

Research Article

Coping Strategies of Social Service Clients over the Course of the COVID-19 Pandemic: Qualitative Research on Social Workers in Poland

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This paper aims to establish strategies of coping with COVID-19 pandemic adopted by the clients of social assistance from the perspective of social workers. The qualitative research among Polish social workers and family assistants was conducted from September to November 2021. Based on 30 in-depth interviews with social work professionals, groups of social assistance clients' behaviours were identified and classified into the theoretical models of reactions to social change by Merton and Giddens. The following types of behaviour have been selected and categorized into four groups of reactions when dealing with social workers in a pandemic situation: coolheaded calculation, defiance, confusion, and adaptation. At the same time, reactions to the situation of social change were categorized into one of the strategies of active or passive behaviour: innovation, contestation, retreat, and acceptance. In addition, we discussed the impact of clients' coping strategies on social workers and established three attitudes of the surveyed social workers: adapting to the pandemic situation and customer behaviour, assuming the role of an emotional buffer and informant, and expecting support from superiors and coworkers. Knowing the behaviour of social assistance clients in a challenging situation makes it possible to adopt tailor-made measures.

1. Introduction

Social change and its impact on the behaviour and attitudes of individuals and groups is one of the most important and diverse areas of research in contemporary sociology. Social change may be viewed from the perspective of conditions, mechanisms, and effects [1]. The analysis presented in the article focuses on the results of social change, as reflected by the behaviour and attitudes of individuals. The effects of social change are extensively described, *inter alia*, by Beck et al. [2–5].

Social change in itself is one of the main concepts that has been explicated by social sciences since the 19th century. According to Sztompka, social change may be defined as “the difference between the state of a social system (group, organization) at one point in time and the state of the same system at another point in time” [6]. According to the author, the earlier state and the later state may differ, *inter*

alia, in terms of 1. the composition of the system: the number of members of the system increases or decreases, 2. the structure of the system, *i.e.*, connections between the elements of the system (e.g., new contacts, new values and norms, and new power structure), 3. functions performed by elements of society (e.g., taking over some functions by specialized institutions), 4. system boundaries, e.g., fusion, the expansion of boundaries, the admission of new solutions or influences, and 5. external environment of the system [6].

The subjective approach to social change, in which the human being, their actions, self-determination, and potential for self-reflection are at the centre of the endeavour, is of particular importance to this article. In the work presented herein, the main area of consideration is to explore the stance of the individual in confrontation with social change and their reactions which may occur in the areas of behaviour, thoughts, and feelings. The human attitude in relation to

social change is combined with new, well-thought-out activities that lead to “structural reconsideration,” which also applies to breaking with traditionalization as well as with schematic, habitual actions in order to introduce new solutions and human activities in a given structural context [7, 8]. The effects of social change may be observed in various areas of social life and may become apparent over a long- or short-term time scale. The short-term effects, which are manifested by a change in human behaviour, lead the way to sudden and rapid social changes.

A sudden and unexpected change in the life of a society bears the hallmarks of a crisis or even trauma. Trauma, which is a concept that has primarily been adopted by medical science, has its legitimate application in the social sciences. The concept of social trauma explains certain behaviours and the ways in which individuals, groups, and systems function. The particular area of research relevant to sociology is collective trauma, which, unlike individual trauma, is visible on a macro scale. It may be defined as a situation where entire societies, on a regional, national, and even global scale, are a subject to a crisis [9]. One may refer to this type of situation in the context of the COVID-19 pandemic. Traumatogenic macro changes bring about effects at the macrosocial level, but at the same time, they affect the functioning of systems on a microscale and, finally, the everyday life of individual people [6].

The classic approach to social change may be associated with progress. On the contrary, an understanding of the change caused by a crisis or trauma may have both positive and negative associations. The change resulting from a crisis reveals its negative and often unintended consequences, in various spheres of social life. The changeability that undermines the regular course of social life and is a shock to the members of society constitutes social trauma [6]. Interestingly, even traumatic changes may bring about, at least in part, long-term progress with positive, permanent elements. The view that long-term progress and development takes place through repeated crises emerged previously in certain theories by Sztompka et al. [6, 10, 11]. The characteristics of a traumatogenic change are suddenness, rapidness, forcefulness, transience, unexpectedness, wide-ranging consequences, depth, and radicalism, and it influences behaviour, values, rules, and beliefs. All of the features above may be attributed to the changes caused by the COVID-19 pandemic. Traumatogenic change, even if progressive, affects people in an adverse way, it causes disorganization in their lives, throws them out of balance, and disrupts their sense of security [4, 12]. This unbalanced state, in turn, causes changes in the behaviour of an individual that may be interpreted as a reaction to trauma. Traumatogenic events have an external origin in relation to the individual, and they are perceived as being imposed on the individual from the outside [13]. As a result, they may be experienced as being both very difficult and harmful; hence, a radical change in behaviour may often occur.

In the subjective context (of human behaviour), the mechanisms of coping with a crisis- or trauma-induced change as well as the attitudes towards this change become important. In other words, they may be described as

strategies that individuals may adopt in the face of a socially difficult situation. According to the simplest typology of coping strategies, behaviours may be divided into those of an individual or collective nature. A more complex classification includes different types of behaviour and social activities, but they still fall into two categories: active or passive. Such a division is used, among others, by Merton [14, 15] and Giddens [16]. Among the reactions to a changeable social reality, Merton mentions conformity, innovation, ritualism, retreatism, and rebellion. These categories are related to people’s behaviour in certain types of situations. The first of them, conformity, may be recognized in a situation of social stability, and it means compliance with both cultural goals and the use of available means to achieve them. Innovation, as well as other types of creative responses, may occur in a situation of a change caused, among others, by a crisis. Innovation manifests itself in a behavioural change even through the use of institutionally and socially forbidden means. This type of adaptation may increase the rate of occurrence of deviant behaviour. Ritualism involves abandoning additional actions in the event of a change and ignoring the crisis. The fourth strategy, retreatism, means giving up and rejecting the new goals and moves that may emerge from a change. Rebellion, on the other hand, is an adaptive behaviour that is characterized by disapproval and resistance to change.

Giddens explains the differences between the types of reactions that are adaptive to the so-called risks of modernity. This researcher lists four possible types of behaviour. The first one is called pragmatic acceptance, which means focusing on survival, everyday problems, and tasks. Pragmatic acceptance is compatible with either pessimism or feeding on hope and is often accompanied by fear and apprehension. Giddens calls the second adaptive response a “sustaining optimism,” which is a constant belief in good fortune despite all of the apparent dangers and crises. There is also another attitude, which is the opposite, cynical pessimism. On the one hand, it assumes a negative attitude towards what is to come, fatalism, and panic, and on the other hand, it may be associated with a desire to benefit from a changed reality. The last reaction which was distinguished by Giddens is a practical contestation to change and the observed sources of the threat in question. It involves rebellion and an attempt to limit the sources of the crisis and its impact on daily life. To summarize, among the active strategies, Merton distinguishes the following: innovation and rebellion, and, in turn, Giddens reports certain coping strategies, such as cynical pessimism and practical contestation [16]. On the other hand, the typology of passive strategies by Merton includes ritualism and retreatism, and the one by Giddens includes pragmatic acceptance and sustaining optimism [14, 15]. Conformity was deliberately omitted because it is a response to social stabilization.

More detailed symptoms of a traumatogenic change in the sphere of human behaviour were distinguished by Sztompka. These are, among others, the syndrome of lack of trust, both towards institutions and other people, apathy, feeling helpless, a “here-and-now” attitude, a lack of planning, greediness, nostalgia, longing for the past, a mood of anxiety, worries, fears, ease of gossip, indulging in fantasies,

moral panic, mass discussions, and a mobilization of social movements [5].

The aim of the article is to discuss the coping strategies of the beneficiaries of social assistance during the difficult situation of the COVID-19 pandemic. These reactions were observed by employees of the social welfare system (social workers and family assistants) who professionally provide support to individuals and families in challenging life situations and are professionally trained to deal with them. On the basis of the obtained data, groups of social welfare clients' behaviours will be indicated, which will then be classified into theoretical models of reactions to social change by Merton and Giddens. This study enhances the current state of research concerning the conditions of social assistance in the situation of the COVID-19 pandemic. The research conducted to date focuses on the difficulties of the work of social workers during the pandemic, their psychological well-being, and the institutional conditions of the work of social welfare centres. However, it is also important to be aware of the reactions and behaviours of social welfare clients from the perspective of primary line social assistance professionals, social workers and family assistants. The pandemic influenced both the work of aid professionals and the situation of the recipients of these services. An awareness of these changes is extremely important in the context of providing effective help in traumatogenic situations.

2. Materials and Methods

2.1. Research Design and Pandemic Context. Social assistance covers a wide range of helping professions. A helping profession may be defined as a professional interaction between a helping expert and a client, initiated to nurture the growth of, or address the problems of a person's physical, psychological, intellectual, or emotional constitution, and this includes their medicinal requirements, nursing, psychotherapy, psychological counselling, social work, education, or coaching [17]. At present, the work performed by helping professionals involves providing professional assistance to clients in order to motivate them to make the effort to change their difficult situation. A client who is affected by various dramatic situations must regain their self-efficacy and self-worth [18].

Poland is a postcommunist country rooted in the idea of a nanny state [19, 20]. It experienced a period of transition, moving away from the nanny state (such were the assumptions) to a liberal state (in practice), which focused on making the family into an entity responsible for its fate [21].

In Poland, the basic organizational unit of the social service in the local districts (communes) is social welfare centres (OPS) or social services centres (CUS). Each OPS or CUS employs a minimum of three social workers, but either social workers are employed at a number proportional to the population of the commune, one full-time social worker per 2000 inhabitants, or at a number that is proportional to the number of families and single-person households; in that case, there is one full-time social worker for no more than 50 families and single-person households covered by social work. The tasks of social assistance in poviats are carried out by poviat family assistance centres. In turn, in self-governing voivodeships, work in the

field of social assistance is performed by regional centres of social policy. Social assistance in Poland is administered by the social security department, which is, in turn, administered by the Ministry of Family and Social Policy from 6th October, 2020 [22]. An important stage in Poland was the preparation of the [23], as a result of which the profession of a family assistant was introduced. From 2015, each commune employed family assistants in its area, whose task is to empower families with children in need of external support [20].

The COVID-19 pandemic has undoubtedly influenced the effectiveness of social assistance and working conditions. WHO formally gave the COVID-19 outbreak pandemic status on 11th March, 2020 (World Health Organization 2019-nCoV Outbreak Is an Emergency of International Concern, [24], <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/01/2019-ncov-outbreak-is-an-emergency-of-international-concern>). In Poland, the first case was registered on 4th March, 2020 and an epidemic threat was declared by Polish authorities from 14th March, 2020 [25]. A lockdown was proclaimed by the Polish Minister of Health on 20th March, 2020 [26].

One of the most important changes in social assistance that was introduced at the time of the pandemic was the possibility of conducting family social interviews over the phone. Before the pandemic, they were held as standard in the place of residence of the people and families applying for financial social assistance benefits, which requires an administrative decision. An additional convenience resulting from a change in the regulations during the pandemic was the possibility of submitting documents or their copies in electronic form. In addition, the obligatory review interviews with families and people covered by the support of the social welfare system, which previously took place every six months, were suspended [27]. In order to reduce the level of bureaucracy during the pandemic, dedicated helplines were also created to adequately respond to the needs of individual clients arising from the pandemic [26]. Due to the sanitary restrictions that have regulated the functioning of institutions and the minimization of direct personal contact, clients of the social welfare system had limited access to psychological support. After some time, online psychological counselling was made available [28].

Social workers and family assistants were used to working with the broadly understood social environment, local clinics, schools, nongovernmental organizations, and other public institutions. On the one hand, the introduction of new regulations limiting the operation of public institutions, the organization of remote work, or the practice of limiting direct contact protected the health of employees and prevented the spread of the virus, and on the other hand, it increased awareness within local communities about the role of social assistance and the possibility of filling the gap in crisis-handling activities by involving employees of the aid sector [29]. The pandemic resulted in changes in the rules and principles of providing social assistance services to an unprecedented extent, but at the same time, it caused many dilemmas concerning the availability of social assistance and the scope for bending the principles of professional ethics [30].

2.2. Participants and Procedure. The analyses included in the article are part of the study carried out at the Institute of Sociological Sciences of the Catholic University of Lublin based on the work experiences of employees of the social welfare system during the COVID-19 pandemic. The research was conducted in the period from September to November 2021 among Polish social workers and family assistants (Lublin Voivodeship). 30 individual in-depth interviews were conducted. In-depth interview methodology was used as it offers the possibility of obtaining detailed results and allows one to gain an insight into the experiences, feelings, and perspectives of the interviewees [31].

Purposive sampling was used in this qualitative study. Purposive sampling is “used to select respondents that are most likely to yield appropriate and useful information” [32]. “In addition to knowledge and experience, the important are availability and willingness to participate and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner. The idea behind purposive sampling is to concentrate on people with particular characteristics who will better be able to assist with the relevant research” [33]. The criterion for the selection of respondents was work experience (at least one year) in the profession of a social worker or family assistant. Employees of the helping professions constitute a relatively homogeneous professional group (especially in terms of gender), whose availability depends on the extent of their duties and time spent with the clients during community field work. Their knowledge and regular contacts with social welfare clients allow them to be treated as experts in the research subject. What is more, “the voluntary nature of the participation means the researchers can characterise them as fitting not only the inclusion criteria of the study but also being interested in the topic and motivated to take part out of this interest and their potential to contribute to development of knowledge in this arena” [34].

30 interviews were conducted. According to the Grounded Theory [35], a point of data saturation has been reached [36], that is, the moment when the answers do not bring any new insights and no new topics or differences in the answers are forthcoming.

The research was carried out using an interview scenario consisting of blocks of questions about the experiences of working with the client, work organization, and conditions in the reality of the pandemic, and an assessment was made of the impact of the pandemic on the social problems and personal expectations of the employees of social services. This article specifically presents the subset findings that help one understand the experiences of social workers regarding the attitudes of social welfare clients during the COVID-19 pandemic. A knowledge of the point of view of social workers is extremely important because they are obliged to provide help in difficult life situations (and the pandemic could have caused or intensified many such situations), they work directly with the client (they are the “primary line” of contact for people in need), and thus, they are able to notice possible changes in their behaviour and expectations caused by the traumatogenic change.

The interviews were partially structured. Researchers were at liberty to ask additional questions and to extend the research areas. The interviews were conducted with the consent of the superiors of the participants of the study, at a time that was convenient for the respondents, after making an appointment by phone. Most of them took the form of a telephone interview (21 interviews). They were also conducted with the use of remote communication tools (Zoom, Messenger: 5 interviews) and in person (4 interviews). The manner in which the interviews were conducted depended on the respondents. As the pandemic continued, indirect contact was preferred. The choice of the telephone interview depended on the technical capabilities of the respondents. They did not have access to a camera, and since contact with customers was done by phone, this was also the preferred form of contact with the research studies. The individual interviews lasted from 1 to 2 hours. The collected research material was transcribed and analysed. The data that were used in this article were coded according to the qualitative research methodology [37, 38]. After reviewing the obtained research material, three researchers generated starting categories (codes) independently. After their joint verification, a code key was prepared containing research categories corresponding to the sought after research areas. Then, the categories were verified and selected, and the sets of categories were defined for further analysis. Finally, the quotations from the participants’ statements were assigned to each category. The supervisors of the entire research process were the employees of the Institute of Sociological Sciences of the John Paul II Catholic University of Lublin. The procedure was approved by the Research Ethics Committee at the Institute of Sociological Sciences of the John Paul II Catholic University of Lublin (protocol code 11/DKE/NS/2021). It should be clearly emphasized that, due to the sample selection and the method of collecting the data, the research sample is not representative.

30 social workers, all women, took part in the study (Table 1). The profession of a social worker in Poland (and not only in Poland) is feminized [39–41], so this is the reason for selecting only women for the research sample. The participants in the study were aged between 22 and 55 years ($M = 35.60$) and had a higher education qualification (a higher education degree in the following disciplines: social work, pedagogy, sociology, family studies, and social rehabilitation). At the time of the interview, they worked full-time in urban areas (76.7%, including small towns: 40.0%, small city: 20.0%, and in a large city: 16.7%) and also in rural commune social service centres (22.3%). The work experience in the role of social workers or family assistants of more than half of the respondents is below 5 years (53.3%), and the longest work experience is 35 years ($M = 8.30$). The average number of clients/environments that are under the supervision of the surveyed social workers is 37.33 (the largest number is as high as 100 participants).

3. Results

3.1. Coping Strategies of Social Service Clients. The analysis undertaken in the article focuses on an attempt to investigate if the surveyed social workers noted any changes in the behaviour of social service clients as a result of the 1.5-year-long

TABLE 1: Characterization of the studied group.

Characterization of the studied group	Categories	Parameter	
		M	SD
Age		35.60	9.44
		<i>N</i>	%
Gender	Female	30	100.0
Education	Higher education	30	100.0
	Rural area	7	22.3
Place of employment	Small town (below 25 000 inhabitants)	12	40.0
	Small city (25 000–300 000 inhabitants)	6	20.0
	Large city (>300 000 inhabitants)	5	16.7
Work position	Social worker	22	73.3
	Family assistant	8	26.7
Years of experience as a social worker/family assistant		M	SD
		8.30	8.73
		<i>N</i>	%
	Up to 5 years	16	53.3
	6–10 years	8	26.7
Work schedule	11–25 years	4	13.3
	26–35 years	2	6.7
	Full-time	30	100.0
Number of individuals/families under care		M	SD
		37.33	24.13
		<i>N</i>	%
	Up to 25 individuals/families	11	36.7
	26–50 individuals/families	9	30.0
	51–100 individuals/families	10	33.3

N-frequency, %-percentage, *M*-average, *SD*-standard deviation.

(at the time of the study) COVID-19 pandemic and to find out the nature of these changes. How did the pandemic affect the attitude of the beneficiaries towards the tasks of social workers and their expectations of assistance? Finally, what are the typical behaviours of social service clients in the pandemic period that may be regarded as a traumatogenic social change? An analysis of the gathered research material allowed for a categorization of the observations of the surveyed social workers and also indicated the changes in the behaviour of social welfare clients. These changes are related to both the attitude towards the scope of the tasks of social workers and the expectations of assistance. 10 types of behaviours were distinguished, which were a reaction to the emergence of the pandemic and the related difficulties in the daily lives of the participants of the study. It should be emphasized that 1. the proposed typology is descriptive; thus, the characteristics of the types may be difficult to separate, and the same situation may be interpreted in different ways, 2. the study focuses on the first period of the pandemic, when the most substantial changes in the behaviour of the social service clients were observed, and 3. the study concerns human behaviour, not character traits; thus, the presented reactions are inconstant (they change over the course of the pandemic). The proposed typology allows us to examine the reactions of the beneficiaries of social services in an exceptional social situation, in a situation that tends to inspire a sense of insecurity or, using the terminology of Beck, in a situation of risk, Sztompka, traumatogenic situation, or Merton, the changeable social reality.

Therefore, the following types of behaviour were distinguished, which were classified into four groups of reactions that were expressed in the interaction with social workers in a pandemic situation: coolheaded calculation, defiance, confusion, and adaptation (Figure 1). They occur at varying intensities, but the most frequently noted reactions in contact with social welfare centres were the reactions of coolheaded calculation, defiance, and confusion, and a relatively small frequency was observed in terms of the reactions of adaptation to the new pandemic-driven conditions of using social services.

3.1.1. Group 1: Coolheaded Calculation. The first proposed group of behaviours of social service beneficiaries, that was noted by the surveyed social workers in response to the new and ubiquitous pandemic situation, includes calculated behaviour and self-interest. It turns out that the reality of the pandemic triggered opportunistic strategies among the social service beneficiaries, the tactic of taking advantage of even a traumatogenic social situation. Therefore, this group of behaviours has been described as coolheaded calculation.

(i) Excessive Expectations (a Demanding Attitude) towards the Work of a Social Worker. Most of the survey participants indicated the demanding attitude of clients and the increase in their expectations with regard to social workers performing their duties. One of the respondents emphasized that “*People,*

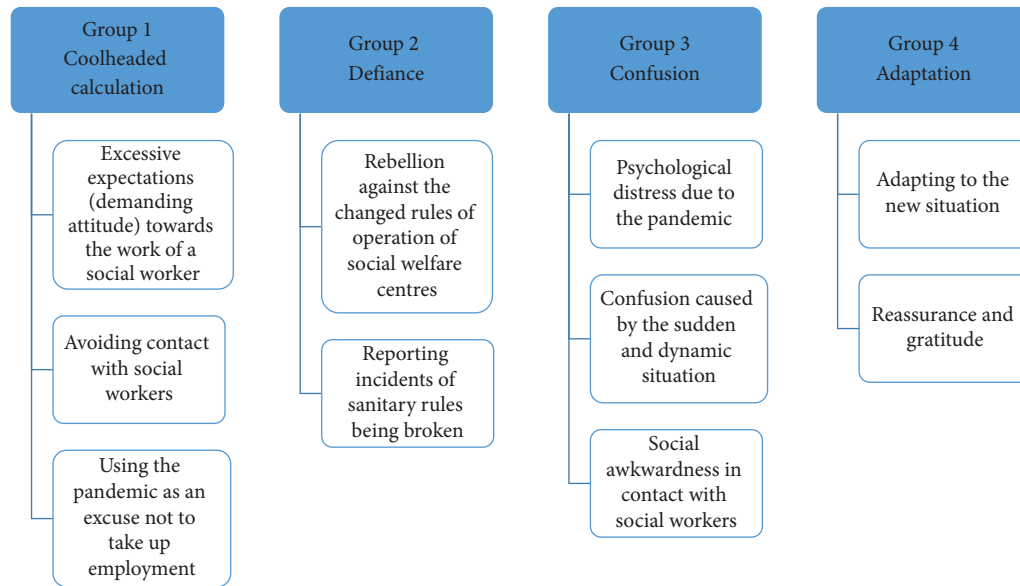


FIGURE 1: Types of behaviour of social assistance clients during the COVID-19 pandemic.

who were the beneficiaries before the pandemic became convinced that they deserved assistance. And it seems that they are trying to gain even more, because they developed the argument that there is such a difficult situation” (W27, social worker). Another commented that “Clients are more demanding, more nervous and impatient. Many of them seem to think that they ‘deserve everything” (W17, social worker). Although such an attitude is nothing new, in a pandemic situation, it took on a new dimension, being present in various forms. On the one hand, it was a symptom of misunderstanding the restrictions that social workers had to adhere to (“lack of any understanding that a social worker cannot go out into the community when it was entirely banned” (W2, social worker)). On the other hand, it was a manifestation of the willingness to use employees to perform tasks outside of their assigned duties: “The clients wanted me to do things which I had not been doing before the pandemic, such as shopping for skincare products, they did not want to leave home, but they expected me to do so” (W12, social worker). Often, excessive expectations concerned the amount of financial support received: “They asked if due to this situation there would be higher financial benefits” (W29, social worker). There were also attempts to take financial advantage of the situation: “Some people have seen this as an opportunity. They expected an additional form of support, and there were attempts to extort money by people with a high income” (W13, social worker).

(ii) *Avoiding Contact with Social Workers.* Another type of reaction to the existing situation, and a strategy of taking advantage of the pandemic situation by social service clients, that was observed by the surveyed social workers, was the practise of avoiding contact and the visits of social workers to the homes of their clients. The surveyed social worker emphatically said,

“They excuse themselves with this pandemic. . . . When we wanted to visit a woman in her home environment, she said: ‘Don’t come to me, there is a pandemic’. But when

the same lady was due to come to us, she would walk around the city, for example. So, it was such a convenience that she could blame the pandemic so the visit of a social worker would not take place at her home, because something might happen” (W3, social worker).

Respondents noted, in their social service clients, an increased avoidance of contact despite their “normal” everyday functioning:

“Clients started to take advantage of this pandemic situation in that we could not come to their homes. And very often people said that they were afraid. However, in some cases we witnessed them functioning in the local environment, we meet them in stores. And moreover, we saw them without a mask in the store, so if they were really scared of this situation, they would have acted differently. And they take advantage of this situation so that we don’t enter their home environment” (W29, social worker).

Thus, the pandemic was perceived as a convenience because “clients were happy that we don’t visit them, observe them, or ask questions” (W12, social worker), “Mainly those who were in receipt of periodic and other cash benefits (apart from the permanent benefit) were satisfied with the possibility of arranging the cash benefit by a short visit to the centre and by phone” (W11, social worker). Although, there were also other observations: “They do not want to cooperate with a social worker or other aid institutions at all” (W8, social worker).

(iii) *Using the Pandemic as an Excuse Not to Take up Employment.* A specific task of social services is to provide support for people in the event of a job loss or unemployment until they can overcome the crisis. It turned out that the clients of the surveyed social workers used the pandemic as an excuse that may justify the difficulties in finding a job. One of the respondents emphasized the following explanation of the

client: “Where will I find a job now? Well, during the pandemic, I am definitely not going to find a job” (W7, social worker). As the pandemic progressed, the attitude of social welfare clients did not change. The surveyed social worker pointed to this fact: “Those who are unemployed, who would be able to take up a job, often have the excuse that there is a pandemic. . . Even if it was during the summer months (. . .) Even though, there are job offers available” (W25, social worker). Moreover: “They were satisfied that they did not have to visit the employment office, but rather, they could talk to a job centre employee by phone. . . It was just a convenience for them” (W21, social worker).

Overall, the surveyed social workers observed that the pandemic was used as an excuse not to take any action: “There was a convenient shifting of responsibility to the pandemic. . . I cannot provide documents because there is a pandemic, I cannot register because there is a pandemic. There was such convenience for some clients” (W3, social worker). This coolheaded calculation in the activities of social welfare beneficiaries had a negative impact on their cooperation with social workers.

3.1.2. Group 2: Defiance Reactions. This group of behaviours was distinguished due to some reactions of dissatisfaction and disapproval of the changes imposed by the pandemic situation. These reactions took the form of rebellion and resistance to the new rules of the functioning of institutions, as well as to the principles of social intercourse.

(i) Rebellion against the Changed Rules of Operation of Social Welfare Centres. The pandemic situation imposed sanitary restrictions which had to be complied with by the social welfare centres. This was met with negative reactions from the beneficiaries:

“At first, it was the opposition on their side that the service is delivered from behind a glass partition, that it is so anonymous, and they like to talk. They did not fully understand what the reason is, but they opposed it very much, they expressed their discontent very much, because they felt treated as. . . As if they were numbers, not humans” (W22, family assistant).

Another respondent added: “They were dissatisfied that they could not visit the social worker’s office physically, that there was a limited time for an interview, others rushed” (W13, social worker). The surveyed social workers also indicated that the beneficiaries resisted the obligation to wear masks during the interview. Only with time, did society get used to the sanitary requirements and the new rules of the functioning of aid institutions.

(ii) Reporting of Noncompliance with the Rules of the Sanitary Regime. The sudden life-endangering situation caused by the COVID-19 pandemic also triggered defiant and distrustful social reactions. Such a specific resistance reaction against the crisis situation manifested itself in the form of antisocial behaviour. The necessity to comply with sanitary restrictions

revealed a specific understanding of collective responsibility. Although these behaviours did not take place very often, a few respondents noted them. One of the surveyed social workers said that “There have been reports related to the pandemic. The lady reported that someone was receiving guests or clients at home, and there were denunciations of neighbours, complaining, pouring out fear” (W23, social worker). Another added that “They informed us that someone was receiving guests despite bans” (W11, social worker).

Such behaviour can be interpreted in two ways. On the one hand, the act of informing was probably driven by fear and fear for one’s (and others’) health and life, i.e., in the context of rationalizing traumatogenic social conditions. On the other hand, it could have been an expression of resistance and contradiction (we all have to follow the rules, and the rebellious ones have to be disciplined). The employees of the social welfare system also had to deal with such attitudes in their daily work.

3.1.3. Group 3: Confusion Reactions. The third group of behaviours that was distinguished was based on being overwhelmed by stress and disorientation reactions. The statements of the surveyed social workers with regard to these tendencies indicate three types of behaviour:

(i) Becoming Stressed Out by the Pandemic Situation. Stress and worries about their own health and life were the most frequently indicated reactions of clients that were noted by the respondents. On the one hand, social workers struggled with the fears and panic of the beneficiaries, which made their work much more difficult: “At first there was such horror, perhaps such confusion. They didn’t know anything themselves, when it was necessary, they called and asked about something. And they just became more withdrawn, scared, and maybe depressed” (W28, social worker). Another respondent even indicated the panicky reaction of one of the clients:

“But I also have one lady who seriously withdrew from their relationship with me, was incredibly afraid of the virus, she used to disinfect everything. Overnight she became closed, literally and figuratively, and she began to write offensive messages. Then I went to the manager and I wanted to visit her in order to help her, because I saw that it was really bad. Only after my vaccination, did that lady restore our relationship, she began to trust me again” (W22, family assistant).

The elderly were the most concerned: “They were very scared. These television programmes. . . Being bombarded with information that there are so many deaths, that it affects old people most often. . . Here they wanted our help, and yet they were very afraid” (W9, family assistant). Some people even “gave up care services, these lunches, because they were afraid of this infection, they were afraid of the situation that someone comes from outside and could infect them with the disease, there was such a fear” (W3, social worker). Thus, the surveyed social workers felt somehow obliged to relieve this

tension and provide emotional support. One of the respondents said that *“mainly older people, watching too much TV, and lonely (. . .) needed soothing conversations”* (W14, social worker). Another added that *“The visit was just for this lady to have a chat, because there are people who were very active, and the pandemic meant that they were locked at home and could not cope with this lockdown”* (W2, social worker).

(ii) *Confusion caused by a sudden and changing situation.* The pandemic has caused not only fear and panic but also confusion. The new rules of social functioning, especially the changed rules of using social services (including medical services) caused confusion and disorientation. One of the respondents indicated that

“Clients did not understand the lack of access to various forms of support and assistance. In particular, the elderly did not understand that they could not go to the Occupational Therapy Workshop or the Community Help Centre. They asked what it was all about, but the explanation about the pandemic situation was not enough” (W15, social worker). Moreover, “They did not know how to deal with the lack of access to a doctor and how to use medical care” (W12, social worker).

Constant changes with regard to the restrictions meant that clients did not know *“how to find themselves”* (W14, social worker). The topic of vaccination against COVID-19 was a specific issue. Social welfare recipients felt confused and required guidance.

“There were sometimes questions about what I would do about the vaccinations, not a direct request for advice, but what would I do in their shoes. It is quite difficult, because I do not feel competent enough to advise someone on this topic. . . I refer them to the doctor, I talk, I try to help” (W11, social worker).

(iii) *Embarrassment in Contact with Social Workers.* Pandemic restrictions have changed the working conditions of social welfare centres. Shorter working hours or shift work triggered the reactions of rebellion and resistance (described in the second group of behaviours) but also awkwardness and embarrassment in the beneficiaries. One of the respondents pointed to this fact that

“When working in shifts, we were serving somebody else’s clients, and they were embarrassed. It is not easy, for some, to approach a new person and to express meaningfully what they think. There are clients who are ashamed that they have to use this help and it was apparent” (W2, social worker).

The working conditions of social welfare centres meant that *“there were limited opportunities for a private conversation, that others were able to hear these conversation”* (W13, social worker).

“We had been admitting our clients only as far as the corridor, and yet everyone can hear the conversation there whether they like it or not. There was no sense of intimacy in the meetings, it was very much lacking, and the clients felt it. They preferred a phone call rather than to talk about themselves and their problems in front of others” (W29, social worker).

Moreover, *“they were ashamed of the fact that they may be noticed in that environment, that they asked for help”* (W19, social worker).

3.1.4. *Group 4: Adaptation Reactions.* The last proposed group of behaviours includes categories with positive connotations. The surveyed social workers noted the ability of beneficiaries to adapt to the new conditions of the functioning of social welfare institutions and to use the support offered, as well as offering reassurance and even gratitude towards the social workers.

(i) *Adapting to the new situation.* As the pandemic continued, some of the surveyed social workers noted a change in the behaviour of their clients. Some treated this change as a process of getting used to the pandemic reality: *“At the beginning it was very difficult, with time they got used to the situation”* (W13, social worker), while others noted symptoms of the beneficiaries’ adaptation to the new operating conditions of aid (and other) institutions: *“Over time, most of them conformed to the requirements and guidelines”* (W20, family assistant). One of the respondents describes this situation as follows:

“Then (. . .) they learned that it is possible to send an attachment by e-mail and they went with the times. They took the attitude that help could be provided over the phone. And they learned these technicalities, they started to keep up with the changes” (W22, family assistant).

Beneficiaries also adapted to the changed working conditions of the social welfare centres:

“The office hours were officially changed to a 6 p.m. closing time and it was better for the clients, because those who, for example, could not come in the morning because they were at work, used to come in the afternoon. They could come at a time that was convenient for them and not like the previous arrangement of my clients only during my working hours.” “When they came, they were always assisted by someone, if not by me, then by my co-workers who are also competent. It was much better for the clients and they liked the change” (W25, social worker).

(ii) *Reassurance and Gratitude.* The difficult situation of the pandemic intensified certain social problems but also caused the emergence of new issues (not always problematic but influencing everyday functioning). One of the new situations

was remote learning and the need to equip the children and adolescents with computers for remote learning. In this matter, social workers faced a big challenge because parents expected not only material help but also technical support. *“Families reported a lack of equipment and it had to be organized. . . We have an IT specialist and he helped”* (W7, social worker). Some social workers indicated that their clients were sincerely showing their gratitude: *“The families were very grateful for such help. . . They appreciated that there was such an opportunity, because they were given computer equipment for the children. I participated in the lessons, we did homework together”* (W5, family assistant).

Often, social workers in their work focused on showing emotional support to the clients (as mentioned earlier). As one of the respondents states

“We were the only link with the outside world” (W9, family assistant). The beneficiaries thanked the social workers *“for their help in the pandemic, for their conversation, especially those who had used social services for the first time, and up to that point they thought that it was only there to provide care for the poor and alcoholics”* (W17, social worker).

In particular, those who were positively surprised by the quality of the work were those clients who had not dealt with a professional system of social support to date but joined it as a result of the pandemic:

“There is gratitude from some of them, a “thank you.” For being out there, not being afraid and helping them. We hear: “You are a godsend to me.” In most situations, we have been appreciated, for example, by those new clients who, to date, associated social assistance with a care system, that is only for the poor, for the drunks. And suddenly higher status people had to use our help, but then we heard: “It’s nice that you are here, thank you” (W26, social worker).

In order to combine the distinguished types of behaviour of social welfare clients with the theoretical approaches of Merton and Giddens and also to evaluate the practical significance of the theory by referring to the pandemic situation as a contemporary crisis, here we propose the following generalized categories of behavioural strategies:

- (1) Innovation: meaning an attempt to improve one’s own situation despite the trauma, taking advantage of the situation by changing one’s own behaviour, in other words, using the situation brought about by the crisis for the needs of the individual.
- (2) Contestation: that is, opposing the new social conditions and even taking action against socially recognized norms.
- (3) Retreat: meaning passive resignation, confusion, fear, and waiting for the end of the crisis situation.
- (4) Acceptance: getting used to the crisis situation, carrying on with old behaviours and ways of life, and also developing new (but not radical) ones.

The proposed strategies of the behaviour of social welfare clients are presented in Figure 2. Additionally, these strategies have been classified into two groups: active and passive. Thus, the first two types (innovation and contestation) are active strategies, and the other two (retreat and acceptance) are passive.

3.2. Impact of Clients’ Coping Strategies on Social Workers.

The multitude of behaviours (reactions) of social welfare clients in such a traumatogenic situation, which the COVID-19 pandemic has become, shows, on the one hand, the scope of the impact of this difficult reality on the daily functioning of people, and on the other hand, on the difficulties of the work of social workers, who additionally have to face the surprising and novel reactions of clients in contact with social welfare centres.

What was the reaction of the workers in the research? How the clients’ behaviour influenced their job? On the basis of the given answers, we can say that they depend on the different client’s approach.

3.2.1. Group 1: Coolheaded Calculation. Avoiding any contact with the client was the most difficult part of the social workers’ job. They seemed to be eager to keep that contact: *“We wanted to go back in the field as we thought it was necessary”* (W2, family assistant).

The social workers are aware that they could not diagnose the family issues properly if the contacts were to be minimal.

“There are acts of violence in the family, that will be a problem next year. It’s the effect of no contact and isolation. I am aware that many problems were hidden and they will come out when it’s too late” (W4, social worker).

It shows how social workers feel responsible for their clients: *“I am responsible, for the children, and that is a difficult thing to deal with mentally”* (W5, social worker).

Clients being aggressive and argumentative was the most difficult aspect to deal with by the workers. *“We did not know how to deal with clients’ reactions well, that was stressful. Our job is difficult as it is and aggressive and argumentative client is too much. We talked with supervisors and friend and hoped for comfort”* (W15, social worker).

Behaviours of cold calculation were used by the caregivers of social workers, which is why they often resulted in their helplessness and the need to seek support from their superiors or outside.

3.2.2. Group 2: Defiance Reactions. Explanation of the new situation was the only way to deal with resistance reactions and not willing to cooperate by the clients. *“We mostly informed that we had to accept and work by the new rules and it is not that simple. Information and patience were only helpful in that situation”* (W11, social worker).

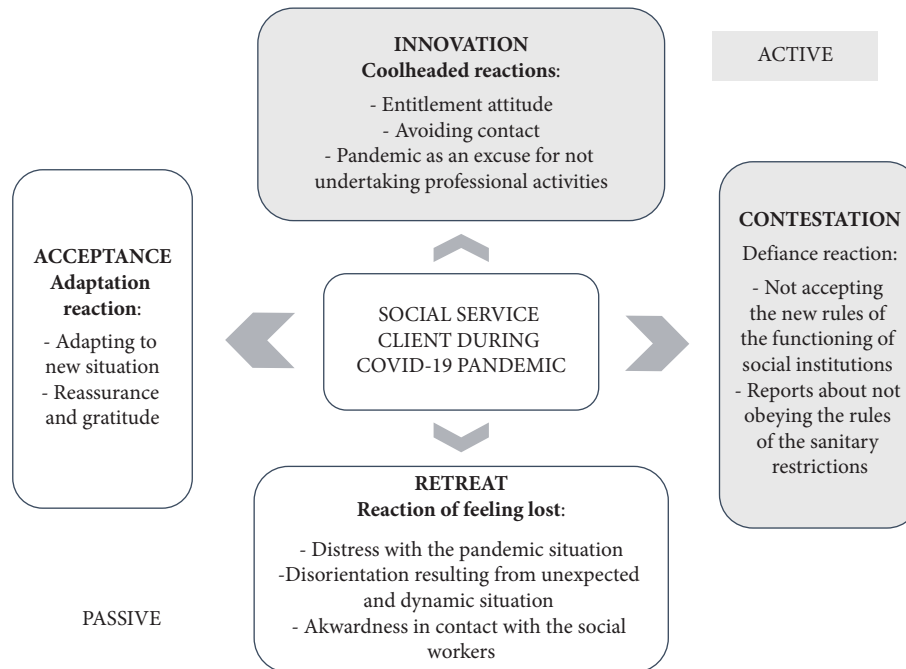


FIGURE 2: Strategies of behaviour of social service clients during the COVID-19 pandemic.

They tried to get a little empathy towards their work and new functioning of the institution: “*I wanted my clients to be more understanding, that it is difficult for us too and we can’t work alone, we need their cooperation to solve the problems*” (W7, social worker). Overcoming this unwillingness was demanding, but the workers knew how to deal with it “*We tried to find the solution good for both sides. It meant to deal with a lot, but we did everything to help the client*” (W15, social worker).

3.2.3. Group 3: Confusion Reactions. The reactions of lost and confused clients required a special approach from the surveyed social workers. Employees had to face the fear of customers, which was helped by a rational approach and explanation: “*The beginning of pandemic was a nightmare. People were scared. I had to explain that if we are careful, we’d be safe, I am healthy and I have to work with people*” (W1, family assistant).

Social workers have also intensified activities consisting in ordinary conversations with their clients: “*I talked more and comforted, gave them time. One lady was happy with my call because she could talk to somebody, despite being isolated*” (W3, social worker); “*We gave support, calmed people down, we didn’t want them to see that we were scared too*” (W15, social worker). The embarrassment of the beneficiaries and the necessity to admit them in the corridor was also felt to be an inconvenience and discomfort by the social workers themselves. They tried to alleviate these difficulties: “*As employees, we asked for the possibility of inviting the client to a secluded place, to a separate room*” (W25, social worker).

3.2.4. Group 4: Adaptation Reactions. Watching people getting acquainted with the pandemic was a positive experience for the workers, especially when they were given

some positive feedback from the clients. They felt they did a good job and felt appreciated: “*For some clients it was <something> that we were not afraid of. Some clients felt really grateful for our help, we had a feeling of being needed. It made us stronger in that difficult time*” (W6, social worker).

Generally speaking, the pandemic time was very stressful for the surveyed social workers as far as the contacts with clients are concerned and organization of work itself (not enough room for individual meetings and discussions, with a lot of paperwork). Behaviour strategies of the charges influenced the behaviour and attitudes of the surveyed social workers. In general, they can be defined as adapting to the pandemic situation and customer behaviour, assuming the role of an emotional buffer and informant, and expecting support from superiors and coworkers. Regardless of the adopted strategy, the surveyed social workers tried to perform their duties in accordance with the work ethics.

4. Discussion

With reference to the theoretical typologies of the coping mechanisms developed to adjust to the changes caused by the crisis as outlined by Merton and Giddens, we have indicated the types of strategies used by social welfare clients for coping with the crisis situation, which the COVID-19 pandemic has turned out to be. The discussed strategies were observed by social workers in direct contact with their clients. Although the survey results cannot be generalized, they provide an empirical picture of the client-social worker relationship through the eyes of the respondents and therefore provide useful and valuable data.

During the COVID-19 pandemic, social work became a challenge. Social problems and unrest grew [42]. Aid professions, including social work, gained in importance and

turned out to be indispensable. Social work was included on the list of the most needed and real-world professions [43].

Our research focused on the experiences of social workers in their relationships with social service clients, which were greatly influenced by factors caused by the pandemic: limited direct contact with clients, multiple social problems, fears for their own health and life, high levels of stress, and institutional changes in the functioning of social welfare centres. These factors have all triggered various behaviours among clients. These behaviours have been classified into four groups: coolheaded calculation, defiance, confusion, and acceptance.

The similar behaviour of the social service clients are reflected in the research results conducted among the social workers of different countries, but they were not classified. The strategies of such calculations can be found in Mc Fadden's research conducted in the UK. They noted an increase in the level of abuse directed at staff and also unrealistic expectations with regard to service provision from the social welfare clients. Moreover, as the pandemic wore on, the service users became increasingly unrealistic, expecting services that were not allowed under Covid-19 conditions or were affected by staff shortages [44]. Also, another research in Poland pointed out attempts to take advantage of a situation of the pandemic where the possibilities of verifying the facts are limited. Some clients abused the pandemic to deliberately mislead social workers and thus obtain higher cash benefits [29].

The research also reveals the strategies of clients' defiance to the changed working conditions of social welfare centres. Many service users were tired of the changes in standard procedures, not having their regular appointments or constant scheduling changes. The lack of support felt by social welfare clients was associated primarily by social workers with a lack of direct communication and loneliness [44]. This behaviour was undoubtedly influenced by changes in the form of contact from face-to-face to telephone or online. The inability to meet a social worker, the changed rules of the functioning of the institution, and the lack of services compared to the previous procedures caused both opposition and disagreement, both on the part of the social workers and, even more so, the clients. In a Dutch study, the researchers point out that direct contact, an important basis for social work, could no longer be taken for granted and had as a matter of fact become a source of ethical tension. Social workers described the lack of sufficient support for making conscious and responsible choices with regard to physical proximity, especially since sufficient protective devices were lacking or they were unsuited for their work [43].

The pandemic time made the social service clients' feeling of being lost and lonely stronger. Social workers were often the only people that clients had contact with for a long period of time. The pandemic also limited contacts with the family, neighbours, and friends. Hence, this was a reason for feelings of loss, as well as stress and confusion in clients. Therefore, an important task faced by social workers was effective communication as well as orientating and educating the public with regard to various aspects of the pandemic. This activity was designed to keep society well

informed about the true state of affairs with regard to the pandemic as well as avoiding social disruptions caused by fear, rumours, or neglect by the appropriate authorities [45].

The research by Necel and Zaręba conducted among social workers and managers/directors in the Greater Poland voivodship showed that the pandemic caused people who had not been beneficiaries before the pandemic to turn to social welfare institutions. On the other hand, those clients who had already benefited from support before the pandemic intensified their efforts to seek support during the pandemic restrictions (86.6% of clients according to the statements of social workers and managers) [26]. The most acutely felt changes were the fears and the expectations surrounding the receipt of support from social workers. Social workers noted "an increasing number of complex cases to deal with, this was aggravated by a perceived lack of support from within and across services as well as a perceived increase in the degree of risk" [44]. Support in traumatogenic situations is especially important because "during a pandemic, there are many sources of anxiety and stress for everyone including social service workers. These may include fear of infection, financial insecurity, job security, a heightened sense of concern for their own families and clients who are vulnerable to becoming ill, increased child care responsibilities resulting from school closures, fear of infecting family members, an inability to "do enough" for clients, and/or managing increased caseloads [46].

As far as the strategy of acceptance and adjustment of clients are concerned, the research results point at the re-definition of their own value as a person. Taylor's research shows that "The lockdown also provided participants with an opportunity to reflect on the collective long-term impact of the pandemic in terms of values and goals, and what may come out of it" [42]. It is worth highlighting that this strategy is one of the least observed among social service clients.

The research also showed the influence of the clients' strategies on the behaviour of the workers. There were three most common: adapting to the pandemic situation and customer behaviour, assuming the role of an emotional buffer and informant, and expecting support from superiors and co-workers.

The attitude of adapting in the event of a pandemic and working in extremely stressful conditions causes a lot of mental overload. Social workers had to deal with high expectations of their clients and complaints about their work form. The frontline social workers, although resilient, were psychologically distressed in all of the three areas of depression, anxiety, and stress [47]. There was also the question of how to deal with the new method of service delivery and the dilemma of whether it is possible and sufficient at all. What can really be done for social welfare clients over the Internet or by telephone, is it possible to provide the necessary support [30]? Many social workers from Canada described a sense of fatigue related to the shift to virtual care and also feelings of profound stress [48]. Other British surveys conducted among social workers showed that 69.7% of them encountered more difficulties in communicating with the beneficiaries due to digital exclusion, and 51.5% of respondents confirmed that they had encountered more

difficulties in monitoring and conducting safe and effective visits to clients for the purpose of providing services [49]. At the same time, the research shows that social workers demonstrated flexibility, client-driven approach, and the readiness to follow the needs of their clients. For instance, they chose ICTs based on the client preferences [50].

Moreover, the social workers took on the role of alleviating the fears and concerns of the charges. This is the second group of reactions of social workers, namely, assuming the role of an emotional buffer and informant. This also leads to mental overloads.

During Covid-19, social workers contended with resource shortages, took on additional roles and responsibilities, and struggled with value conflicts and ethical dilemmas. They felt unprotected, overburdened, and undervalued [51]. Following imposed restrictions, social workers experienced guilt and shame because they were not able to do more for their clients [52]. Yet their role does not come down to being a mere clerk, but they are also mediators, activists, and advocates for their clients [53].

Finally, the third way of dealing with the client in the pandemic time is expecting and waiting for the support. Sharing the burden with relatives at work and outside made social workers relieved and really supported. According to the research conducted among the hospital workers being engaged in the strategies of emotional connectedness and emotional preparedness made it easier for them to keep their well-being and job retention [54]. The resilience among social workers is positively associated with the following variables: being a woman, having a partner, having a diagnosed mental health condition, absence of feelings of hopelessness, anxiety, lack of control of one's life, fear, anger, and aggressiveness [55]. The research conducted among the social workers in Israel shows that they experienced many negative emotions such as hopelessness, frustration, disappointment, and anger. As a response the workers presented four different mechanism of action: emotional distancing, sharing emotions, self-soothing and politization [56]. Social workers experienced significant pre/post-pandemic decreases in self-care practices [57]. It is emphasized that social workers need to develop a self-care system in a prolonged disaster in the event of a prolonged traumatic social situation [58].

The contemporary, rapidly changing world, the pandemic situation, insufficient care, and insufficient support carry a high risk of disturbance in the functioning of social welfare clients in the social space, and not only during the pandemic, because the effects of neglect will also be present after its end. At present, there is an increased demand for trained social assistance staff. Researchers emphasize the need to support social workers, both at the level of training for the profession [59] and in their daily work [53]. It is necessary to develop and promote an ecological and systemic approach to social work in order to provide adequate support to individuals and communities both locally and globally [53]. Building the resilience of social workers will prepare them for their daily challenges and also those that accompany unexpected situations [45]. As a result of this, social service workers will be prepared for crisis situations

(pandemics and catastrophes), they will be ready to react quickly, and at the same time, they will be prepared to deal with stress in contact with social service clients.

Having a degree of familiarity with the behaviour patterns of social welfare clients in crisis situations may be particularly important for policy makers and social service managers. It is vital that governments recognise the critical role played by social workers, thereby ensuring the provision of necessary protective equipment and issuing clear guidelines on how to maintain social services with a commitment to human rights and social justice during the pandemic [52]. Cederbaum et al. [60] emphasize the fact of invisibility of social workers within the pandemic response. Having a degree of understanding of the behaviours of social service clients is also important for the providers and implementers of 'social services. Being aware of the various reactions to sudden, unexpected, and traumatogenic social conditions will allow social workers to prepare for and respond with an adequate plan of action in their daily work.

4.1. Limitations. The size of the sample and also the quality of the data ensure that the results are saturated at the thematic level, but the local nature of the research is their limitation. The research does not present a nationwide sample. The results of our study may not apply to the experiences of all social workers, but they do present the entire spectrum of changes in the behaviour of social service clients, and these results will require an in-depth analysis after the pandemic is over. Another limitation is the deliberate sampling method and the homogeneity of respondents in terms of their gender. The profession of a social worker is a feminized one, which makes it difficult to differentiate opinions according to gender. Another limitation of the study is that it only takes into account the perspective of social workers and family assistants; therefore, in the future, it would be a worthwhile endeavour to expand the research and enquire about the opinions of social welfare clients. An analysis of the data revealed the issues that were not considered, variables such as: client reactions and their life situation, or access to remote solutions with regard to contacts with social workers. Further research may also examine the impact of the COVID-19 pandemic with regard to the client's behaviour in different geographical contexts, e.g., large agglomerations versus small cities. Social service beneficiaries and their attitudes to the pandemic should also be taken into account in order to understand their experiences of remote services and perceptions of risk, trust, and reciprocity. These results only represent the views of social workers, which may cause bias. Participants often lack objectivity when describing their own experiences. It is worth noting, however, that the presented analyses concern changes in client behaviour as they are perceived from the perspective of employees of the support system, and they are looking at clients' experiences through the eyes of people providing social services. Thus, the results may indicate practical implications, with regard to ways in which to support and motivate social workers to work with clients in crisis situations.

5. Conclusions

Social service clients, when interacting with social workers in a pandemic situation, develop behavioural strategies and reactions that are typical of trauma. These can be categorized into four groups: coolheaded calculation, defiance, confusion, and adaptation. It is important to be aware that clients in similar situations may use different strategies (one demonstrates defiance, while another shows coolheaded calculation). Understanding of these behaviours by social workers will make it possible in the future to react more quickly, adjust assistance according to the client's strategy, and reduce the element of surprise triggered by the behaviour of some clients. It seems relevant that social workers should prepare themselves in such a way that takes into account the following: lowering anxiety and tension, taking care of providing clients with reliable information about the crisis situation (struggle with media disinformation), paying particular attention to the possibility of increasing violence and pathology in families, special care for seniors or people with disabilities or disorders, and being mindful of abuse and dishonesty of clients. It seems reasonable to elaborate standards for work in crisis, which would not reduce social work to online contacts only.

The practise of social work in the time of social trauma requires interpersonal and psychological competences. Social workers in Poland should attend additional crisis communication and psychological aid trainings. The tool that improves social workers' competences should be compulsory supervision, which can be also conducted online. Intervision, a friend's supervision, can be an equally valuable support. It makes more sense especially in the pandemic time, when the contacts between people are minimal and other kind of support is not easily available. Any possibility to discuss the problems or difficulties with a friend or a colleague can bring not only good experiences but also relief and psychological support. The social workers should cooperate with other specialists and institutions such as doctors, hospitals, the police, and schools. It can influence positively on the future collaboration of all.

Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethical Approval

This research was approved by the Research Ethics Committee at Institute of Sociological Sciences, The John Paul II Catholic University of Lublin (protocol code 11/DKE/NS/2021).

Disclosure

The research was performed as part of the employment of the authors, Katarzyna Lenart-Kłoś, Małgorzata Szyszka, and Agnieszka Zaborowska.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

Authors' Contributions

Małgorzata Szyszka contributed to the research design, data collection and analysis, and the drafting of the manuscript. Agnieszka Zaborowska contributed to the research design, data collection and analysis, and the drafting of the manuscript. Katarzyna Lenart-Kłoś contributed to the research design, data collection and analysis, and the drafting of the manuscript.

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