

Received on (25-01-2021) Accepted on (13-03-2021)

## Ethical Challenges for Palestinian Social Workers During Corona Pandemic

Main Researcher :

Ahmed Mohammed Al-Rantisi

<sup>1</sup> University Name & City :

Social Work Department

E-mail address:

[aalrantisi@iugaza.edu.ps](mailto:aalrantisi@iugaza.edu.ps)

<https://doi.org/10.33976/IUGJHR.29.4/2021/27>

### Abstract:

The aim of this study was to focus specifically on the ethical challenges of social workers' practice their works in quarantine centers during corona pandemic. This study reports objective results for purposive sampling selected, (142) social workers in five governorates in the Gaza Strip-Palestine. After reviewing the literature, the researcher constructed a survey four question; two of which are open-ended while the other two are closed-ended. Social workers were recruited by e-mail in May 2020 after providing their consent.

Results: The most important ethical challenges facing social workers in their work during the corona pandemic are: risk faced while moving in public transportations, poor prevention and safety measures for social workers such as sterilizers, masks and gloves. 67.6% of social workers responded that their institutions developed policy protocols to help them work safely during the Coved-19 while 75.4% of social workers responded that they had access to protection measures to make their communication safer with their clients. The most important way in which social workers were involved in their professional interventions with clients was: communicating with clients by phone or SMS, but also through social networks, or communicating directly with the need to observe social distancing.

**Keywords:** (Ethical Challenges – Social Workers – Corona Pandemic)

### التحديات الأخلاقية للأخصائيين الاجتماعيين الفلسطينيين خلال جائحة كورونا

#### المخلص

هدفت الدراسة إلى التعرف على التحديات الأخلاقية التي تواجه الأخصائيين الاجتماعيين في ممارستهم لأعمالهم في مراكز الحجر الصحي خلال جائحة كورونا. تم اختيار عينة الدراسة بطريقة العينة القصدية لـ (142) أخصائياً اجتماعياً في خمس محافظات في قطاع غزة. بعد مراجعة الأدبيات، قام الباحث ببناء أداة الاستبيان مكونة من أربعة أسئلة، اثنان منها مفتوحان بينما الآخران مغلقان. تم الحصول على البيانات من خلال ارسال الاستبيان إلى الأخصائيين الاجتماعيين عن طريق البريد الإلكتروني في مايو 2020. النتائج: أهم التحديات الأخلاقية التي تواجه الأخصائيين الاجتماعيين في ممارستهم لأعمالهم أثناء جائحة كورونا هي: المخاطر التي تواجههم أثناء التنقل في وسائل النقل العام، وضعف إجراءات الوقاية والسلامة للأخصائيين الاجتماعيين مثل المعقمات والأقنعة والقفازات. أجاب 67.6% من الأخصائيين الاجتماعيين أن مؤسساتهم طورت بروتوكولات سياسية لمساعدتهم على العمل بأمان خلال جائحة كورونا، بينما أجاب 75.4% من الأخصائيين الاجتماعيين بأن لديهم إمكانية الوصول إلى تدابير الحماية لجعل اتصالاتهم أكثر أماناً مع عملائهم. كانت الطريقة الأكثر أهمية وفاعلية التي قام بها الأخصائيون الاجتماعيون في تدخلاتهم المهنية مع العملاء أثناء جائحة كورونا هي: التواصل مع العملاء عبر الهاتف أو الرسائل القصيرة، وأيضاً من خلال شبكات التواصل الاجتماعي، أو التواصل المباشر مع الالتزام بإجراءات التباعد الاجتماعي.

كلمات مفتاحية: التحديات الأخلاقية، الأخصائيين الاجتماعيين، جائحة كورونا.

1.0

## **Introduction:**

The outbreak of severe acute respiratory syndrome Novel Corona virus 2 (SARS-CoV-2) emerged in Wuhan, China and was first reported on Dec 31, 2019. It has since global prevalence, with over 5 million confirmed cases of COVID-19 as of May 6, 2020 (Centers for Disease Control and Prevention [CDC], 2020). The populations of conflict-affected countries – whether those in war or suffering its after-effects – are likely to be especially vulnerable to outbreaks of disease (Crisis Group, 2020). With the spread of the COVID-19 pandemic, concerns are especially serious in conflict and humanitarian settings. It is difficult to counter the pandemic in those countries as social and health structures are weak. In Palestine, which is already suffering from protracted conflict, restricted access to national resources, geographic fragmentation and intra-Palestinian divide, and decades of occupation, the implications of the COVID-19 pandemic will be dangerous. In spite that, the government took measures including unprecedented lockdowns between the provinces to reduce contacts between individuals, travel restrictions, temperature checks with mandatory mass quarantine (United Nations Development Programme [UNDP], 2020).

Palestinian society has fallen under the administration of regimes alien to it and its aspirations and hopes for several centuries. This started with the Ottoman rule, then the British Mandate that granted the Jews 78% of the historical land of Palestine. Thus, most of the Palestinian people became refugees displaced and scattered outside and inside Palestine, with the accompanying poverty and suffering. Finally, the Israeli occupation of the rest of the land of Palestine in 1967 deprived the Palestinian people of development and progress, and inflicted a severe blow to social work in the West Bank and Gaza Strip. Thereof, the social welfare programs were almost non-existent except for those simple programs provided by some international bodies and agencies. After the establishment of the Palestinian Authority in 1994, the state of Palestine began to establish line ministries related to social services, including the Ministry of Social Development, where 680 social workers graduating with bachelor's degrees in social work were appointed in public, private and UNRWA schools (Ibrahim, 2015, p. 226).

In the second intifada (2000-2006), the focus was shifted from long-term social programs to emergency relief to alleviate the severity of PTSD. The growth in the provision of aid led to an urgent need for qualified specialists to work on developing institutions, which resulted in the support of Palestinian universities. Social workers, whether at bachelor's or master's level, in social work to overcome the economic and social crises in Palestine (Ibrahim, 2015, p. 232).

As with many global crises, the COVID-19 pandemic exposes the ways in which social safety nets are frayed. People who are dependent on government and NGO services for basic needs such as food and shelter are thus at increased risk when those services cease to function (Bauer, 2020; Berg-Weger and Morley, 2020; World Bank, 2020).

Ethical challenges are common in social workers' practice in quarantine centers (Green et al., 2016; Rushton, 2016; Strandås & Fredriksen, 2015). The expression «ethical challenges» applies specifically to ethical dilemmas and contradictions and other situations in which it is important to take tough decisions (Larkin et al., 2019). Ethical dilemmas are described as situations that cannot be solved; decisions made between two options may be morally plausible, but are

equally problematic due to the circumstances (Church, 2020). Ethical conflicts, on the contrary, arise when one is aware of the necessity of proper actions but he or she may have trouble exercising these actions because of certain internal or external factors (McGibbon et al., 2010). Studies have shown that social workers are likely to face ethical challenges on multiple fronts during COVID-19.

Social work has faced ethical problems throughout its history. Social workers have defined standards for appropriately and socially appropriate practitioner activity to better meet these ethical challenges. Since social work has traditionally been a value-based profession, ethical codes have long been important to teach and conduct social work around the world. (Congress & McAuliffe, 2006).

Social workers play an instrumental role in disaster preparedness and response as Covid-19. There is a great deal that social workers can give, from running neighborhood programs that deliver crucial support to recognizing at-risk populations to seeking to protect them. Ultimately, survival from natural hazards isn't the only goal. In the wake of a tragedy, social workers may facilitate safe coping and healing, but this involves diligent planning and deep knowledge of normal circumstances following a large-scale emergency incident (College, 2020). Ethical Challenges – occur when a social worker sees himself as facing a choice between two equally unwelcome alternatives, which may involve a conflict of ethical values, and it is not clear which choice will be the right one. For example, when the social worker faces a conflict related to stopping the provision of the humanitarian relief services that clients need, or risking himself and providing them in light of the spread of the Covid-19 pandemic (National Association of Social Workers, 1994).

COVID-19 has required many countries across the globe to implement early quarantine measures as the fundamental disease control tool (Rubin & Wessely, 2020). Apart from physical sufferings, the effects of this quarantine on personal and community health and well-being are many. Isolated cases suspected may suffer from anxiety due to uncertainty about their health status and experience obsessive compulsive symptoms, such as repeated temperature checks and sterilization (Li et al., 2020). Post-quarantine psychological and social effects can include significant socio-economic distress and psychological symptoms due to financial losses (Brooks et al., 2020). Another very important aspect is stigmatization and societal rejection regarding the quarantined cordon in forms of discrimination, suspicion and avoidance by neighborhood, insecurity. Social workers are specifically called upon to deal with both the crisis and its implications in an unprecedented way. But there are unique aspects of an COVID-19 pandemic that will present formidable unprecedented ethical challenges to social workers committed to the social well-being of patients and families.

The divergent needs of the persons in quarantine include, but not limited to, services of psychological support, catering, medical supplies and household needs as well as financial reparation for days of absence from work. Voluntary quarantine is preferred over mandatory. However, law enforcement should be engaged if there are frequent quarantine violations, this strengthens the role of social workers in quarantine and it is part of their ethical challenges. The intervention is used to minimize personal interactions and movements through a group, town or city. Such interventions range from social distancing between (such as cancellation of public gatherings, school closures; working from home), the use of face masks by the government, and the

lockdown of whole cities and areas (Cordon Sanitaire. This is what the government did in the Gaza Strip in order to minimize the rate of contact amongst infected and disease-free persons. Social distancing is impactful in contexts that witness substantial rates of transmission among population. There is also a need to ethical principles and codes of conduct to inform containment practice of the community to protect the overall health of the population in a way where there is a potential conflict with rights of individual and their liberty and self-determination.

The COVID 19 epidemic is confronting social workers worldwide as they try to carry out their professional responsibilities. Also, under conditions of lockdown often practitioners consider or are expected to meet with clients in the city, in workplaces, or working near clients in other forms of environments such as schools and hospitals. In the context of a shortage of resources with many places lacking safety equipment, social workers have to make difficult decisions about in-person contact with their clients.

It is imperative to observe the following ethical principle 3.4: "Social workers must identify situations that are likely to jeopardize their safety and security". Also, "they must be wise when it comes to choices facing similar circumstances". There is no obligation that Social workers perform their professional work whenever the environment deems risky. In the meantime, the World Health Organization (WHO) and Center for Disease Control (CDC) referred to COVID-19 as highly contagious while highlighting the role of preventative practices in reducing chances of infection and protecting people in the surroundings (IFSW.org).

Social workers can reduce their chances of being infected or spreading COVID-19 by taking some simple precautions as recommended by the WHO:

- Clean your hands regularly and thoroughly with an alcohol-based hand rub or wash them with soap and water.
- Maintain a gap between you and anyone of at least 2 metres, or a little longer if anyone is coughing or sneezing.
- Avoid touching eyes, nose and mouth.
- Make sure you practice good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Immediately remove the used tissue.
- If you feel unwell, stay home. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.
- Keep up to date on the latest COVID-19 hotspots (cities or local areas where COVID-19 is spreading widely). When it comes to deciding to have a face-to-face contact or otherwise with clients, guidance should be offered to social workers to learn and practice to know-how of keeping people as safe as possible. It is not about social workers and their clients being at risk during those professional meetings for this might go above and beyond that to affect other people who might be in contact with the social workers and the clients as well.

In the event that the organization in which the social worker works insists on face to face meeting with clients regardless of anything, s/he has the right to clarify the IFSW Ethical Principle, in particular, Principle 3.4 Challenging Unjust Policies and Practice that states, "Social workers work to bring to the attention of their employers, policymakers, politicians, and the public situations

in which policies and resources are inadequate or in which policies and practices are oppressive, unfair, or harmful. In doing so, social workers must not be penalized".

And the principle 9.6 states "Social workers have a duty to take the necessary steps to care for themselves professionally and personally in the workplace, in their private lives and in society"(IFSW.org).

Under strict infection controls, non-essential personnel such as , psychologists, and social workers, are strongly discouraged from entering isolation wards for patients with COVID-19. Therefore, frontline social workers become the main crews providing psychological and sociological interventions to patients in hospitals. Community healthcare workers should provide primary health care and social services for people with suspected illnesses who are in quarantine or at home. However, workers are not always able to relieve the psychological suffering of patients due to complex labor processes, extreme workloads and the lack of formal training in community health care. A professional team comprising of community health personnel is a basic tenet in dealing with social problems caused by epidemics and other public health emergencies (Ng et al., 2020).

As of Oct 15, 2020, the World Health Organization (WHO) has recorded 57441 confirmed cases of COVID-19 in the oPt; 37876 in the West Bank and 4366 in the Gaza Strip – with 473 fatalities. The Gaza Strip is one of the most densely populated places on earth with 2.2 million inhabitants, mostly refugees, living in 365 km<sup>2</sup>. (WHO, 2020). Thus, this reflects one of the ethical challenges facing social workers during their work in light of the spread of the epidemic.

Social Workers as integral members of any care team, especially in times of crisis and with individuals who need services will be called upon to confront situations not similar to those faced by their colleagues in the second decade of the 20th Century. This consideration raises a question about the ethical challenges for Palestinian social workers in a prolonged public health emergency such as an COVID-19 pandemic.

## **Methodology**

The COVID-19 pandemic has created significant ethical challenges for social workers in their professional work, the study aimed to define ethical challenges for Palestinian social workers during corona pandemic, based on the research purpose, it was decided to conduct a descriptive study based on a non-probability purposive sampling. The study population consists of (550) social workers, based on data obtained by the researcher from the Ministry of Social Development in Palestine. The researcher conducted a study involving (142) social workers (59.9% male and 40.1% female) a non-probability purposive method, ranging in age from 25 to 50+ working in the quarantine centers in the Gaza Strip in oPt.

Ethical challenges have been identified as situations which are cause for professional concern or whether the right action to take is difficult to determine(Banks et al., 2020). Covid-19 has changed and affected the way research is carried out in the world and Palestine in particular. Instead of the traditional face-to-face interview, social workers were recruited by e-mail in May 2020 after providing consent, to maintain social distancing and to avoid Covid-19 infection, surveys were emailed. The survey involved five governorates in the Gaza Strip where there are quarantine centers. The survey involved 31 social workers from North Gaza Governorate, 49 social workers

from Gaza Governorate, 20 social workers from middle zone Governorate, 23 social workers from Khan Yunis Governorate, and 19 social workers from Rafah Governorate .

After consulting the literature, the researcher constructed a survey with four questions; two open-ended and the other two are closed-ended. Thematic analysis was used to sort, identify, analyze, and report themes emerging from the surveys (Braun & Clarke, 2006). The process was as follows: researcher read through and conducted a line by line analysis of all survey data, independently generating preliminary codes, and sort and discuss emerging themes. Themes were refined through iterative review until the researcher arrived at coherent and agreed-upon final themes that captured the broad meaning of the responses.

Descriptive analysis presents calculations of frequencies, percentage; the researcher then compiled all data from Social workers who working in the quarantine centers in the Gaza Strip in oPt, and data was transferred to SPSS statistical software for analysis, in order to obtain the results.

During the review of literature, the researcher discovered a dearth of academic literature in the field of

challenges workers COVID-19 The had getting from all workers. researcher not have some of the lack of some of some cases, e-mails.

Gender	Male	85	59.9
	Female	57	40.1
	<b>Total</b>	<b>142</b>	<b>100</b>
Age(years)	<30	20	14.1
	30 to <40	83	58.5
	40 to <50	30	21.1
	>50	9	6.3
	<b>Total</b>	<b>142</b>	<b>100</b>
Employment	Governmental	83	58.5
	Private	36	25.4

Ethical for social during researcher difficulty responses social The also could access to them due to e-mails for them. In they had old

## Results

	International	23	16.2
	<b>Total</b>	<b>142</b>	<b>100</b>
Experience	<5 years	14	9.9
	5 to <10 years	37	26.1
	10 to <15 years	63	44.4
	15 to <20 years	19	13.4
	>20 years	9	6.3
	<b>Total</b>	<b>142</b>	<b>100</b>
residence area	North Gaza	31	21.8
	Gaza	49	34.5
	Middle Zone	20	14.1
	Khan Yunis	23	16.2
	Rafah	19	13.4
	<b>Total</b>	<b>142</b>	<b>100</b>

Table 1 shows the socio-demographic detail showed that the majority of the social workers were males 59.9%, while female social workers were (40.1%). The majority of social workers in age 30-40 year (58.5%). The majority of the social workers are working at governmental sector job (58.5%). The majority of social workers have experience from 10-15 year (44.4%). Finally, residence areas for social workers were as follows: North Gaza (21.8%), while (34.5%) lived in the Gaza City, (14.1%) lived in the Middle zone City, while (16.2%) lived in the Khan Yunis City, followed by (13.4) who lived in the Rafah City.

**The researcher asked a number of questions to social workers; their answers were as follows:**

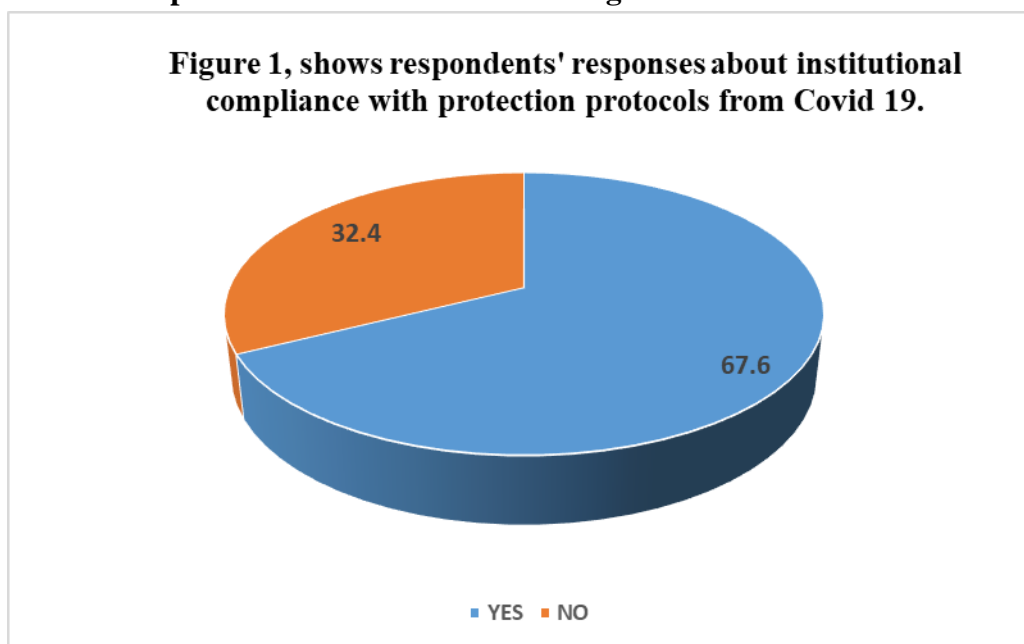
**Question 1: What ethical challenges do you face in your work during the Coved-19 pandemic?**

After the researcher reviewed the responses of social workers to the previous question, the most important ethical challenges facing social workers in their work during the outbreak of the Coved-19 pandemic were:

- Exposure to danger in public transportation,
- Lack of safe transport for social workers,
- Poor prevention and safety measures for social workers such as sanitation, masks and gloves,
- Lack of periodic medical test of social workers while dealing with patients in quarantine centers to check on their safety, this is confirmed by a study Markwell et al. (2020) about the right of healthcare workers right to protection(Markwell et al., 2020).

- Direct contact with the public,
- Difficulty in answering public inquiries through various social networking sites due to the lack of awareness of some social workers using these means or that queries are unclear and incomplete,
- Lack of logistical possibilities such as computers and the Internet for communication, This is consistent with a study Banks et al. (2020) which confirms the lack of logistics services for social workers during their professional work(Banks et al., 2020).
- The lack of adherence to safety and prevention measures provided to the people in quarantine centers,
- Limited support to people in quarantine centers,
- The reluctance of un-quarantined citizens to approach social security institutions to seek assistance during the part-time work of social workers without taking prevention methods and the need for social workers to deal directly with the clients,
- The lack of experience of some social workers in dealing with the public in the light of the Coved-19 pandemic,
- The difficulty of carrying out recreational activities for the injured for fear of transmission among them.

**Question 2: Have your organization developed policy protocols that help you operate safely during the Coved-19 pandemic to face ethical challenges.**

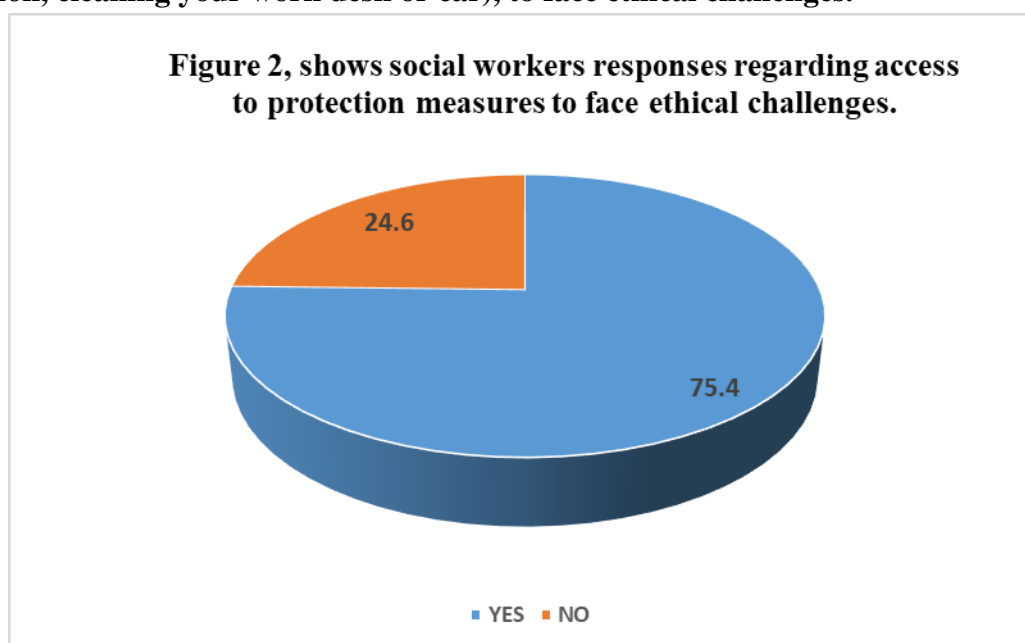


It is clear from the previous figure that 67.6% of social workers responded that their institutions have developed policy protocols to help them work safely during the Coved-19 pandemic to face ethical challenges, compared to 32.4% who answered “No”. To clarify the nature of the policy protocols referred to by the social workers in the current study, that will help them overcome ethical challenges, they can be identified in the following:

- Receiving the public at different times to avoid transmission,

- Providing health safety means of sterilization and wearing masks and gloves, working with minimum staff during office work and shifting,
- Exempting senior staff, patients and female employees who have children under the age of six from work,
- Stopping all forms of professional intervention with clients in their homes and just communicate with them through the phone, e-mail or through social networks,
- Preventing clients from visiting the institution except for the utmost necessity,
- Sterilizing all facilities of the institution,
- Posting continuous awareness bulletins about the dangers of the pandemic to institution's website,
- Operating the hotline to communicate with clients and quarantined people to provide psychological and social support to them,
- Perform remote greetings among employees without shaking hands,
- Sterilizing transportation means for transportation of employees from their homes to their workplaces and vice versa periodically,
- Sterilizing staff offices and other tools within the workplace,
- Suspending the system of signing of attendees with thumbprint and simply registering online.

**Question 3: Can you access the protections you may need to make your communication with your clients safer, for example (appropriate mask, hand gloves, hand washing and disinfection, cleaning your work desk or car), to face ethical challenges.**



It is clear from the previous figure that 75.4% of social workers responded that they had access to protection measures to make their communication safer with their clients, compared to 24.6% who answered “No”, and the researcher attributed this result to the development of health safety protocols for their employees in response to the Corona pandemic, that will help them overcome

ethical challenges, where they provided health safety measures (appropriate mask, gloves, sterilization methods for work offices or staff transport vehicles).

**Question 4: In situations where PPE is not available in light of ethical challenges, is there another way to get your intervention done without direct contact?**

After the researcher reviewed the responses of social workers to the previous question, the most important methods they followed in their professional interventions with clients, in light of ethical challenges, were: communicating with clients by phone or SMS messages, and also through different social networks, whether it be video or voice, or direct communication with the need to leave a safe distance.

**Discussion**

This study represents the first attempt to attain knowledge about ethical challenges for Palestinian social workers during corona pandemic. Participants were well-represented across gender, residence area, Employment, and Experience. The study's potential limitations are limited sample sizes, which may impact generalizability to the wider community of Palestinian social workers. The sampling method gives rise to potential selection bias. Most study participants were recruited from social media and emails that can limit the generalizability of the study. However, other studies have shown how effective it is to employ social media to access difficult to reach populations. (Dusek et al., 2015).

These limitations and ethical challenges given the far-reaching repercussions of the pandemic on all different aspects of life in the oPt, the researcher concluded in the study that there is a need promptly disseminate the findings among the international community in order to address the recent gap in literature on the issue of COVID-19 and its unique way through which it effects social workers in the oPt. Among the particularly vulnerable countries susceptible to the outbreak of the disease are the Low-to-middle income countries owing to their struggle with limited resources and financial ethical challenges and limitations prior to the outbreak of the COVID-19 pandemic. OPTs and other LMICs lack not only accommodating infrastructure and resources, they even decide movement's restriction, transport of necessities. Furthermore, this global challenge emanating from the COVID-19 pandemic requires the urgent development of protocols vested for social workers as well as sufficient urgent supply of PPE to overcome the ethical challenges they face in their work against this epidemic.

The study found that the most important ethical challenges facing Palestinian social workers in their work during the outbreak of the Coved-19 pandemic are: the exposure on the move in public transportation, lack of safe transport for social workers, poor prevention and safety measures for social workers such as sanitation, masks and gloves, despite being internationally recommended as critical equipment needed for protecting health care workers from infection (CDC,2020). Lessons from prior outbreaks have underlined the importance of PPE in infection control(Fischer II et al., 2015). lack of periodic medical examination of social workers while dealing with people in quarantine centers to check on their safety, having to have direct contact with the public, lack of experience for some social workers in dealing with the public in the shadow of the Covid-19 pandemic.

As to whether the institutions where social workers work have developed policy protocols to help them operate safely during the Coved-19 pandemic.

67.6% of social workers replied that their institutions developed policy protocols to help them work safely during the Coved-19 pandemic, which indicates the awareness and preparedness of those institutions in the face of the repercussions of the Coved-19 on social workers and the community. The most important policy protocols were to receive the public at time intervals to avoid transmission, to provide health safety from sterilization and wearing masks and gloves, to work with minimal staff during office and shift work, to operate the hotline for communicating with health workers and quarantined and to provide psychological and social support to them.

With regard to the ability of social workers to access the protection measures they may need to make their communication with their clients safer, it was found that 75.4% of social workers responded that they had access to these measures, a high percentage indicating the awareness and interest of the institutions in which social workers work to provide safety and safety measures to their employees to reduce the spread of the Covid-19, to maintain their safety and the safety of other members of the community.

The most important methods used by social workers in their professional interventions with clients were: communicating with clients by phone or SMS, as well as through different social networks, whether it be video or voice, or direct communication with the need to leave a safe distance.

Social workers will be facing unique sources of stress while they are still expected to carry out their normal professional duties and maybe other duties which they might not be well prepared for which is great from their side. The ability to learn from the past and the mistakes is essential for the recognition of the pivotal role the social workers play in facing the crisis and its repercussions. The process of planning to face the pandemic serve as a mean to explore and consolidate our moral obligations in a way that is specific to the crisis whereas doing so will enact the ethical and professional commitment towards indiscriminate inclusive provision of care(Rosoff, 2008).

In conclusion, the study showed that high levels of risk are present among social workers working in quarantine centers. As the pandemic continues policy protocols are needed to support social workers working in quarantine centers to help them work safely in light of ethical challenges. Training on outbreak responses should be considered for all social workers working in quarantine centers. Updating them with clear evidence-based guidelines for infection prevention and updating them as the evidence changes, and making personal protective equipment (PPE) routinely available should be considered by health authorities. These steps are imperative to help social workers work safely(Maraqa et al., 2020).

### **Conclusion:**

Social workers in the Palestinian territories face a range of ethical challenges during the outbreak of Coved 19 pandemic that were mentioned in the study despite the fact that their institutions have developed policy protocols to help them work safely, and although a large part of social workers have access to protection measures, the Coved19 poses the greatest challenge for social workers in dealing with their clients in exceptional, emergency health conditions that they have no experience in dealing with.

Therefore, the researcher recommends in light of the current study: First. periodic medical examination of social workers while dealing with people in quarantine centers to check on their safety, Second, providing social workers with expertise in dealing with the public in the shadow of

the Covid-19 pandemic. Third, develop political protocols to help social workers work safely during the Covid-19 pandemic. Fourthly, Training on outbreak responses should be considered for all social workers working in quarantine centers. The results may help social workers with more safety, ethics, and humanistic care in practice their work in quarantine centers, in light of the ethical challenges they faced during COVID-19.

**Acknowledgements**

Thanks to all Social workers in the directorates of social development in the Gaza Strip-Palestine, and in quarantine centers who participated in this research.

**Ethical approval:** Ethical approval was not needed as the study did not involve patients or animals. However, participants consented to share their responses for research purposes.

**Funding:** None

### References:

- Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A. M., Strom, K., Truell, R., Úriz, M. J., & Weinberg, M. (2020). Practising ethically during COVID-19: Social work challenges and responses. *International Social Work*, 63(5), 569-583.
- Bauer, L. (2020) 'The COVID-19 Crisis Has Already Left Too Many Children Hungry in America, Brookings. Available online at: <https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america> (accessed 13 July 2020).
- Berg-Weger, M. and J. Morley (2020) 'Loneliness and Social Isolation in Older Adults during the COVID-19 Pandemic: Implications for Gerontological Social Work, *The Journal of Nutrition, Health & Aging* 24(5): 456–8.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi:10.1191/1478088706qp063oa>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet (London, England)*, 395(10227), 912-920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Centers for Disease Control and Prevention. Social distancing. May 6, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/preventgetting-sick/social-distancing.html> (accessed May 14, 2020).
- Centers for Disease Control and Prevention (CDC). Strategies to Optimize the Supply of PPE and Equipment 2020 [May 8, 2020]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- Church, S. (2020). Midwifery students' reactions to ethical dilemmas encountered in outpatient clinics. *Nursing ethics*, 27 (7) .
- College, R. (2020). Help rebuild community resilience after natural disasters. *Help rebuild community resilience after natural disasters*.
- Congress, E., & McAuliffe, D. (2006). Social work ethics: Professional codes in Australia and the United States. *International Social Work*, 49(2), 151-164.
- Crisis Group . (2020). COVID-19 and conflict: Seven trends to watch. Retrieved May 9, 2020. <https://www.crisisgroup.org/global/sb4-covid-19-and-conflict-seven-trends-watch>
- Dusek, G. A., Yurova, Y. V., & Ruppel, C. P. (2015). Using social media and targeted snowball sampling to survey a hard-to-reach population: A case study. *International Journal of Doctoral Studies*, 10, 279-299.
- Fischer II, W. A., Weber, D. J., & Wohl, D. A. (2015). Personal protective equipment: Protecting health care providers in an Ebola outbreak. *Clinical therapeutics*, 37(11), 2402-2410.
- Green, J., Darbyshire, P., Adams, A., & Jackson, D. (2016). It's agony for us as well: Neonatal nurses reflect on iatrogenic pain. *Nursing ethics*, 23(2), 176-190.
- Ibrahim, Q. A. (2015). *Glocalization and International Social Work*, Dar Alshroq.

- Larkin, M. E., Beardslee, B., Cagliero, E., Griffith, C. A., Milaszewski, K., Mugford, M. T., Myerson, J. M., Ni, W., Perry, D. J., & Winkler, S. (2019). Ethical challenges experienced by clinical research nurses:: A qualitative study. *Nursing ethics*, 26(1), 172-184.
- Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y. T. (2020). Progression of Mental Health Services during the COVID-19 Outbreak in China. *Int J Biol Sci*, 16(10), 1732-1738. <https://doi.org/10.7150/ijbs.45120>
- Maraq, B., Nazzal, Z., & Zink, T. (2020). Palestinian Health Care Workers' Stress and Stressors During COVID-19 Pandemic: A Cross-Sectional Study. *Journal of Primary Care & Community Health*, 11, 2150132720955026. <https://doi.org/10.1177/2150132720955026>
- Markwell, A., Mitchell, R., Wright, A. L., & Brown, A. F. (2020). Clinical and ethical challenges for emergency departments during communicable disease outbreaks: Can lessons from Ebola Virus Disease be applied to the COVID-19 pandemic? *Emergency Medicine Australasia*, 32(3), 520-524. <https://doi.org/https://doi.org/10.1111/1742-6723.13514>
- McGibbon, E., Peter, E., & Gallop, R. (2010). An institutional ethnography of nurses' stress. *Qualitative Health Research*, 20(10), 1353-1378 .
- Ng, K., Poon, B. H., Puar, T. H. K., Quah, J. L. S., Loh, W. J., Wong, Y. J., Tan, T. Y., & Raghuram, J. (2020). COVID-19 and the risk to health care workers: a case report. *Ann Intern Med*.
- Rosoff, P. M. (2008). The ethics of care: social workers in an influenza pandemic. *Soc Work Health Care*, 47(1), 49-59. <https://doi.org/10.1080/00981380801970814>
- Rubin, G. J., & Wessely, S. (2020). The psychological effects of quarantining a city. *Bmj*, 368, m313. <https://doi.org/10.1136/bmj.m313>
- Rushton, C. H. (2016). Moral resilience: a capacity for navigating moral distress in critical care. *AACN advanced critical care*, 27(1), 111-119.
- Strandås, M., & Fredriksen, S.-T. D. (2015). Ethical challenges in neonatal intensive care nursing. *Nursing ethics*, 22(8), 901-912.
- United Nations Development Programme. June 1, 2020. <https://www.ps.undp.org/content/papp/en/home/crisis-response/coronavirus-disease-covid-19.html>
- World Bank (2020) 'Food Security and COVID-19'. Available online at: <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19> (accessed 13 July 2020).
- World Health Organization (WHO). Coronavirus disease (COVID-19) Situation Update 27, issued May 7, 2020. The occupied Palestinian territory 2020 [May 7, 2020]. Available from: <https://who18.createsend.com/campaigns/reports/viewCampaign.aspx?d=j&c=99FA4938D049E3A8&ID>