Social Workers during COVID-19: Do Coping Strategies Differentially Mediate the Relationship between Job Demand and Psychological Distress?

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Abstract

The consequences of the coronavirus disease of 2019 (COVID-19) pandemic have raised many challenges in the social services workforce. The current study aimed to examine the associations between job demands, coping strategies (i.e. emotion-focused coping and problem-focused coping) and psychological distress exhibited by social workers during the COVID-19 pandemic. In addition, the mediating role of different coping strategies was investigated for the associations revealed. The participants were 615 social workers, working in various organisations and with diverse populations in Israel. Each completed a validated self-report questionnaire. Results revealed that job demands were significantly associated with higher psychological distress, and that coping strategies, especially emotion-focused coping was associated with higher psychological distress and with job demands. In addition, emotion-focused coping strategies were found to mediate the association between job demands and psychological distress, especially ventilation of emotion beyond other strategies, which relate to emotion-focused coping. These findings are discussed with relation to a stress and coping theory, suggesting that in social work practice there is a need for intervention measures to improve social workers' coping strategies during crises such as the COVID-19 pandemic.

Keywords: Coping strategies, COVID-19, job demands, psychological distress, social workers

Introduction

The coronavirus disease of 2019 (COVID-19) pandemic has challenged the social services workforce to safely deliver services for children, families and diverse communities in an unprecedented situation. According to Brown (2020), during COVID-19, social workers strived to ensure access to needed services for individuals who were infected, provided remote counselling and organised ways to overcome isolation. In addition, they dealt with distributing factual information to dispel myths and fears, reached out to agencies to assist with preparedness, ensured inclusive planning efforts and advocated to governments for increased support (Brown, 2020).

In Israel, social workers' roles in the management of the COVID-19 crisis was extremely challenging as they were already suffering from a substantial shortage of personnel and extensive workloads in most social services (Gal, 2020). In addition, even prior to the onset of the pandemic, Israel was in the midst of a deep constitutional crisis, which affected the management of the health crisis and had widespread economic and social consequences (Gesser-Edelsburg et al., 2020). With regard to social welfare, according to the Taub Center Staff (2020), the COVID-19 crisis caught Israel with a high proportion of people living in poverty, a social protection system that offers less than generous cash transfers, great dependence on non-governmental service providers and underfunded and understaffed social services.

In general, when COVID-19 spread in Israel (February 2020), the government, from the early stages of the pandemic, implemented a combination of stringent social distancing measures, complete closure of the education system, cessation of passenger flights to Israel, strict curfews and lockdowns, as well as a near-complete shutdown of the economy (Maor et al., 2020). On 22 March, the government legislated emergency regulations, which declared that social workers are essential service providers during the COVID-19 pandemic, and unlike other employees, they provide professional ongoing assistance in addition to addressing emotional and instrumental needs consequent to the COVID-19 pandemic. At the time, the data were collected (28 April 2020), the number of deaths was 205, with 381 severely ill patients (Clalit Health Services [Israeli NHS], 2020).

Within this context, social workers might be exposed to extreme work demands that need to be addressed, alongside the need to adapt their practice and procedures in a short timeframe due to the COVID-19 pandemic. Indeed, other help care professionals also needed to adapt to conditions created by COVID-19 (e.g. Pontieri-Lewis, 2020). However, social workers did not have consistent guidance on how to keep social workers safe in the office or during home visits, equipment for working

from home, counselling regarding essential and non-essential work and the ethics of decision making, as health care providers.

Aside from their professional work roles, social workers need to address personal roles namely being a family member, which might be an additional strain. Indeed, family support is protective against occupational stress in the 'ordinary' course of events; however, in the context of a pandemic, professionals with children/elderly parents may experience increased psychological distress (Gavin et al., 2020). Thus, the identification of the factors, which may facilitate social workers' psychological distress during the COVID-19 pandemic, is critical in order to enable them to provide professional services and to address job demands that emerged during the COVID-19 pandemic.

Given the above, the aim of the current study was to examine social workers as a professional group. We examined the potential interaction between different coping strategies and their association with psychological distress with regard to perceived job demands during the COVID-19 pandemic. Understanding the role of coping strategies during the COVID-19 pandemic is crucial in guiding policies and interventions to maintain social workers' psychological well-being.

The current research framework was guided by Lazarus and Folkman's (1984) transactional model of stress and coping, suggesting coping to be defined as 'constantly changing cognitive and behavioral efforts to manage specific demands that are appraised as potentially taxing or exceeding a person's resources' (Lazarus and Folkman, 1984, p. 141), The goal of coping strategies is to compensate or alleviate stressful situations by means of either the reformulation of objectives or the adjustment to a new and positively assessed situation (Galiana et al., 2020). Coping strategies may be in one or two ways: problem-focused or emotion-focused. In problem-focused coping, the individual actively or behaviourally alters the external person–environment relationship. This may be available through strategies such as seeking information, trying to get help, inhibiting action and taking direct action. In emotion-focused coping, the individual alters the personal or internal meaning or relationships in order to decrease or manage emotional distress. This may include coping strategies such as avoidance, detachment, seeking emotional support, projection, venting of emotions and attempts to see humour in the situation. Individuals may use both types of strategies to deal with stressors (Lazarus and Folkman, 1984) as they may lead to a decline in stress (Kao and Craigie, 2013). Nevertheless, problem-focused coping tends to predominate when an individual feels they have some control over the situation and can do something about it. In contrast, emotion-focused coping tends to predominate when an individual appraises the situation to be outside of their control (Folkman and Lazarus, 1980).

With regard to social workers, who are expected to carry out a range of essential promotive, preventive and responsive roles during the COVID-19 pandemic, coping strategies may be considered as an important factor in maintaining their professional performance despite the aforementioned stressors and the work–family conflictual demands. In line with this notion, Kabunga and Muya (2014) found that the most common coping strategies to mitigate work stress among social workers were: spirituality (68 per cent), planning (67 per cent), goal-setting (66 per cent), time-management (63 per cent) and positive thinking (63 per cent). In addition, Anderson (2000) revealed that among child protective service workers, with at least two years of experience, employing problem-focused coping was associated with a diminished sense of depersonalisation and a greater sense of personal accomplishment. Yet, the problem-focused strategies do not help them to deal with the emotional content and context of their work in child protective services. Finally, Kalliath and Kalliath (2014) revealed that coping strategies, which were positively associated with a decrease in work–family conflicts among social workers were: seeking support from supervisors and colleagues, cognitive reframing, timely communication, setting clear expectations, time management, job flexibility and developing personal hobbies.

To sum, social workers during the COVID-19 pandemic seem to experience strains and stressors concerning their work demands alongside the need to adapt their practice and procedures in a short timeframe due to COVID-19 restrictions. To the best of our knowledge, this is the first study to examine the role of different coping strategies in the association of job demands and psychological distress among social workers during COVID-19.

Specifically, the purpose of this research was threefold:
1. to explore the link between job demands and psychological distress exhibited by social workers during the COVID-19 pandemic;
2. to assess the association between social workers' coping strategies (problem-focused and emotion-focused) with job demands and psychological distress during the COVID-19 pandemic and
3. to examine the role of coping strategies (problem-focused and emotion-focused) as a mediator of the association between job demands and psychological distress

We hypothesised that:
1. social workers who report higher job demands would exhibit higher levels of psychological distress during the COVID-19 pandemic;
2. emotion-focused coping strategies would be associated with higher job demands in comparison to problem-focused coping strategies;

3. emotion-focused coping strategies would be associated with higher psychological distress in comparison to problem-focused coping strategies and

4. the association between job demands and psychological distress will be mediated by coping strategies namely problem-focused coping and emotion-focused coping.

Methods

The study was conducted among social workers living throughout Israel and working in different social service organisations. After the study protocol was approved by the Institutional Review Board at Ariel University, the questionnaire battery was distributed through the closed group of the Israeli Social Workers Union, which consists of more than 6700 registered social workers. Informed consent was required before being redirected to the questionnaire itself. Data were collected over a period of one month, between 31 March 2020 and 28 April 2020.

Participants

A total of 615 social workers gave their consent and completed the questionnaires. Most were females (90.4 per cent), with mean age of 40.19 (SD = 9.45; range 23–70), born in Israel (89.9 per cent), currently in a committed relationship (74.6 per cent) and the mean number of children was 1.86 (SD = 1.67). About 97.6 per cent of the sample noted that their self-rated health was good or excellent. The majority of social workers described themselves as secular (67.2 per cent).

Regarding the social workers' employment status: the average number of years as professionals in the field of social work was 12.32 (SD = 9.45; range 1–50), the average number of years in the current job was 6.94 (SD = 7.69). For this sample, 45.9 per cent work in social services (municipalities or ministries), 5.9 per cent work in general hospitals, 5.9 per cent work in the Israeli National Health Insurance, 2.4 per cent work in mental health centres and 39.9 per cent work in non-governmental organisations, private sector, etc.

Measures

Beyond demographics, we measured the following:

Self-rated health was assessed with a single question: 'In general, how do you rate your health?' The scale ranged from 1 to 4 (1 = bad to

4 = excellent). This measure was found to be valid and highly associated with objective indicators of health (Benyamini et al., 2003).

Coping strategies were assessed by a short thirty-item Hebrew version of the COPE scale (Carver et al., 1989). The shortened version contains fifteen coping strategies, each represented by the sum of two items (Zeidner and Ben-Zur, 1994). Responses were rated on a four-point scale, ranging from 0 = not at all to 3 = great extent. The coping data were analysed by two sub scales: (i) a problem-focused scale formed by summing active coping, planning, positive reinterpretation, emotional social support, instrumental social support, suppression of competing activities and restraint and (ii) an emotion-focused scale formed by summing ventilation of emotion, alcohol/drug use, religion, mental disengagement, behavioural disengagement and denial. Cronbach's alpha for the COPE was acceptable 0.75.

Work demands were measured using the Demands Scale–Short Version (Rose, 1993). This scale contains six items looking at various aspects of job demands: '1. I cannot handle the contradicting demands required from me during my work. 2. The amount of work time available to me is insufficient. 3. My job posed demands without having the appropriate equipment and resources 4. I never leave my work feeling that I finished all my chores. 5. I am unable to perform my job optimally given the time allocated. 6. I am required to perform simple chores that prevent me from completing more important tasks' ranging from '1' for 'No at all' to '5' for 'Very much'. Cronbach's alpha for the demands scale in the current study was good 0.86.

Psychological distress was measured using Kessler's K6 (Kessler et al., 2003), which included six items relating to feelings: nervous; hopeless; restless/fidgety; depressed; everything was an effort and worthless in the last thirty days. Scores ranged from 0 to 30, with 19 or higher indicating elevated psychological distress. Cronbach's alpha of for the K-6 scale in the current study was good 0.85.

Statistical analyses

Hypotheses 1–3 were tested using a correlation matrix. In addition, we compared the correlations for Hypotheses 2 and 3 by the modification of Dunn and Clark's z using a backtransformed average Fisher's *z* (Hittner et al., 2003; Diedenhofen and Musch, 2015). Hypothesis 4 was tested using a parallel mediation model analyses that was conducted by the Process module (Model 4; Hayes, 2018) for SPSS version 25 (IBM, Armonk, NY, USA). The independent variable was work demands; the dependent variable was psychological distress. The mediator variables were emotion-focused coping and problem-focused coping. Covariates were: age, sex, relationship status, number of children, place of work,

Table 1. Descriptive statistics and correlations of the study variables among social workers ($n = 615$)

Variables	Mean (SD)	EFC	PFC	JD	K6
Emotion-focused coping	8.91 (4.40)	1			
Problem-focused coping	27.05 (5.88)	0.130[***]	1		
Job demands	15.89 (5.62)	0.170[***]	0.078	1	
Psychological distress	12.27 (4.15)	0.459[***]	−0.032	0.397[***]	1

SRH: self-rated health; EFC: emotion-focused coping; PFC: problem-focused coping; JD: job demands; K6: Kessler's K6 Psychological Distress Scale.
*$p \leq 0.05$;
**$p \leq 0.01$;
***$p \leq 0.001$.

years of experience, years of experience in the current job and self-rated health.

Results

The correlation matrix revealed significant but weak associations between emotion-focused coping and problem-focused coping ($r = 0.130$; $p < 0.001$), between emotion-focused coping and job demands ($r = 0.170$; $p < 0.001$). In addition, a significant positive association was found between emotion-focused coping with psychological distress ($r = 0.459$; $p < 0.001$) along with job demands that were significantly associated with psychological distress ($r = 0.397$; $p < 0.001$). See Table 1 for more details.

Comparing the correlations in Hypothesis 2 using the modification of Dunn and Clark's z using a backtransformed average Fisher's z was equal to converted $z = 9.76$; $p < 0.001$. That is, only emotion-focused coping strategies were found to be associated with higher psychological distress. Comparing the correlations in Hypothesis 3 using modification of Dunn and Clark's z using a backtransformed average Fisher's z was near significant and equalled to converted $z = 1.746$; $p = 0.081$. This suggests that only emotion-focused coping strategies were found to be associated with higher job demands.

Consistent with Hypothesis 4, the significant indirect effects of the mediator emotion-focused coping were ($\beta = 0.043$, 95% CI 0.017–0.072) and the non-significant effects for the mediator problem-focused coping were ($\beta = -0.008$, 95% CI −0.018 to −0.001). The total effect of work demands on psychological distress was significant ($\beta = 0.267$, 95% CI 0.214, 0.321]) and the direct effect of work demands on psychological distress was significant ($\beta = 0.233$ to 95% CI 0.183–0.282). See Table 2 for more details. The results revealed that higher job demands predicted higher utilising of emotion-focused coping strategies, which subsequently

Table 2. Mediation analysis results

Mediators	Indirect effect	Job demands → Mediator	Mediator → Psychological distress	Job demands → Psychological distress
	β (95% CI)	β (95% CI)	β (95% CI)	β (95% CI)
Total effect				0.267 (0.214–0.321)
Direct effect				0.233 (0.183–0.282)
Emotion-focused coping	0.043 (0.017–0.072)	0.113 (0.045–0.180)	0.379 (0.311–0.447)	
Problem-focused coping	−0.008 (−0.018 to −0.001)	0.107 (0.020–0.193)	−0.077 (−0.131 to −0.023)	

β: standardised estimate; CI: confidence interval. The model is the mediation model with significant demographic covariate being controlled.

predicted higher psychological distress. This path was not found in reference to problem-focused coping strategies (see Figure 1).

Given the results of the mediation analyses, which showed the dominance of emotion-focused over problem-focused coping in mediating the association between work demands and psychological distress, we were interested in further exploration: which of the components that compose emotion-focused coping plays a role in the aforementioned mediation? We formulated a new hypothesis: the association between job demands and psychological distress would be mediated by coping strategies sub-components namely, ventilation of emotion, alcohol/drug use, religion, mental disengagement, behavioural disengagement and denial (Zeidner and Ben-Zur, 1994). The correlation matrix revealed significant but weak associations between work demands and ventilation of emotion ($r = 0.165$; $p \leq 0.001$), substance abuse ($r = 0.136$; $p \leq 0.001$) and religion ($r = 0.090$; $p \leq 0.05$). Interestingly, when looking at the associations between psychological distress and emotion-focused coping strategies separately, all the associations were significant except for religion (see Table 3 for more details). However, testing the mediation model, we found only one dominant strategy that partially mediated the association between work demands and psychological distress (see Figure 2). This component was ventilation of emotion ($\beta = 0.043$, 95% CI 0.017–0.072). See Table 4 for more details.

Discussion

The main aims of this study were to examine the association between job demands and psychological distress exhibited by social workers during the COVID-19 pandemic and to investigate the mediating role of different coping strategies namely emotion-focused coping and problem-focused coping. In general, results pointed out that job demands were
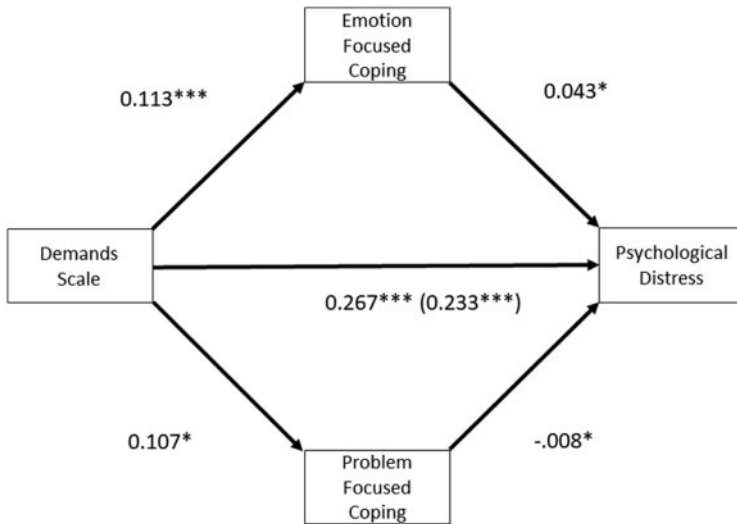
Figure 1: Mediation model of the study variables

Table 3. Descriptive statistics and correlations of emotion-focused coping strategies with study variables among social workers ($n = 615$)

	Mean (SD)	DS	K6
Ventilation of emotion	2.00 (1.60)	0.165***	0.554***
Substance abuse (alcohol/drugs)	0.49 (1.19)	0.136***	0.287***
Religion	1.57 (1.73)	0.090*	−0.011
Mental disengagement	2.43 (1.32)	0.029	0.190***
Behavioural disengagement	1.66 (1.23)	0.068	0.243***
Denial	0 .76 (1.07)	0.041	0.243***
Job demands	15.89 (5.62)	–	0.397***
Psychological distress	12.27 (4.15)		–

DS: demands scale; K6: Kessler's K6 Psychological Distress Scale.
*$p \leq 0.05$;
**$p \leq 0.01$;
***$p \leq 0.001$.

significantly associated with psychological distress, and that coping strategies, especially emotion-focused coping were associated with higher psychological distress and with job demands. In addition, the results indicate that emotion-focused coping strategies mediated the association between job demands and psychological distress, especially ventilation of emotion above all the other strategies, which relate to emotion-focused coping. These findings provide some instructive insights regarding social workers' psychological distress during the COVID-19 pandemic and the role of coping strategies and their job demands in this outcome.
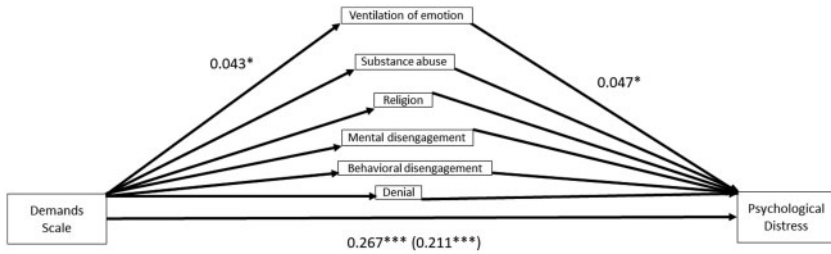
Figure 2: Mediation model of the emotion focus coping components

Specifically, regarding the positive association between job demands and psychological distress, several explanations can be suggested. First, the COVID-19 restrictions required adapting practice through innovative solutions. This included the need to adjust to ambiguity in a short period of time, which might have elevated social workers' psychological distress. In line with this notion, Oshio et al. (2018) found that employees' psychological distress was associated positively with role ambiguity attributed to job demands. Another explanation may stem from the job demand–control model (Karasek, 1979) and the job demand–control–support model (Karasek and Theorell, 1990). According to these models, the greatest risks to physical and mental health are demonstrated among workers who are subjected to high job demands in a context of low control or decision latitude and low social support (iso-strain hypothesis). During the COVID-19 pandemic, social workers needed to address a range of essential promotive, preventive and responsive roles such as co-ordinating work in inter-agency and inter-disciplinary networks, providing remote psychosocial support and protection for families affected by domestic violence, abuse, neglect and exploitation. However, these roles placed several challenges to the provision of social work under low control and low team social support due to the COVID-19 pandemic, which in turn affected social workers' psychological distress. Specifically, during the COVID-19 pandemic, working remotely challenged social workers regarding risk assessment, as the usual cues may be unavailable when different media are employed. Moreover, social workers are responsible for significant decisions, particularly those governed by legislation, such as child custody, which may be difficult under the current conditions. Thus, fear of missing essential information owing to the use of technology that was previously unfamiliar to both professionals and clients (e.g. Zoom video conference software) may lessen the feeling of control. Likewise, complex decisions that previously could be discussed with colleagues, and team support that was available frequently became complex as social work practice during the first wave of the pandemic occurred mostly through remote communication and working from

Table 4. Mediation analysis results

Mediators	Indirect effect β (95% CI)	Job demands → Mediator β (95% CI)	Mediator → Psychological distress β (95% CI)	Job demands → Psychological distress β (95% CI)
Total effect				0.267 (0.213 to 0.322)
Direct effect				0.211 (0.165 to 0.257)
Ventilation of emotion	0.047 (0.019 to 0.079)	0.043 (0.020 to 0.065)	1.110 (0.939 to 1.282)	
Substance abuse	0.004 (−0.003 to 0.015)	0.028 (0.011 to 0.045)	0.152 (−0.079 to 0.384)	
Religion	−0.002 (−0.008 to 0.001)	0.017 (−0.007 to 0.041)	−0.131 (−0.287 to 0.025)	
Mental disengagement	0.002 (−0.003 to 0.008)	0.007 (−0.012 to 0.025)	0.241 (0.034 to 0.449)	
Behavioural disengagement	0.001 (−0.002 to 0.006)	0.009 (−0.008 to 0.027)	0.123 (−0.104 to 0.350)	
Denial	0.004 (−0.003 to 0.014)	0.009 (−0.006 to 0.025)	0.457 (0.207 to 0.708)	

β: standardised estimate; CI: confidence interval. The model is the mediation model.

home, which reduced the feeling of support. Finally, similar to the rest of the population, social workers experienced strains and stressors of the pandemic and confinement. As such, their personal experiences in the unknown pandemic environment may have interfered with their professional skills suggesting perception of higher job demands. Moreover, they may have experienced fear that their work presents an increased risk of infection to their own household members and to themselves. In line with this notion, recent research among Israeli dentists revealed that elevated psychological distress was reported by those who exhibited fear of contracting COVID-19 from patients, and those who experienced a higher subjective overload (Shacham et al., 2020).

With regard to the positive association between emotion-focused coping strategies and psychological distress, our results support previous studies that showed that emotion-oriented coping strategies in the long run may be less adaptive than problem-oriented strategies (e.g. De Ridder and Schreurs, 2001; Karlsen and Bru, 2002). Accordingly, Lazarus and Folkman (1984) claimed that coping is situation-based and as such the way coping strategies are chosen depends on how controllable the person perceives the situation to be. That is, emotion-focused strategies are used in more uncontrollable situations, such as the onset of disease or when new symptoms appear, while problem-focused strategies are used in more controllable situations, when persons know more about the impact of the disease (Kristofferzon et al., 2018). Taking into account the fact that the COVID-19 pandemic cannot be controlled in the meantime, it seems that the only option is emotion regulation. However, the fact that in most stressful situations, such as pandemics, emotion- and problem-focused coping strategies complement each other in order to facilitate adjustment and well-being (Lazarus, 2006), may explain why psychological distress was reported. Moreover, Carver *et al.* (1989) stated that some of the emotion-focused strategies are 'less useful' (namely, focus on and venting of emotions, behavioural disengagement, mental disengagement) suggesting that practicing these strategies might be associated with psychological distress. Indeed, our results also revealed that emotion-focused coping strategies served as a mediator in the positive association between job demands and psychological distress, especially ventilation of emotions above all the other strategies. This finding is in contrast to the catharsis theory, which suggests that venting of emotions is psychologically beneficial; however, it is therapeutic only if it facilitates a cognitive assimilation or working through process (Bohart, 1980). A possible explanation may be that practicing vocal expression to obtain relief from negative feelings (i.e. venting) may cause individuals to perceive and interpret their situation more negatively possibly due to a rumination process, which maintains emotional dysregulation (Du et al., 2018). In line with this notion, Brown et al. (2005) revealed that venting coping strategy amplified the adverse effects of

negative emotion among workforce participants. Likewise, a higher venting coping strategy was found to be a significant predictor of higher depression and trait anxiety in people with multiple sclerosis (Grech et al., 2018). Thus, it might be that social workers during the COVID-19 pandemic experienced higher job demands, which they thought to relieve through vocal expression of feelings (i.e. venting of emotions), but instead found venting to be maladaptive as it might have distracted them from engaging in activities instrumental for their job demands (Brown *et al.*, 2005) and lead to increased psychological distress.

Limitations

The research findings and contributions should be considered in light of a several limitations. First, the study used a cross-sectional design, and as such causality of the relationships between job demands, coping strategies and psychological distress cannot be inferred. Secondly, data were collected through online platforms and social media pages used by social workers in Israel, which may not be representative sample. Furthermore, the voluntary nature of participation in the study and the self-report questionnaires that were used for recruiting participants, might have introduced a social desirability bias. This raises a question regarding the generalisability of our findings, suggesting that future studies draw representative samples and examine the current findings in varied countries and cultures throughout the world. Furthermore, since psychological distress might be reported differently in the long run of the COVID-19 pandemic, as well as social services' job demands (the study was conducted short time after COVID-19 pandemic outbreak), it is recommended that future studies examine these factors at several time points adopting a longitudinal research design to also evaluate the role of coping strategies in the association between work demands and psychological distress.

Implications for practice

The study's findings offer several practical contributions. First, our findings highlight the importance of modifying social service job demands in disaster work, by learning from case examples of earlier disasters (e.g. severe acute respiratory syndrome) in order to prepare guidelines/recommendations for such events. This includes adapting practice through innovative solutions (e.g. available technology), to determine which cases can be supported remotely and which require in-person visits, and how to ensure social worker workforce safety from contracting the virus. In line with this notion, Cai et al. (2020) found that a positive work

environment with the re-assurance of personal safety during the COVID-19 pandemic were the two main factors that were the key to encourage medical staff to continue working during the epidemic. As such, personal protective equipment should be available for social workers along with effective protocols in order to minimise risks both to professionals and the people they support. Secondly, as our results indicate that maladaptive coping strategies were associated with social workers' psychological distress, it seems that support and supervision are needed in order to enable effective social work practice, more than usual. For example, through regular remote supervision meetings, workloads may be assessed, well-being issues may be addressed, including those that relate to managing the competing demands of work and home. In addition, supervision may benefit from the supervisors' modelling emotional awareness and in acknowledging the challenges that dealing with COVID-19 brings to professional and personal decisions or actions. Another possibility for supervision may be through providing supervision by a professional in another relevant discipline, e.g. psychological profession, health professional, assuming that they may address some aspects of professional needs. Thus, better adaptive coping strategies may be available.

Conclusion

The COVID-19 pandemic has challenged the social service workforce as social workers were exposed to extreme work demands, which needed to be addressed, alongside the need to adapt their practice and procedures in a short timeframe. Although, social workers trained to provide crises intervention therapy, the COVID-19 pandemic restricted using human touch and physical gestures, as means to offer support and express empathy, as well as using face-to-face communication (Levin-Dagan and Strenfeld-Hever, 2020). In addition, the appropriate professional tools, which were familiar to the social workers, were targeted due to the lack of professional guidelines and remote supervision during the first wave of COVID-19 pandemic. The current study shows a positive association between job demands and psychological distress among this sector, which might interfere with delivering effective social work practice. In addition, our findings highlight the role of coping strategies in this association, suggesting emotion-focused coping strategies especially venting of emotion as a mediator that alleviated psychological distress among social workers. The results underscore the need for more in-depth knowledge of social work practice in disaster work such as pandemics, to develop intervention measures to improve social workers' coping strategies. Moreover, attention should be given to ways of operating with limited training and supervision during the pandemic and with the need for

extra and/or different supervision in accordance with the exposure to distressing experiences both at work and at home. Future research should focus on understanding social workers' experiences with COVID-19 conditions in order to create appropriate coping tools they could comfortably use when they encountering future pandemics.

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