workers in managing workload during Covid-19 pandemic. A study at the Department of Social Development in Roodepoort
INVESTIGATOR	**TP MAMBABADA**
SCHOOL/DEPARTMENT OF INVESTIGATOR	SOCIAL WORK
DATE CONSIDERED	24 AUGUST 2023
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	LOW RISK
EXPIRY DATE	24 August 2026

ISSUE DATE OF CERTIFICATE 24 August 2023 **CHAIRPERSON** (DR L PETERSEN)

cc: Supervisor: DR R Pillay

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Mambabada

Signature

24 / 08 / 2023

Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES