Social in social: Analysis of social media discourses of Hungarian social workers about their profession

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ABSTRACT

The focus of the paper is how social professionals perceived their profession and its external judgment or recognition before and during the COVID-19 pandemic. We analyse social workers' comments in online professional communities on social media platforms. The relevance of the study lies in the fact that the investigation of the Hungarian social sector has received little attention compared to other human services professions, especially healthcare, and the analysis of social workers' online discourses is unprecedented nationally and seldom encountered internationally. The web-based content analysis covered a three-year period including the pandemic, and it is based on 6,692 online comments. According to our results, the entire comment stream is characterized by a mixed tone with a strong critical edge. The content analysis showed that Hirshman's theory provides a productive analytical framework to observe loyalty and voice and frame different levels of dissatisfaction and corrective mechanisms. Thus, we found four overarching phases and attitudes with moderate, strengthening, strong, and fading voice. Different intensities of loyalty and voice mirrored different stages and waves of the pandemic. Though the results of the content analysis resonate with previous research findings based on more conventional methods in many ways, they added further depth to domestic and international knowledge. While social workers' perception of their situation and prestige of social work was overwhelmingly negative, a method of coping with their burdens was through professional pride, solidarity, cohesion, self-compensation and compassion for their clientele.

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1. INTRODUCTION

The low prestige of social work has been a relevant focus of study in the last decades (Rapoport 1960; HCSO 2018; Huszár et al. 2023) as it has clear impacts on the working conditions, well-being, and professional composition of the sector. Some classic but still relevant researchers (Kadushin 1958; Clearfield 1977) argue that this topic is important from several aspects: for the social worker herself, for the client and for the social profession as a whole. The value of social work is undermined by several factors. These include the low status of the target group, low salaries, lack of autonomy in decision-making, lack of clear control, feminisation, representation of unpopular views, attractiveness, mass media (Clearfield 1977; Levin Keini et al. 2022), self-image of the profession (Euster 1980; Vilka and Baha 2018), and self-criticism (Rapoport 1960).

The social work profession in many countries (e.g. UK, Latvia, Lithuania, Russia) has long been low or at most medium prestige in the hierarchy of professions. This is caused by several factors, such as professional lifestyle, income, authority, the community's respect, the attractiveness of the profession, professionalism of workers, and contribution of the profession (Krivonosova 2019). Furthermore, prestige-undermining factors might be being a young profession, the lack of historical roots and initial high education (Varzinskiene 2009). According to Tulebayev (2021), the lack of information, negative stereotypes, misconceptions and inadequate representation of the profession are behind the unfavourable perception of social work.

At the same time, some studies report a contrast between the internal and external perception of the profession. In many cases, social workers perceive their work as internally valuable and important (Clearfield 1977), but they also rate themselves relatively low compared to other professions. The attitude of social work educators is of paramount importance because they probably pass on their attitudes to their students (Euster 1980). Another research has shown that Israeli social workers' self-image was influenced by the prestige of the professions they contacted and contact frequency (Sherer 1986). According to Krivonosova (2019), determinants of inter-corporate prestige of social work in Russia are personal professional satisfaction, labour cost, professional development and career growth, income, and employment stability. Levin Keini et al. (2022) proved that despite media content, professional self-esteem was significantly influenced by family and social support, position in the organisational hierarchy and education.

The COVID-19 pandemic brought unprecedented challenges for frontline staff, including social workers. The crisis affected marginalized and vulnerable groups the most. Social workers have been said to be resilient, adaptive, resourceful and cooperative in order to answer professionally to all unprecedented challenges. They were also called to practice self-care (Peinado – Anderson 2020), advocate for their clients and service provision, for the recognition of the profession and to contribute on a policy level (Amadasun 2020). Banks et al. (2020a) show that social workers faced numerous ethical challenges including prioritising service users' needs and demands while resources were scarce or unavailable; maintaining trust, privacy and confidentiality via phone and internet; balancing rights, etc. Social workers also reported concerns for their health, safety and personal caregiving responsibilities, while they faced increased workload, clients with increasing complexities, and challenges with transition to virtual care (Aschroft et al. 2022).

Fewer, yet remarkable research compares the challenges and experiences of social workers and healthcare workers during COVID-19, and finds that these are similar among health and social care workers. Though Jordan et al. (2021) did not find any difference, some researchers

found higher mental burdens among social workers. Seng et al. (2021) reported higher levels of depression, anxiety, and stress among social workers in Singapore compared to previous findings concerning healthcare workers. Similarly, Wu et al. (2022) identified a comparable disparity in burnout levels between social workers and medical staff in Wuhan. Furthermore, Roberts et al. (2021) found that the mental health of rural front-line community staff in Australia was poorer than that of hospital-based staff. The difference in China was explained with the healthcare sector's proper control, protective equipment, prior training, active publicity, social support preparedness, and access to health-related information (Seng et al. 2021; Wu et al. 2022).

Wu et al. (2022) found that one year after lockdown, social workers still had high levels of burnout. Martínez-López et al. (2021) reported high values of death anxiety in social workers and found that lack of proper protective equipment and professional support had the highest effect. Seng et al. (2021) found that frontline social workers showed resilience, but still were distressed and they were the most affected in family service centers. Holmes et al. (2021) reported average to high compassion satisfaction, but they also found a high percentage of social workers with average burnout and secondary trauma, and higher estimates of post-traumatic stress disorder (PTSD) during the COVID-19 pandemic. Altungy et al. (2022) found momentarily dissatisfaction, burnout, fatigue, depressive and anxiety symptoms among social workers in emergency service for homeless people, but overall they found good levels of psychological adaptation. Shared experiences and the shared trauma in the crisis helped to better understand the clients' situations (Aschroft et al. 2022).

Social workers faced several challenges in all forms of social work (Sanders 2020). Research shows that even if COVID-19 resulted in extreme challenges in several dimensions, social workers demonstrated a high level of adaptability, innovation, resiliency, creativity and commitment to their core values and helping people in need (Banks et al. 2020a; Cook et al. 2020; Farkas – Romaniuk 2020; Redondo-Sama 2020; Altungy et al. 2022). Yet, the increased workload was followed with little or no compensation (Aschroft et al. 2022). During the COVID-19 pandemic, the complexity of social problems that require the involvement of more professionals to solve increased (Dominelli 2020). Social workers had to not only continue to provide traditional assistance and support to their clients, but also adapt to the changed cooperation and working conditions caused by the pandemic (Banks et al. 2020b). In particular, the importance of cooperation with psychologists, doctors, lawyers, and other professionals has increased in order to fully address the crisis situation of clients (Itzhaki-Braun 2021). Not only did they have to work more closely with other professionals, but they also played a key role in developing partnerships with community organizations, local governments, volunteers, and other civil society organizations. Such partnerships allowed social work to respond more effectively to crises, while professionals also supported each other in overcoming challenges. Peer support has always played an extremely important role among social workers, as social work is an emotionally and mentally demanding profession that often involves complex, stressful situations (Wilson 2016). Pre-pandemic and post-pandemic research on the impact of social support in the workplace indicates that support from both supervisors and colleagues plays a key role in social workers' job satisfaction, stress management, and maintaining their mental health (Győri – Ádám 2024; Nilsen et al. 2023).

2. SOCIAL WORK AND SOCIAL MEDIA IN THE HUNGARIAN CONTEXT

The challenges the social sector faces in Hungary are partly typical, and partly specific compared to the international scene. Concerning occupational prestige, the phenomenon is a typical one: the social care profession is in the lower-middle field in the hierarchy (HCSO 2018). Financial underestimation of the profession is also tangible. In 2022, the average salary of social workers was HUF 370,000 gross (EUR 938), which is only 73% of the average salary (HUF 504,340 gross, EUR 1,280) (HCSO 2023, January–October 2022). In 2024, the base salary of social workers was 421,000 HUF (EUR 1,051), which amounted to only 67% of the national average wage (Meleg 2025). Wage increases in the social sector are primarily linked to adjustments in the minimum wage and guaranteed minimum wage. Although there has been an increase in the sectoral wage supplement, this supplement is not integrated into the basic wage and remains contingent upon government policy. Some Hungarian new wave stratification models also warn about the slipping down of governmental white-collar professions, including social work (Huszár et al. 2023).

In addition to the low prestige of the social profession, the sector's employees work in an environment marred by a lack of money and resources, and in many cases isolated and abandoned. Far-reaching changes in the social care system have posed additional uncertainties for professionals (Gyarmati 2021). For instance, the integration of family assistance and child welfare services (Act CXXXIII/2015), or changes of maintainers of institutions (Act XXVIII/2020). Social services have obviously been transformed by the COVID-19 pandemic in Hungary too. In March 2020, basic social and child welfare services were moved online, except for crisis intervention. A ban on visits has been ordered to all inpatient and residential social care institutions. The operation of homeless services has also been restructured to avoid overcrowding. For specialised social and child protection services, a ban on visits, abandonment and admission has been introduced till 18 June 2020 (Government decree 41/2020, 13305/8/2020 Resolution of the National Public Health Center, Act LVII/2020).

Despite their workloads, before and during the pandemic periods, far less attention was paid to those working in the social sector than in the healthcare and education sectors; their wage increase was also delayed and less considerable.

The salaries of physicians and healthcare workers in Hungary increased by 72% in the three years to 2023 (Government decree 528/2020), and they received a one-off 500,000 HUF (1290 EUR) allowance in July 2020 for their work during the pandemic. In contrast, social workers were granted only 10 days of extra paid leave, along with others involved in the fight against the coronavirus, as stipulated in Government Decree 327/2021. In addition, only a few municipalities rewarded the efforts of social workers with an allowance of 100,000 to 110,000 HUF (258 to 283 EUR). This was not a general measure covering the entire social sector but occurred only in a few cases, depending on the decisions of local governments. Finally, the government recognised only the extra burden of social workers in state-maintained social institutions, with a modest (75,000 HUF, 193 EUR, 15% of the healthcare workers' bonus) and delayed allowance in December 2021. This bonus covered roughly one-third of the 80–90,000 workers in the social sector. So although they worked on the front line hard, social workers were not adequately compensated during the pandemic, especially in comparison to workers in the health sector.

Hungary has one of the highest rates of social media usage in Europe, with Facebook remaining the dominant platform for discussing current affairs, socio-political issues and

challenges (Eurostat 2024). The majority of research dedicated to investigating Hungarian social media has focused on political, consumer or patient discourses (Sebők 2016). Only limited research has been conducted on specific professional groups (Horváth et al. 2022). Similarly, as in other countries, the spatial isolation experienced during the pandemic resulted in a significant increase in Hungarian online discourse (Bauer – Koltai 2022). Furthermore, social media usage was not merely a communication tool; it also served as a coping mechanism (Bae 2023; Bauer – Csiby 2022).

Social media discussions of social workers provided an opportunity to examine the challenges, problems and inter-professional friction experienced by professionals in this field, which were not discussed to the same extent or as freely on other public platforms (Van Bommel – Liljekvist 2016). The media provided minimal coverage of social workers during the pandemic, with representation largely confined to the challenges faced by medical professionals and educators. The difficulties faced by social workers have been underrepresented in Hungarian political and policy discourse for decades (Krémer 2021). Furthermore, during the pandemic, the few politicians who were engaged with the prestige and conditions of social work were marginalised even more. Additionally, the lack of media and political attention, coupled with the dearth of professional representation for social workers, represents a significant challenge in Hungary. Consequently, social workers have turned to social media discussion groups as a means of seeking support, advice and a platform for ventilating their concerns, given the absence of an organised professional outlet. In contrast, intra-professional communication between doctors has been facilitated by a dedicated website and mobile application (healthcare professionals, after self-verification have the opportunity to use Webdoki for online discussions).

3. ANALYTICAL FRAMEWORK

The aforementioned complex phenomena have resulted in a notable decline in career commitment within the social sector, coupled with a considerable degree of discontentment among those who have chosen to remain in the field (Gyarmati 2021). These reactions can be adequately modelled by using Hischman's (1970) theory. According to Hirschman, if the quality of a product or service – or, in this case, the situation of a workplace or an entire sector – deteriorates, consumers/employees either disengage from it (*exit*), express their dissatisfaction (*voice*), or remain loyal despite the deterioration of quality (*loyalty*). It should be noted that the specific options provided are not mutually exclusive. The exit and voice options are interconnected: if the exit option is less costly, those affected are less likely to protest; conversely, if the exit option is too costly, the likelihood and bargaining power of protest increases. The occurrence or balance of the two options is significantly influenced by how loyal consumers/employees are. Hirschman's reasoning helps to elucidate the labour market behaviour of Hungarian social workers in the critical periods outlined and analysed.

Since the investigation of the Hungarian social sector gained little attention in comparison to other human services professions, the aim of the study is to widen and more importantly deepen our knowledge about social workers' lived experiences in the context of professional prestige, esteem, recognition and the COVID-19 pandemic. We use content analysis to investigate social workers' comments in online professional social media communities. Contrary to healthcare workers (Farsi 2021), to our knowledge, social workers' perception about their profession has

not been the subject of web-based content analysis so far. While listening to social workers' own words, thoughts and feelings directly, we can complement and sophisticate previous results based on more conventional methods by applying Hirschman's theory.

4. METHODOLOGY

4.1. Study context and aims

The present study is part of a larger research project investigating the working conditions and well-being of social sector professionals in Hungary utilizing diverse, both active and passive research methods. The current, content analysis prong of the research undertakes qualitative analysis of social workers' publicly accessible online social media communication. The timing of the study is relevant because the examined time-frame largely coincides with the COVID-19 pandemic, thus giving direct insight into the lived experiences, emotional and professional struggles and successes of social work professionals during one of the most turbulent and dangerous times in the last decades. The analysis focuses mainly on the perception of social professionals about their profession and its external recognition or prestige.

The general research question guiding the 3-year exploratory inquiry, with special emphasis on the pandemic was as follows: how did the arc and tone of the social professionals' online comments about internal and external perception of social profession develop? (RQ). Based on previous research (Gyarmati 2021; Huszár et al. 2023) we assumed that voice expressing dissatisfaction (Hirschman 1970) would be prominently present in online comments. Thus, when discussing their own profession's internal and external perception our intention was to study:

- what stages can the comment stream be divided into based on the level of satisfaction or dissatisfaction and tone of discourses? (RQ1)
- how the pandemic affected development of comments and different stages? (RQ2)
- what the dominant characteristic and attitude of each stage is? (RQ3)
- what the main topics, tensions, conflicts, and successes of each stage are? (RQ4)

The research questions were formulated based on gaps in the existing literature about perceptions of the social profession, the focus on utilizing web-based content analysis to study lived experiences, and the ability to complement the other prongs of the encompassing project.

4.2. Data and analysis

The content analysis was carried out on a data corpus of relevant online comments written by social work professionals between December 1st 2018 and November 30th 2021. This time frame allowed for analysis of conversations before and during the pandemic. Because the online conversation volume escalated during the epidemic, the corpus and the study focus foremost on comments that were written in the context of the coronavirus and its effects on the social sector. The dataset was retrieved from Facebook and Twitter (from 2023 on: X) including all publicly accessible dedicated Facebook groups of professionals and Twitter threads on December 1st 2021 from the territory of Hungary. The groups were selected based on their names explicitly referring to their members' profession and orientation (e.g. Group of Workers in the Social Sector, Trade Union of Workers in the Social Sector, Group of Social Professionals, Site for

social nurses and caregivers). Our concept was based on the assumption that those who join these groups identify themselves as social professionals in the social sector, regardless of the specific direction of their professional training. It is possible that not only those with a degree in social work, but also social education specialists, social policy experts, social managers, health social workers, and other professionals with related degrees have joined these groups and expressed their opinions. At the same time, as involved professionals, they are competent in assessing social professional issues.

The dataset was assembled using the licensed social media monitoring software Talkwalker, employing semantic syntaxes incorporating 505 inflected keywords related to diverse aspects of social work and the pandemic. The keywords were assembled into six topic queries using Boolean operators: general expressions and areas of social work ($N = 77$); filter words related to: satisfaction and dissatisfaction ($N = 144$), work conditions, career development and prospects ($N = 138$), clients ($N = 45$), external perception ($N = 46$), coronavirus ($N = 132$). The number of inflected keywords was reduced by stemming. The final keywords were refined and compiled after a preliminary examination of a scraped test dataset of over 5,000 online mentions. Data sources were retrieved in Hungarian language and geolocation was set to only procure comments originating from Hungarian IP addresses. The utilized social media data procuring software provides the data with full source author anonymity, complying with the rules of GDPR and the specific social media platforms such as discussion boards, YouTube, Facebook and Twitter. The compiled keywords-based dataset contained 7,834 results, that in the subsequent step, were separately read and manually sifted by the authors of the study, to ensure that the comment fit the following criteria: (1) the author was a social work professional (identified based on the text of the comment or membership in the online community, but strictly not by scraping the members' profiles), (2) the comment contained relevant, analysable content related to the formulated research questions, and (3) was not a duplicate.

All authors were members of publicly accessible dedicated online social work communities. To verify comments were certainly posted by social workers, the content was manually filtered based on language use including terms such as: "we social workers", "as a social professional", "at us/at my workplace in elderly care/child protection/family and child welfare/homeless care", etc. This filtering ensures that content created by family members of social workers, representatives of related human professions (e.g. teachers, doctors), and other outsiders have been excluded from the analysis. Another criterion of the comment selection was that the content itself dealt with the social sector and the profession, its internal and external perception, recognition, practices, career paths, working conditions, clientele, and the pandemic. After the filtering and cleansing, the final analysed dataset contained 6,692 online comments.

The collection and analysis of the dataset was carried out from a passive non-participatory stance. To answer the research questions a content analysis was conducted. The content analysis was utilised as "*an approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytic rules and step by step models without rush quantification*" (Mayring 2000: 2). After relevancy filtering (as described above) and cleaning the dataset, the next step was familiarisation with the comment streams. In the next phase, the codes were formulated, defined, tested and finalised, and the dataset was analysed based on the final code frame. Lastly, the conclusions were drawn which will be justified by typical quotations (Schilling 2006; Zhang – Wildemuth 2009).

4.3. Ethical considerations

While dealing with user-created online content several ethical considerations must be seriously taken into account and addressed (Lehner-Mear 2020). As Kozinets posits, "the consent gap" (Kozinets 2020: 175) deals with the fact that there is no clear distinction between the private and public spheres in the online realm (Eysenbach – Till 2001). To overcome these dilemmas, the research steps and data were evaluated using the Kozinets' (2020): 179) ethical self-evaluation flowchart. Then, the research design was approved by the competent ethics committee of the research project in 2021. Naturally, all data collection and storage adhere to GDPR and Hungarian regulations. To assure full protection for online authors, their fantasy-names, nicks have also been anonymized, and the original Hungarian texts are stored on a secure and password-protected server.

5. FINDINGS

The focus of the analysis is how social professionals perceive their profession and work (self-image, self-perception, self-reflection), as well as how they perceive the external judgment and recognition of it (prestige, external image and perception). According to our results, the entire comment stream between 1 December 2018, and 30 November 2021, including the waves of the pandemic, is characterized by a mixed tone with a strong critical attitude and also some (self-) ironic edge. To frame the analysis, we adopt Hirschman's (1970) theory: expressing criticism and dissatisfaction in online comments publicly is interpreted as an indicator of loyalty and voice.

Based on the temporality of the comments and intensity of dissatisfaction and voice, four stages emerged from the data (Fig. 1) (RQ1). The core cut-off points proved to be different stages of the COVID-19 pandemic (RQ2). Dominant characteristics and attitudes of different stages were (1) moderate, (2) strengthening, (3) strong, and (4) fading voice (RQ3). A thorough analysis of each period in terms of major topics, tensions, conflicts, and successes are as follows (RQ4).

5.1. Pre-pandemic period with moderate voice

The first phase (until March of 2020) was the pre-pandemic one with mixed tone and moderate voice. Although dissatisfaction was present in this period already, its level was not particularly high. Some of the criticism was articulated with a corrective, loyal, self-compensatory and self-solidarity edge, and sometimes with self-irony. The social professionals complained about a decrease in the volume and quality of services, the ministry, as well as cooperation with the maintainer. Demand for a salary increase was also visibly detected.

"… *social workers are the last ones, again. Everyone gets a bonus and a 20% raise, and they only talk about our appreciation.*" [online comment 122]

"*Only we social workers have been left out of raise and the creation of a career model. But now we are also working and no less. In addition to managing my own institution, I undertake 12-hour day duty at another institution, once a week.*" [online comment 122]

"*I am a social worker, what does a raise look like?*" 😂😂😂 [online comment 163]
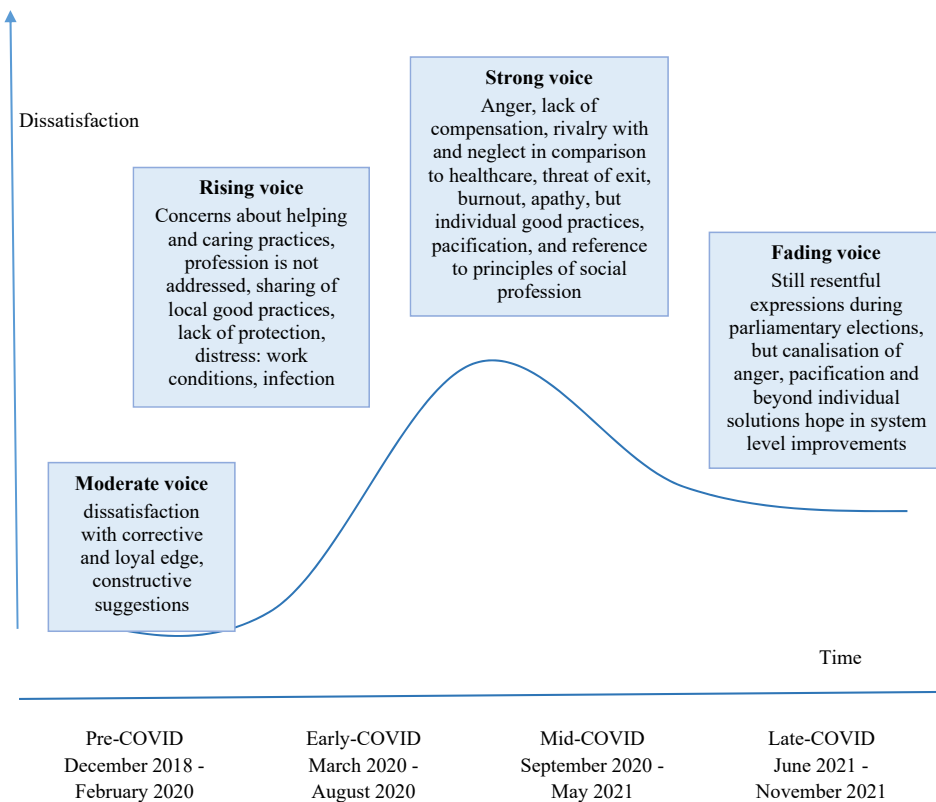
Fig. 1. Structure and characteristics of online discourse
Source: authors.

At the same time, constructive recommendations were formulated to improve the quality of services, organisational structures, cooperation within the sector and beyond, mainly with the healthcare system. Both general sectoral and subsector-specific (e.g. home and residential elderly care, family and child welfare, child protection) suggestions were present.

5.2. Early pandemic period with a rising voice

The second stage covered the early and sharply restrictive period of the pandemic (between March and May 2020) followed by a more lenient governmental approach and emerging concerns amongst professionals (between June and August 2020). This stage was characterised by growing dissatisfaction and *rising voice*. Social media comments mirrored growing dissatisfaction due to pandemic measures, or their deficits, moreover uncertainty, isolation, fears and anxieties related to physical and mental integrity. Pandemic protocols were against principles of professional ethics: personal treatment and support, spatial proximity, visiting, hugging each other, or holding hands. Restrictions and risk of infection caused worries and frustration both for social professionals and clients.

"… it was horrible to see the residents suffering from the absence of their children… For many people, it's worth more to hug their loved ones than to live to 100… And unfortunately, many places are still infected with the virus, so who cares who they get it from?" [online comment 2833]

Professionals in the social sector felt themselves and their clients helpless and left out, even though their clients and in some cases, even themselves were of the high-risk groups:

"But we are in the thick of it now. In isolation, 80% of our patients are positive. Already 4 colleagues are infected, and the remaining staff are having a hard time with it ☹" [online comment 977]

"…but what about social workers? I am not talking about residential care here. But for primary care workers. They went out to their families every day, even if they were quarantined with covid." [online comment 977]

As evidenced by the comments, the provision of testing and protective equipment was not universal in the sector but depended on the maintainer. Some authors connected their faulty protection to the general lack of appreciation for their field and the low social status of their clientele. Moreover, there were more and more reports of mental exhaustion, and mutual support within the profession.

5.3. Mid-COVID period with a strong voice

The third period enclosed mid-COVID times (between September 2020 and May 2021), accompanied by a strong voice, negative emotional manifestations, anger, and frustration, mixed with reference to universal moral values and individual human treatment. The main emotions boiled over a ministerial speech: while social professionals made serious extra sacrifices during the pandemic, they heavily complained about lack of compensation, underpayment, underestimation, and existential uncertainty. They reported some conflicts even around ESA (employment and support allowance) that they were rightfully entitled to.

"It is a shame and disgrace that the Social Sector is always at the back of the queue, dragging itself along in a dishevelled state, just dragging itself along!!!!!!! We are people, we deal with people!!!!! We demand a decent wage for people!!! Not some crumb of charity!!! ☹☹☹☹☹" [online comment 297]

"well yes … we bathe, we feed we medicate we dress wounds we resuscitate if necessary. We … are part of their lives. WE ALSO CARE FOR HUMAN SOUL, for us They are not just 'one client among many'… and we are not just 'the helper' for Them… but how can the 'big ones'… understand this, it is very annoying and it is very burdening for us too" [online comment 1902]

"It's terrible that people working in the social sector are discriminated. We are not heroes, we are just doing our job!!. But it's okay, it's worth more we were able to help the elderly. 🙏🙏🙏" [online comment 2601]

Fatigue, anxiety, stress, burnout, resignation, work-family conflicts were profoundly expressed:

"this leads straight to burnout. As a professional, my job is not to sacrifice myself, but to promote the interests of my clients at a professional level." [online comment 346]

"A person can only give from what he has. How can we give faith and hope to our clients if we don't have any? 😵‍💫😰" [online comment 2214]

"We have also had an outbreak. A third of our colleagues are out, a nightmare to conjure up a rotation. The elderly are scared, many are sick. Those of us who work are trying to do our best, increasingly tired. But never mind, because we get a hell of a lot of appreciation in return. Yeah, no. – we get COVID" [online comment 2135]

Moreover, threats of exit and reference to quitters as forms of ventilation were mentioned frequently.

"There are many of us who are slowly but surely leaving the field, which we have done so far with respect and honour! We will NOT be back! Thanks to all the "big dogs" sitting in the office chairs in charge."😳😳😳😳*"* [online comment 2238]

"Unfortunately I hear from more and more people that they are going to leave the field…that is the problem and it is sad…burnout, apathy…you have to take action, stand up … if many of us would stand up and get out, then maybe things would change. Because after all if there is no caregiver, then the cared for is not cared for…that's it…" [online comment 3426]

Certain strands of comments criticized trade unions, and lack of inherent advocacy of social professionals.

"More and more people in the profession are saying that we have to strike because we are ignored. But just as we protect those in care, society should stand by us. I don't see the role of the unions in the current situation because there is no one to negotiate with. The critical mass is either provided by society or … we are running out." [online comment 2725]

In addition, inter-professional tensions were emphasized with other frontline sectors such as healthcare workers. Social workers felt that while society rallied in social support of doctors and nurses (bringing food to hospitals or nightly clapping), the equally important roles they were performing daily were neglected and their sacrifices forgotten. As a response, self-compensatory, and self-help mechanisms were again detected:

"no offence but at least you were mentioned, you were applauded … not only applause but not even in a ministerial speech did say THANK YOU for the work of the social sector…. But we are down 😥. I'm sorry this has been a hard time for everyone, but we have worked for people before and we will continue to work for them after this, everyone deserves a thank you, I THANK YOU for your work." [online comment 653]

"I wish health, endurance and a lot-lot of patience to everyone 🙏 😊" [online comment 7243]

Concerning vaccination – mirroring Hungarian society – support, scepticism, and hesitancy were present parallelly in discourses. At the same time, when the early-arriving vaccines were allocated and distributed, the social professionals again felt that they were at the end of the pecking order, forgotten and undervalued.

"Now, that's why we need a detailed vaccination plan. Why do the Water Ambulance or the office workers in the specialist service get vaccinated earlier than an elderly person living/working in a social home or with underlying illnesses? Where is the logic in this?" [online comment 367]

"I think it's a constant situation that this job is not very popular, there are not many applicants. So they won't sack us because there is no one to push the kind employer's cart for us. So feel free to speak out everyone, otherwise it will stay inside and make you sick. We are not slaves, we are human beings.

… Same thing with the test and vaccine issue. NO! my body is my health. And they can't force you to get tested and vaccinated." [online comment 2778]

"I work in child protection, and we also do 12-hour shifts with the children. We haven't been vaccinated yet. We're somewhere way down the line, barely even mentioned." [online comment 4430]

As the other side of the same coin, hopeful manifestations were detected as well. Sharing of individual or organisational good practices and emphasising principles of social profession continued in this period too. Some signs of starting pacification appeared as well.

"For a couple of months now, we have had the opportunity for clients to meet in such a way that they can talk to each other through the glass wall with the help of a microphone. As long as the weather allowed, there were benches on both sides of the fence, keeping the protective distance" [online comment 2849]

"We do this on a day-to-day basis and we are happy to do our job conscientiously! We are trusted by the elderly because unfortunately many cannot count on the family because they do not have any or live elsewhere…! They appreciate our work! We hope that one day others will wake up! I wish you perseverance! It's a beautiful profession, I love people and they respect me for my work and thank me for the help and care I give!" [online comment 873]

"Our work was never easy and we were never appreciated on any level. Yet every morning we started/ start to work with the intention of changing the world… A profession will always remain a profession, which can only be done with heart and soul. Good health to those of you who are in the thick of it!!!" [online comment 2227]

"Somehow, I think similarly about the helping profession, though I would rather call it a vocation. … I tried to approach my work this way, as a child welfare professional … ." [online comment 1693]

5.4. Late COVID period with a fading voice

The fourth stage encompassed late COVID times (from June 2021) with a fading voice, but still higher temper compared to the pre-COVID period.

"The social sector was also destroyed. Our salary is equivalent to just living from month to month." [online comment 5259]

😷 It's been more than a hard year behind us, we couldn't stay at home, we worked continuously day and night, on holidays and weekends, we did our job, we took care of the elderly entrusted to us (I work in a social home) and we tried to support them mentally so that they could endure this difficult and long period without their loved ones. I think the workers of the social sector would also be very deserving!" [online comment 5389]

"This area is only a grad on the state." [online comment 5886]

This period overlapped with the election campaign beginning in 2021. The arguments of the opposition and government infiltrated the discourses and created some conflicts between social professionals. Then, whilst flows of frustration and anger were canalised, tendencies related to consolidation, pacification and constructive solutions were increasing. Criticism and positive attitudes similar to the first stage ones also appeared. However, the content of them was slightly different. Signs of hope could be seen about possible improvements, and some of them were related to change of government. There were beliefs in developing institutional frameworks,

appreciation of professional knowledge and services, and more logical functioning of the sector. The professionals reported their strong desire for change and development at the system level instead of struggles, solutions, and good practices at the individual level.

> "In the social system … changes are also visible in certain areas, however, care for the elderly at home and health care have not yet been resolved." [online comment 6672]

> "We would consider a much higher salary appropriate in the social sphere. … higher salaries are obviously a solution to keep better professionals…" [online comment 7686]

6. DISCUSSION

The findings from this study of social workers' online conversations in Hungary may have resonance both with its non-conventional methodology and its results. As of yet, online activity of social workers during the pandemic mainly was looked at from the perspective of how the professionals used social media or other online channels with their clients and how the practice of social work changed by the use of them (Aschroft et al. 2022; Lombardi et al. 2022). The novelty of this study is that the online communication of social workers about their profession was the subject of web-based inquiry itself, to deepen understanding of the lived experiences and emotions of social workers before and during the pandemic.

The research unearthed social workers' views on internal and external perception and prestige of their profession. The entire three-year comment-stream is characterized by a mixed tone with a strong critical edge. The content analysis found four overarching phases and attitudes (RQ1) with moderate, strengthening, strong, and fading voice (RQ3). Different intensities of loyalty and voice mirrored different stages of the pandemic (RQ2).

The present analysis and its revealed themes, tensions, conflicts, and successes (RQ4) resonate with previous research findings from different angles. Explorative findings of this paper supported that the value of social work is undermined by a myriad of factors including the low status of the target group and the clients (Kadushin 1958). The notion that social workers perceive their work as internally valuable and important but they also rate themselves relatively low compared to other professions (Clearfield 1977) was also confirmed. Social workers foremost compared their profession's status to other frontline professionals, namely doctors and other healthcare workers. While the inter-professional conflicts were highlighted during the pandemic, this was a mere escalation of already underlying tensions. The comments also connected burnout and leaving the profession to having low prestige and being professionally undervalued and monetarily undercompensated (Vilka – Baha 2018).

Anxieties explored in previous studies were also supported by the present research on Hungary, emphasizing how the pandemic was met with unpreparedness globally. Specific challenges (Billings et al. 2021) the frontline workers experienced worldwide (family-work conflict during lockdown, sense of responsibility to care for others, etc.) were mirrored in our results, complemented by fears of a policy, directive or regulation that would require social workers to isolate themselves with their clients in live-in institutions.

The expectation of extra work, unprecedented efforts and resilience was detected in the online conversations, supporting other research results (Amadasun 2020; Banks et al. 2020a; Farkas – Romaniuk 2020; Peinado – Anderson 2020). Billings et al. (2021) found that health and

social care workers felt uncomfortable with the heroic narratives but expressed regret towards a lack of recognition by the media and the wider public. Contrary to these results, some accounts of Hungarian professionals revealed that being left out of nightly public clapping for "hero doctors" also contributed to their negative feelings of being underappreciated and not compensated.

Anxiety and stress was salient in Hungarian online conversations during the epidemic. Similar results were reported by Jordan et al. (2021), Seng et al. (2021), and Wu et al. (2022). Severe fatigue was talked about in the professional communities which strengthens the results of Altungy et al. (2022) and Holmes et al. (2021).

Confirming the results of Banks et al. (2020a), an important source of stress were the ethical dilemmas connected to being able to provide the best care for their clients while maintain their own and families' physical safety. While the ethical dilemma related to virtual care was an important finding of Banks et al. (2020a), this aspect was not present in the Hungarian data. Furthermore, research shows that even if COVID-19 resulted in extreme challenges in many dimensions, social workers demonstrated a high level of adaptability, innovation, resiliency, creativity and commitment to their core values and helping people in need (Banks et al. 2020a; Cook et al. 2020; Farkas – Romaniuk 2020; Redondo-Sama 2020; Altungy et al. 2022). Yet, the increased workload was followed with little or no compensation (Aschroft et al. 2022). Both findings are present in the results of the content analysis, with the lack of proper compensation being one of the most salient topics discussed by Hungarian social workers.

On the one hand, the results of the content analysis confirmed a number of international findings, whilst on the other hand, there are several aspects unique to the examined sample. This relevant complement to the body of research investigating lived experiences can partly be attributed to the passive nature of the method introduced earlier, and the analysed data type – online comments themselves. Differences can also be attributed to national differences, including diverging COVID-19-related policies. While Vilka and Baha (2018) found that the self-prestige of Latvian social workers was rather low, the web-based content analysis produced different results. While the authors reported feelings of exhaustion, burnout, stress and struggle, a self-compensatory professional cohesion could be observed. Spatial proximity because of the lockdowns seemed to have resulted in mental proximity among Hungarian social workers using social media. While their perception of their situations was overwhelmingly negative, a method of coping with their burdens was through professional pride and compassion for clientele. Self-worth is reinforced through a mutual appreciation of their professional and personal efforts, their online group – along with their clients – validating them instead of the state. This positivity underpins their motives for joining the discussion, making online communities much more than just a venue for frustrated ventilation.

7. CONCLUSION

As burnout and escalating turnover intentions have become increasingly important aspects related to social work, ample research has investigated the factors resulting in the low prestige of social work using both quantitative and qualitative active research methods. Similarly, there is relevant literature focusing on the experiences of frontline professionals, including social

workers during the COVID-19 pandemic, highlighting their problems and resilience. Yet there are still identifiable gaps that the current study aimed to fill.

The exploratory qualitative content analysis added further depth to domestic and international knowledge of the professional self-image, self-reflection, internal and external perception, prestige, as well as lived experiences of social workers during the pandemic. Moreover, the research showed that Hirshmann's theory provides a potential analytic framework to perceive loyalty and voice, and frame different levels of dissatisfaction and corrective suggestions.

Domestic implications of the research are that it highlighted the tensions and systemic deficits of the Hungarian social sector. The discussed system critique shows a long-term and relevant temporal dimension as well. There are a number of mentions that reflect on how the social system and consequently the disposition of social work professionals has been "broken" for several decades now. According to these comments, as a result of the pandemic, the tensions that have already been marring the social system for quite some time have escalated. Similar viewpoints were reported by Gyarmati (2021), who also highlighted that inadequate and fragmented self-representation is at the core of why social sector professionals are neglected and were not compensated appropriately during the pandemic. Compared to doctors, whose demands were met, there is no strong union entity, social workers have several unions that are also competing with each other. Moreover, the representative results indicate that less than a third of Hungarian social workers have joined any of the unions.

At the same time, the findings reflect that the community of social work professionals in Hungary have developed strong bonds. Notwithstanding the expressed apathy, there is a clear indication that the community of social workers interacting online have developed professional solidarity. The detected deep cohesion of the group is a reinforcement they can rely on for support. Also, in the short-term, social workers can build on shared experiences and their common fates. This loyalty to the profession and the community underlines why the above detailed hardships have not led to higher rates of exit from the profession. The quantitative study of Gyarmati (2021) has also highlighted that 67% of social workers do not plan to leave. Building on this existing professional cohesion and self-awareness, the community of social workers could aim to form a stronger, unified, and more effective representative body (similar to doctors), and in the future have better negotiating capabilities to avoid further severe consequences of fluctuation, exit and shortage of new entrants.

The method used in this research has some limitations. The web-based qualitative analysis used a non-representative sample, thus its findings are not generalisable to the population of Hungarian social workers. Only publicly available online traces are in the sample. Those social workers, who express their opinions online, may be more involved in the professional community and have stronger views and greater knowledge on social work-related topics than those who chose not to join online communities, or participate in the conversation. While the passive nature of web-based content analysis offers unique benefits such as unharnessed and unbiased participant opinions and language, it also poses limitations. As only aspects presented by the research subjects can be analysed, the researcher has no opportunity to probe further themes. As the current study is part of a mixed-methods project, questions not addressed by the content analysis can be investigated with another methodological prong.

The design of the present research can also have a methodological contribution to the study of social work. To our knowledge, there has been no web-based content analysis examining the social workers' perception about their profession. The analysis uses a new type of data for

investigation – intra-professional conversations – which brought forth findings about group cohesion, solidarity and group dynamics. Further developing web-based content analysis as a relevant research method to study the lived experiences of professionals provides an opportunity to investigate further professions, topics or to make cross-professional, or regional and international comparisons.

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