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Social Professionals in the Face of the Health Crisis

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Abstract: Due to the crisis generated by COVID-19 at a global level, many professionals are working under harsh conditions, and the Basque Country is no exception. On 14 March 2020, the head of the government decreed a state of alarm at the state level, which forced us all to be confined to our homes. This situation directly affected the profession of social educator. In fact, these professionals work with the most vulnerable groups, so working on the front line is mandated, even if this results in a significant risk. The situation of the groups in residential resources cannot be easy due to the stress produced by living together and being locked up, and this directly affects the educators who necessarily work in it. However, the over-exertion that all of this requires, which is a risk, has not been detected nor recognized at the social level. For this reason, the objective of this investigation is to measure the stress of social educators of advanced age who work in residential resources in different zones of the Basque Country (northern Spain). Sixty-seven social educators participated in the case study. Qualitative and quantitative methods were combined for data collection. This questionnaire was conducted through the Google Forms platform. The quantitative data collected through the questionnaire were analyzed by descriptive analysis and frequency contrasts were performed through the SPSS V25 program. We can conclude that it is necessary to take into account the difficulties of this sector and the professionals both at the governmental and social levels. Future research should include responses from both groups and workers in order to guarantee adequate inclusion.

Keywords: COVID-19; crisis; social education; inclusion; stress

1. Introduction

Between January and February 2020, COVID-19, caused by SARS-CoV-2, began to spread from China to Europe, making Italy and Spain major hotspots of the pandemic [1] and with a high number of infected and dead people [2].

In the Basque Autonomous Community (CAV), cases of COVID-19 began to appear in early March, but the number of infections rapidly increased. Likewise, it was recommended that all citizens adopt safety measures against contamination, especially the elderly which represented a risk group. However, the increase in cases of infection led the Spanish government to declare the state of alarm on 14 March and order all citizens to remain confined [3].

When the world comes to a halt with the rule of confinement as the axis, the effects of social isolation must be considered [4]. However, the confinement measures imposed during the COVID-19 pandemic were unprecedented. Some known effects of confinement are boredom, social isolation, stress, or lack of sleep [5]. Since then, in emergency situations, different scenarios have been experienced, from the total confinement of society to different departure times and finally the situation known as the "new normality" [6]. Nevertheless, in each country, there are different rules and instructions on how confinement should proceed; for example, in some countries, children can go out for sport or walking, but not in others [7].

Indeed, the drastic reduction in physical activity and the low exposure to sunlight due to the compulsory presence in the home are, among others, the most outstanding consequences of this situation of confinement [8]. From a mental point of view, according to studies carried out in China, confinement causes fear, concern, sadness, loneliness or stress among children [9–12]. Additionally, it has been noted that children experienced retention, distraction, irritability and fear [13]. Likewise, a study carried out in Italy has found that, during confinement, children show a fear that they have never had before, irritability, nervousness, intolerance to rules, excessive demands, mood swings and sleep problems [14]. A review study also suggested that children's mental health was negatively impacted overall during the COVID-19 pandemic [15].

Along the same lines, various studies have been carried out in the Basque Country (northern Spain) to analyze the consequences of imprisonment on society. For example, children have certain conflicting emotions about the running of bulls. On the one hand, they are happy to be with their family but also sad to not be able to carry out their daily activities with their friends [16]. Studies conducted since the beginning of the pandemic have shown that the general population also showed symptoms of stress, anxiety and depression, and that these symptoms had been aggravated by confinement [17]. The elderly are also vulnerable, as COVID-19 has strongly influenced the well-being of this group [18].

Therefore, different social groups have been discussed and researched, such as the elderly, children, hospital staff, teachers or social workers [19–23], but there is therefore a lack of studies and conceptual itineraries on the experiences of social professionals working with different vulnerable groups. It should be noted that the establishment of Social Education as a professional field is a recent phenomenon [24]. Specifically, Social Education is a recent profession in the Spanish state that developed in the shadow of democratic change and is still under construction. On the one hand, it was not until 1991 that it officially appeared in Spain, when the university diploma in Social Education, RD 1420/1991, was approved [25–27]. On the other hand, the profession was constituted in an institutional framework with the State Association of Social Education [28] in 2000 to legally and organizationally gather the different realities of the profession [29]. Faced with this scenario, social education continues to be structured and defined under socio-educational policies and is an area still unknown in the social imaginary [25,30]. To this phenomenon is added the fact that it is a heterogeneous and complex profession derived from the variety of target groups, situations and problems with which it works [31]. Additionally, as stated by the social educators, they are not minor executors of programs but work to promote the social awareness of the community by promoting actions that tend to improve the quality of life of all citizens [32]. Therefore, as [33] pointed out, "Social Education is, legally, a constitutional right of every citizen" (46p). Nonetheless, the profession still receives little recognition at the social level [34].

In fact, the pandemic situation unevenly affects citizens living in different social classes or situations [35,36]. In this context, social educators also take on special importance. Therefore, the aim of this research was to measure the stress of elderly social educators working in residential resources in different areas of the Basque Country (Northern Spain).

2. Method

In this study, it was decided that a case study would be carried out. According to [37], the distinctive note of the case study is in the understanding of the reality under study: "The case study is the study of the particularity and the complexity of a singular case, in order to understand its activity in important circumstances" (11p). The same case study can include several modalities, depending on the object and development of the research [38]. As such, the methodology used for data analysis was that of mixed methods, in which quantitative data on the one hand and qualitative data on the other were analyzed.

2.1. Participants

The selection of participants was done by snowball methodology between March and June 2020. Sixty-seven social educators, among which 74% were women and 26% were men with a median age of 32 from the Basque Country (North of Spain), participated in the study. The participants worked in different institutions in the Basque Country: 23 (34%) were residential resources with minors; 12 (18%) with people with functional diversity or intellectual disability; 12 (18%) with socially excluded groups; 7 (10.5%) in drug addiction and mental health; and 3 (4.5%) with women. Specifically, 56 (85%) were based in Bizkaia; 5 (5%) in Alava; 3 (4.5%) in Gipuzkoa; and the remaining 3 (4.5%) did not answer.

All the professionals participated on a voluntary basis, received information about the procedure of the investigation and gave their consent before participating in this study. Therefore, the followed procedure was approved by the Ethics Committee and respected the Helsinki Declaration of the World Medical Association.

2.2. Procedure

As mentioned above, a mixed methods approach was chosen to perform the data analysis of the case study.

Thus, qualitative and quantitative methods were combined for data collection [39,40]. Since different methods are necessary when investigating different human realities, combining them allows a holistic view of society [41–43]. In this same line, an ad hoc questionnaire was designed. This questionnaire was carried out through the Google Forms platform and was subsequently sent by email to third sector centers. The ad hoc questionnaire contained, in addition to the socio-demographic data (gender and age), the municipality of work, the group with which they work, and other variables related to their profession and the context of the ongoing COVID-19 pandemic at the time of sample collection.

Therefore, there was an equal chance for the survey question to be either qualitative or quantitative. Five quantitative questions were asked, namely questions they had to answer on a Likert scale from 1 to 4. The items were: (1) I have felt incapable of controlling the most important issues in my life; (2) I have felt confident in solving work problems; (3) I think that the work situation is following its natural rhythm; (4) I have felt that the difficulties have accumulated without being able to solve them, I think that society has lost control of the current situation; and finally (5) Do you think that in this difficult situation our work is receiving due social recognition? The answers were again divided into four possible options: no (1); slightly (2); very much (3); and totally (4).

On the other hand, the open questions (qualitative questions) received allowed the social aspect and the holistic understanding of the analyzed object [44]. Specifically, three questions were asked: (1) what is the first word that comes to your mind when you hear the word confinement; (2) what is the word that would come to your mind if you heard that the confinement is going to last one more month; (3) what is the word that comes to your mind when you think about the end of the confinement? Therefore, an open space was also set up wherein participants could add information and reflections.

The quantitative data collected through the questionnaire were analyzed through descriptive analyses and frequency contrasts carried out through the SPSS V25 program (IBM, Armonk, New York, NY, USA) Through this program, the descriptive analyses of the particular group were carried out and their frequencies and percentages were highlighted. Additionally, for the qualitative data, a system of classification and interpretation categories was created through the Nvivo 11 program (Timberlake, Sevilla, Spain).

3. Results

Following the methodological line of research based on mixed methods, the results were divided into two main blocks: (1) results from data of a quantitative nature; and (2) results from data of qualitative nature.

3.1. Analysis of Quantitative Data

In terms of quantitative results, 55.2% of the participants stated that, at this point in the confinement, they rarely felt able to control the most important issues in their lives and 16.4% never felt capable. When asked whether they had confidence in themselves to solve work problems, the results are more positive as 64.2% often felt safe and 19.4% always felt safe. As regards working conditions, 53.7% and 35.8% thought that their pace of work had rarely and never continued naturally. Likewise, 57% of the participants thought that society had lost a lot of control of the situation and 18% that it had completely lost control. Likewise, in terms of difficulties, 35.8% of these social educators thought that they were stressed without being able to resolve their issues and 4.5% that they were excessively stressed. To finish with the quantitative results, 59.7% said that the Social Education profession was not recognized at all and 28.4% said that they were little recognized (Table 1)

Table 1. Frequency analysis of ad hoc questions.

		No		Slightly		Very Much		Totally	
	n	f	%	f	%	f	%	f	%
I have felt incapable of controlling the most important issues in my life	67	11	16.4	37	55.2	19	28.4	0	0
I have felt confident in solving work problems	67	1	1.5	10	14.9	43	64.2	13	19.4
I think that the work situation is following its natural rhythm	67	24	35.8	36	53.7	7	10.4	0	0
I have felt that the difficulties have accumulated without being able to solve them, I think that society has lost control of the current situation and finally	67	4	6	36	53.7	24	35.8	3	4.5
Do you think that in this difficult situation our work is receiving due social recognition?	67	40	59.7	19	28.4	8	11.9	0	0

3.2. Analysis of Qualitative Data

For the analysis of the qualitative results, on the one hand, 67 words were categorized in relation to the three qualitative questions and they were divided into two categories: positive connotation words and negative connotation words. When asked to write the first word that came to their minds when hearing the word "confinement" (*n* = 17), 25.3% pointed out negative concepts regarding work: "Stress", "Precarity", "Fear", "Concern for minors" . . . (*n* = 47)—whilst 70.1% focused on concepts related to isolation: "isolation", "Loneliness", "Jail", etc. Additionally, the remaining (*n* = 3) 4.4% expressed words of strength and hope. By including a time interval to this question, i.e., what would they think if the confinement was extended by one month, the number of words with negative connotations regarding work doubled (*n* = 34; 50.7%), adding words such as "nervousness" and "chaos"—but the number of words related to hope also doubled (*n* = 7; 10.4%). Likewise, 90% of those surveyed at the end of confinement put words related to the concept of "freedom" and the rest (*n* = 7; 10.4%) expressed their fear of an impending crisis with words including "poverty", "exclusion" and "crisis".

Finally, regarding the space for reflection, 24 units of meaning were identified, divided into two main categories: (1) social recognition (n = 16; 66.6%); and (2) work with vulnerable groups (n = 8; 33.3%). In the first place, it is very interesting how the majority of professionals feel the invisibility of the profession at the social level: "I have the feeling that our work is invisible, and is almost never recognized in general, and the state we are in today with COVID-19 does nothing but confirm it to me. It is only recognized by our closest circle" (BB_1); this is especially the case since working with vulnerable groups is of utmost importance in today's reality: "Work that is highly undervalued in society despite the fact that we work with risk groups and also with hardly any elements that ensure our safety and that of the groups with which we work" (AX_1); and they feel the need to be recognized in society "In this situation I think that we should be valued and recognized for our work, since a large part of society, especially risky or underprivileged groups depend on us and our professional task" (GHE_4).

Furthermore, with regard to the second category, professionals go beyond the need for professional recognition and see the need to take into account vulnerable groups as protagonists in their process of emancipation "I believe that we work with an invisible group that no one should be able to see" (AE_1).

4. Discussion

Social educators, workers and integrators are considered key jobs in the current health crisis [45]. They work in children's centers, immigrant reception centers, sheltered housing and areas especially created during the coronavirus crisis for homeless people.

In other words, social professionals as well as health professionals have also put themselves at risk in the face of this pandemic.

In addition, social organizations are facing financial difficulties caused by the pandemic on a daily basis. However, despite all these difficulties and the basic functions of society, according to this study, 92% of social educators do not have adequate social recognition [46]. Moreover, they have made it clear that this has been the greatest concern in the space for reflection.

This research also shows us that both social educators and vulnerable groups have faced two major challenges since the state of alarm was decreed. The work of social educators has been made difficult by the increase in stress, since in addition to managing their own stress, they must manage the stresses of vulnerable groups. Furthermore, as in both hospitals [19] and residential resources, more preventive residences have been opened increasing the workload for social service workers. In addition to facing these labor difficulties, these workers have faced a new challenge: social recognition [47]. Although they appear on the list of basic functions, this new situation created by COVID-19 has revealed that the invisibility of workers and vulnerable groups is very great. As for vulnerable groups, the Spanish Government seems to not have considered their difficulties and invisibility, as it has with its workers, and they have been treated as if they had the same needs as the rest of the people.

We can conclude that social recognition and stress at work are paths in the same direction [48]. Without social recognition, they do not listen to you and without listening, it is very difficult to claim the right conditions from the political statement. Likewise, to the extent that these workers are indispensable for the vulnerable groups that work, we cannot attend to these people who suffer vulnerability without taking care of the workers [49]. Therefore, it is essential to listen to the voice of the people who work in the social services, to create spaces for their communication and, following this path, to obtain the due social recognition [25,34].

Through this research, a step forward has been taken by filling the gap in the literature on the working reality of social professionals in the face of this pandemic.

However, the situation of professionals who work with vulnerable groups has been aggravated by the pandemic, but this situation was already serious before because of the precarious situations that these professionals suffered from every day.

Therefore, it is important to continue investigating in this direction, analyzing the points of view of social educators and social professionals to meet their needs.

This study has several limitations. To begin with, the sample number is too small. On the other hand, the questionnaire was not validated since there was no questionnaire in Spanish with the characteristics of this survey. In addition, since it was a case study, the conclusions cannot be extrapolated, and a larger sample would be needed to generalize these results. Therefore, future studies should have more data, and consequently, better statistical applicability.

However, this study also has its strengths, namely probably being one of the first studies carried out on educators in Spain. Moreover, this questionnaire was conducted at the beginning of the pandemic, a very critical moment at which the virus was still very much unknown.

Anyway, future studies should use bigger samples to be able to make more complex statistical analyses and have more representative samples of social educators.

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