Lunchtime Seminar

HSC COVID-19 Workforce Wellbeing and Coping Study Phase 2 results

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Health and Social Care Workers' Quality of Working Life and Coping while Working during the Covid-19 Pandemic:
May-July 2020 Key Findings PLUS Emerging findings from November – end of January 2021.

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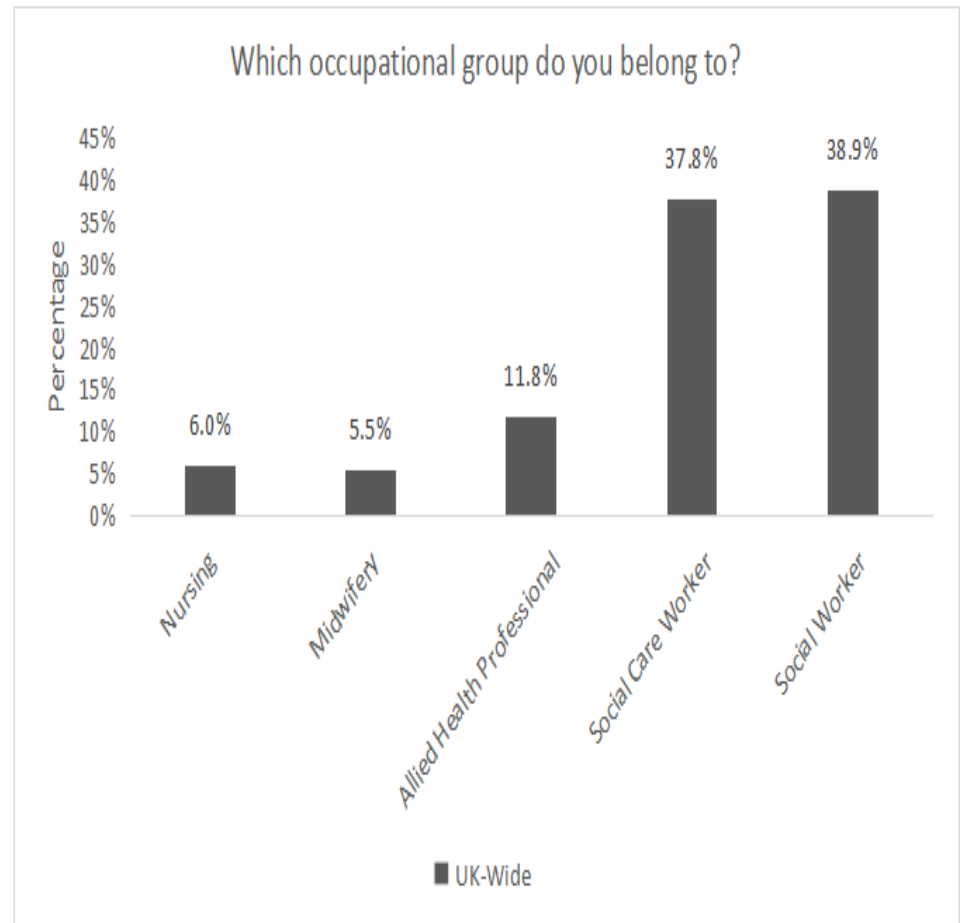
Dr Jaclyn Harron

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Background and Methods

- **Aim**: To examine the impact of providing health and social care in UK during COVID-19 on nurses, midwives, allied health professionals (AHPs), social care workers and social workers.

- **Data collection**: Anonymous online questionnaire (May – July 2020 and November – end of January 2021)

- **Measures**:
  - Demographics
  - Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)
  - Work-Related Quality of Life (WRQOL)
  - Brief COPE
  - Items from Clark et al.'s Coping with Work and Family Stressors Scale
  - Qualitative open-ended questions
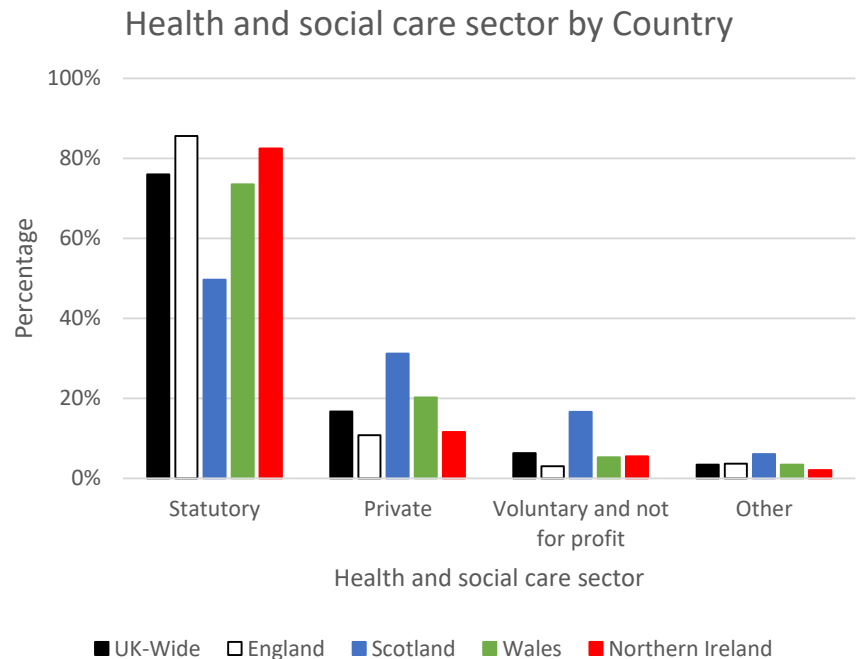
Demographics May – July 2020

- N = 3,290
- Mostly Female (86.8%)
- Age 30-59 (78.7%)
- Band 6 pay band (25.6%)
- Most worked in the Community (55.0%)
- Most worked with older people/other adults (43.1%)

Occupational Groups

Which occupational group do you belong to?

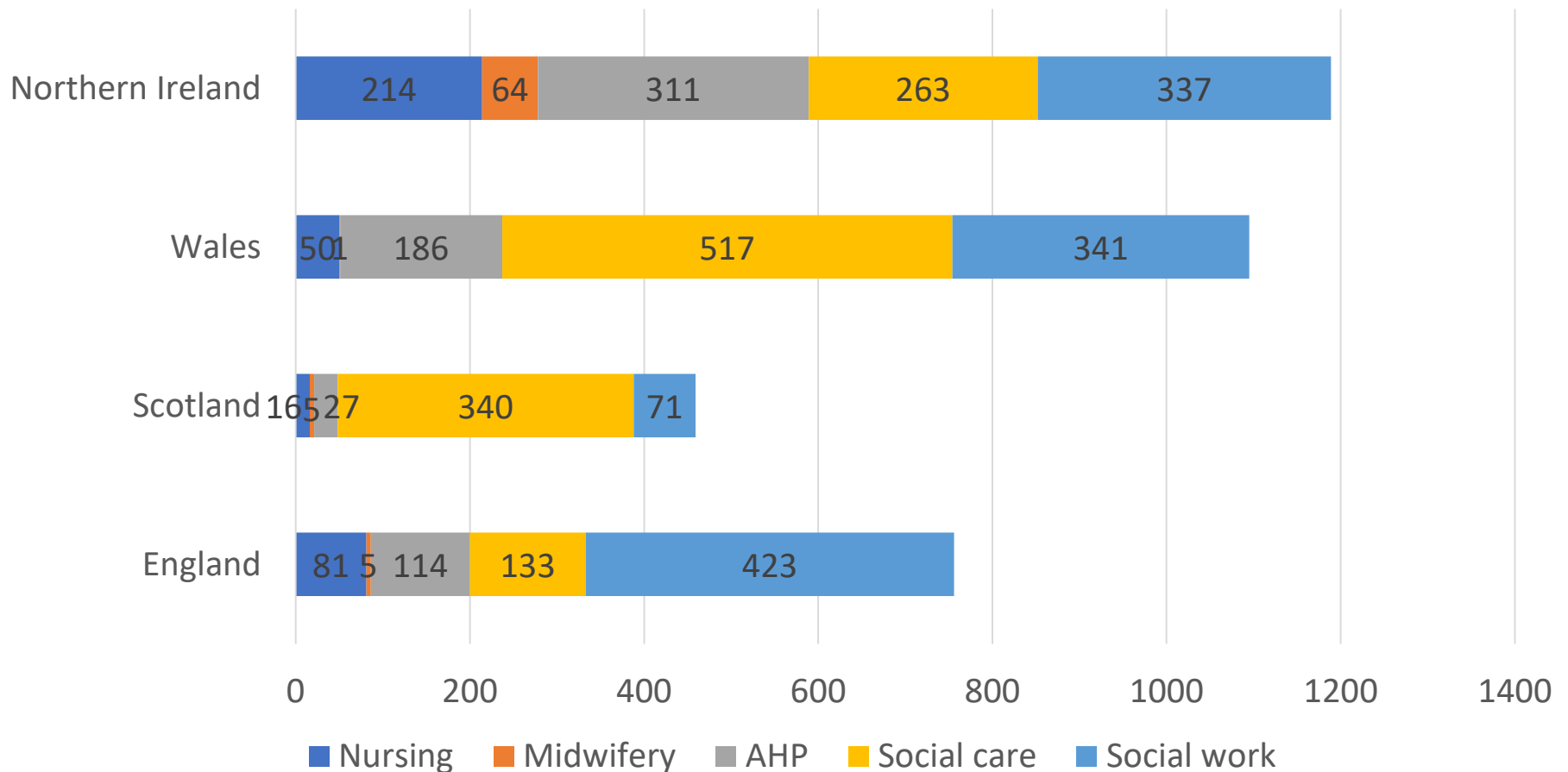| Occupational Group	Percentage
Nursing	6.0%
Midwifery	5.5%
Allied Health Professional	11.8%
Social Care Worker	37.8%
Social Worker	38.9%

■ UK-Wide

Demographics November – End of January 2021

- N = 3499

- Mostly Female (87.8%)

- Age 30-59 (78.9%)

- Band 6 pay band (32.9% of those working in NHS/HSCT)

- Most worked in the Community (52.1%)

- Majority were Statutory employees at both data collection points (76.0% in Phase 2)

Health and social care sector by Country

Legend: UK-Wide, England, Scotland, Wales, Northern Ireland

Number of responses per country and occupational group: Nov - Jan 2021

No. of responses per country and occupational group

Country	Nursing	Midwifery	AHP	Social care	Social work
Northern Ireland	214	64	311	263	337
Wales	50	1	186	517	341
Scotland	16	5	27	340	71
England	81	5	114	133	423

Legend: Nursing, Midwifery, AHP, Social care, Social work
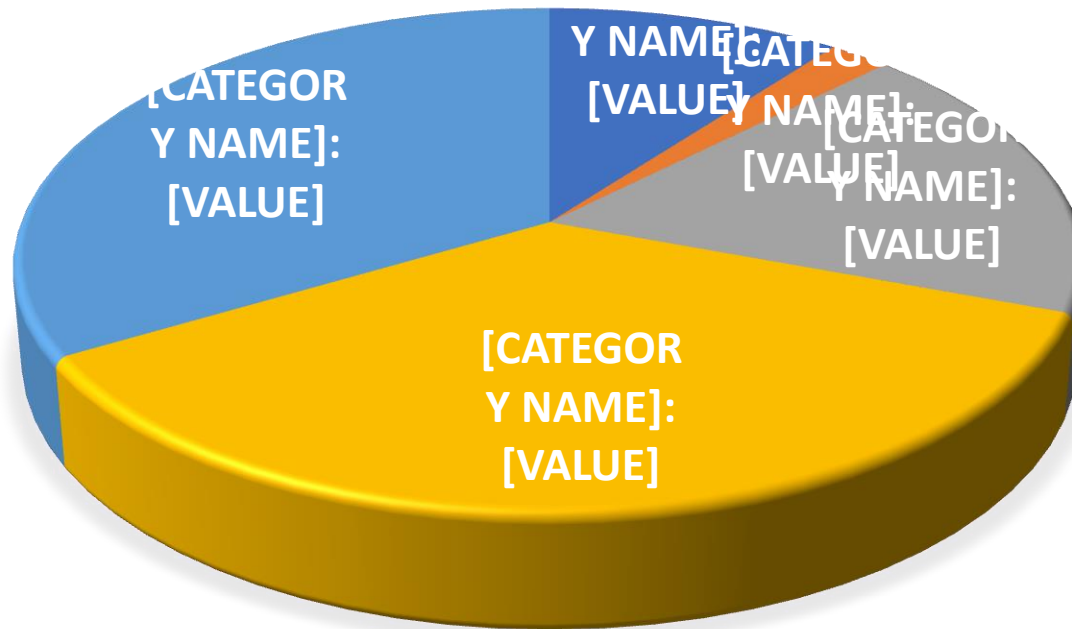
Number of responses per country / region:
Nov - Jan 2021

NUMBER OF RESPONSES PER COUNTRY
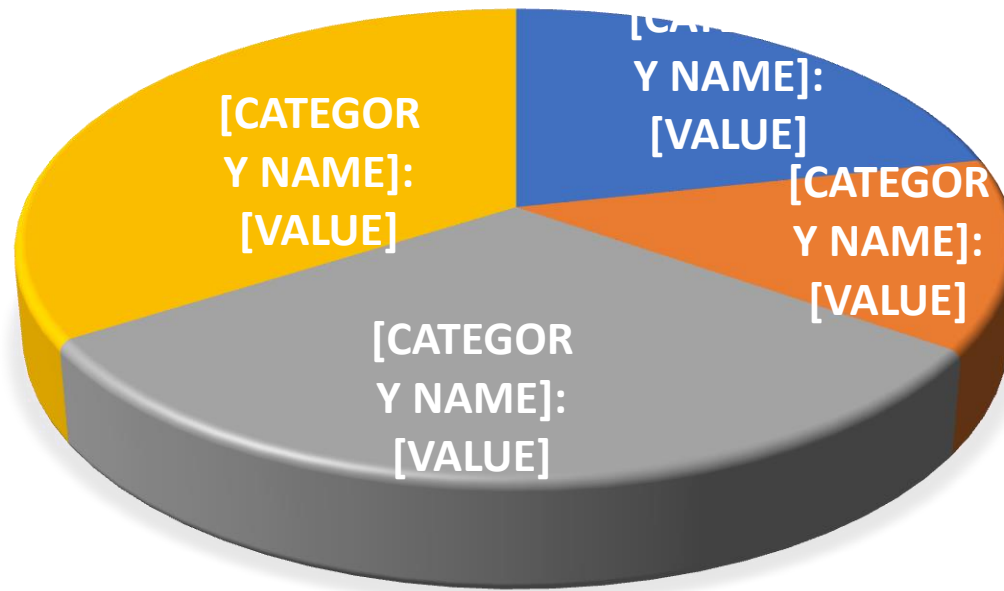
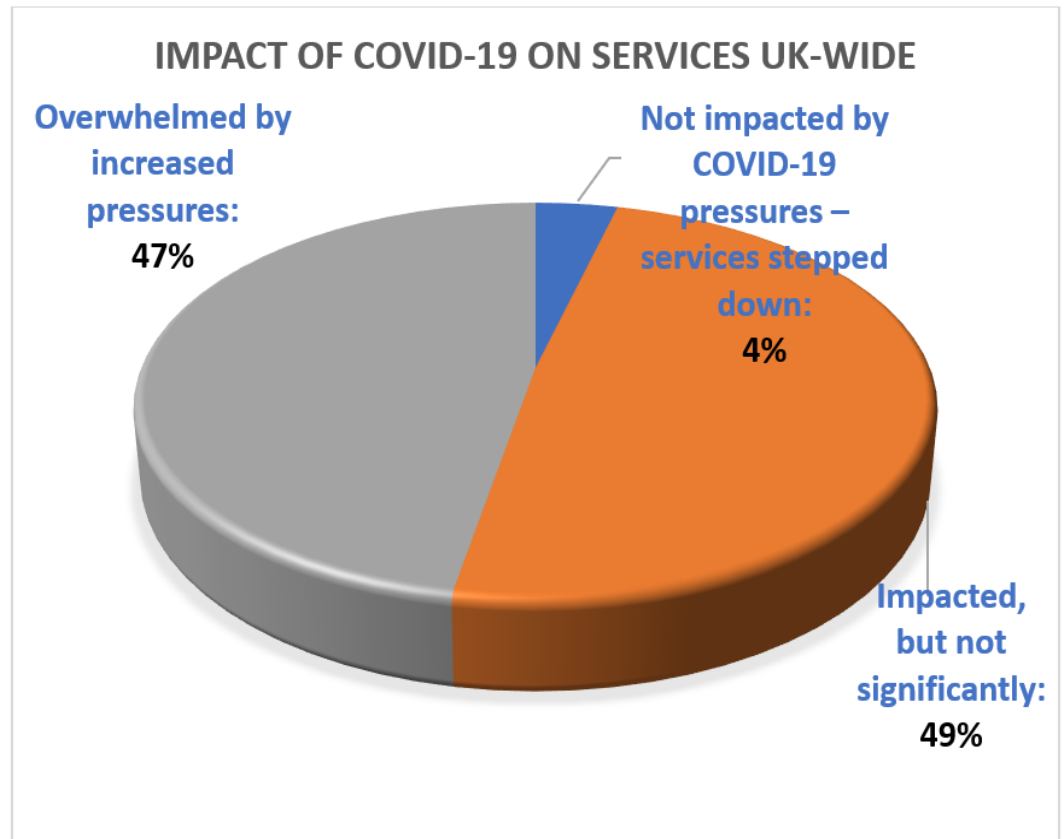# Number of responses per occupational group:
Nov - Jan 2021

NUMBER OF RESPONSES PER OCCUPATIONAL GROUP

Explain the impact – three groups

Groups identified from May-July data

Asked people to self identify across the three groups

IMPACT OF COVID-19 ON SERVICES UK-WIDE

Overwhelmed by increased pressures: **47%**

Not impacted by COVID-19 pressures – services stepped down: **4%**

Impacted, but not significantly: **49%**

Although it has been a very stressful work environment situation it has been rewarding to be needed and to finally be recognised and appreciated for the hard word being put in that's usually unnoticed every day. SOCIAL CARE WORKER Ni
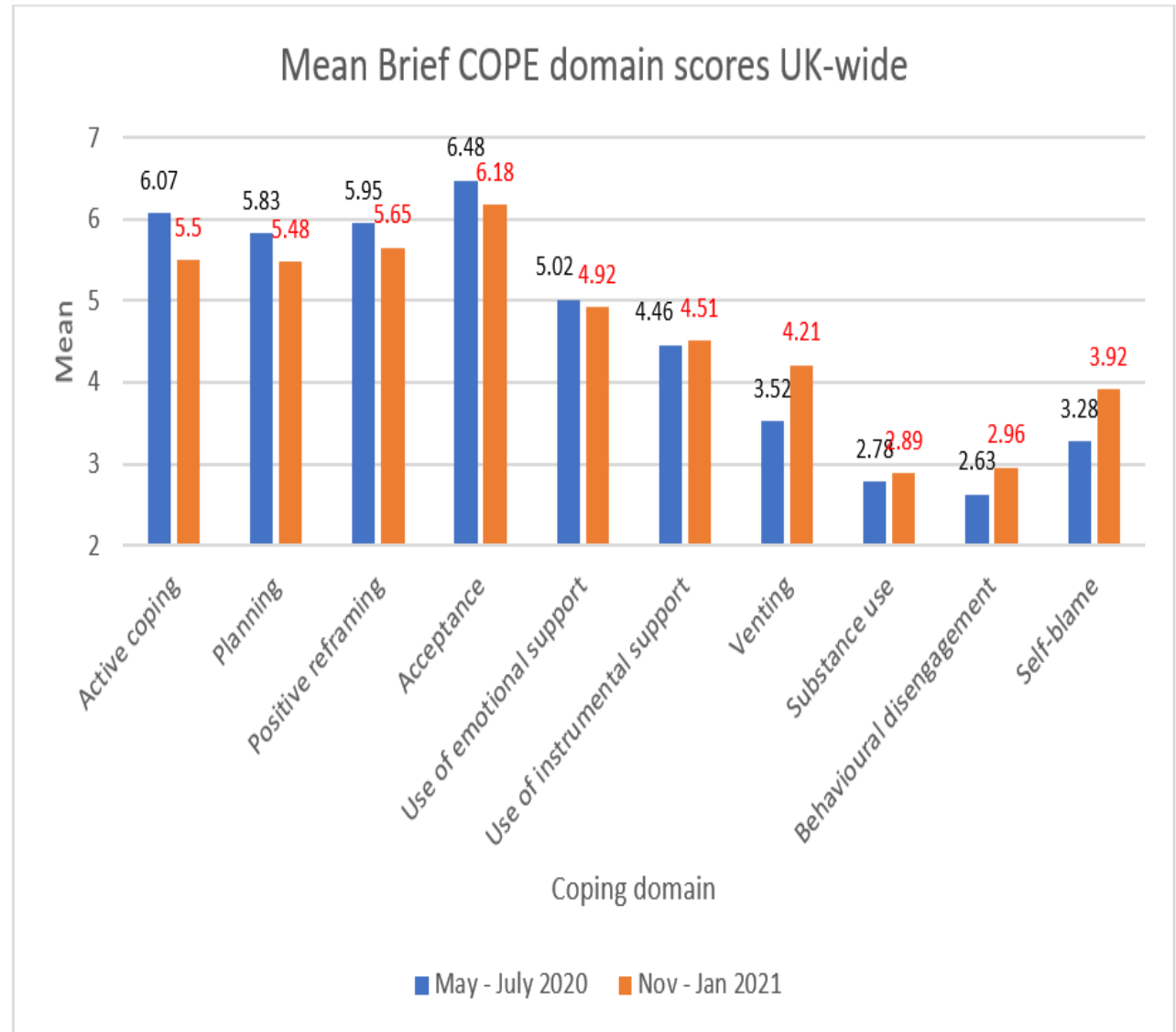
It has been emotionally demanding being on the frontline of the emotional impact of lockdown. Social worker – Community and Voluntary Sector - Family Support Scottish

"My job has also improved my mental health. I wouldn't cope well with the worry of Covid 19 if I didn't have my job." Social Care worker - Community Wales

Ways of Coping: May-July 2020 vs. Dec-Jan 2021

At both time points:

- Active coping, planning, positive reframing and acceptance were the most frequently used coping strategies

Mean Brief COPE domain scores UK-wide

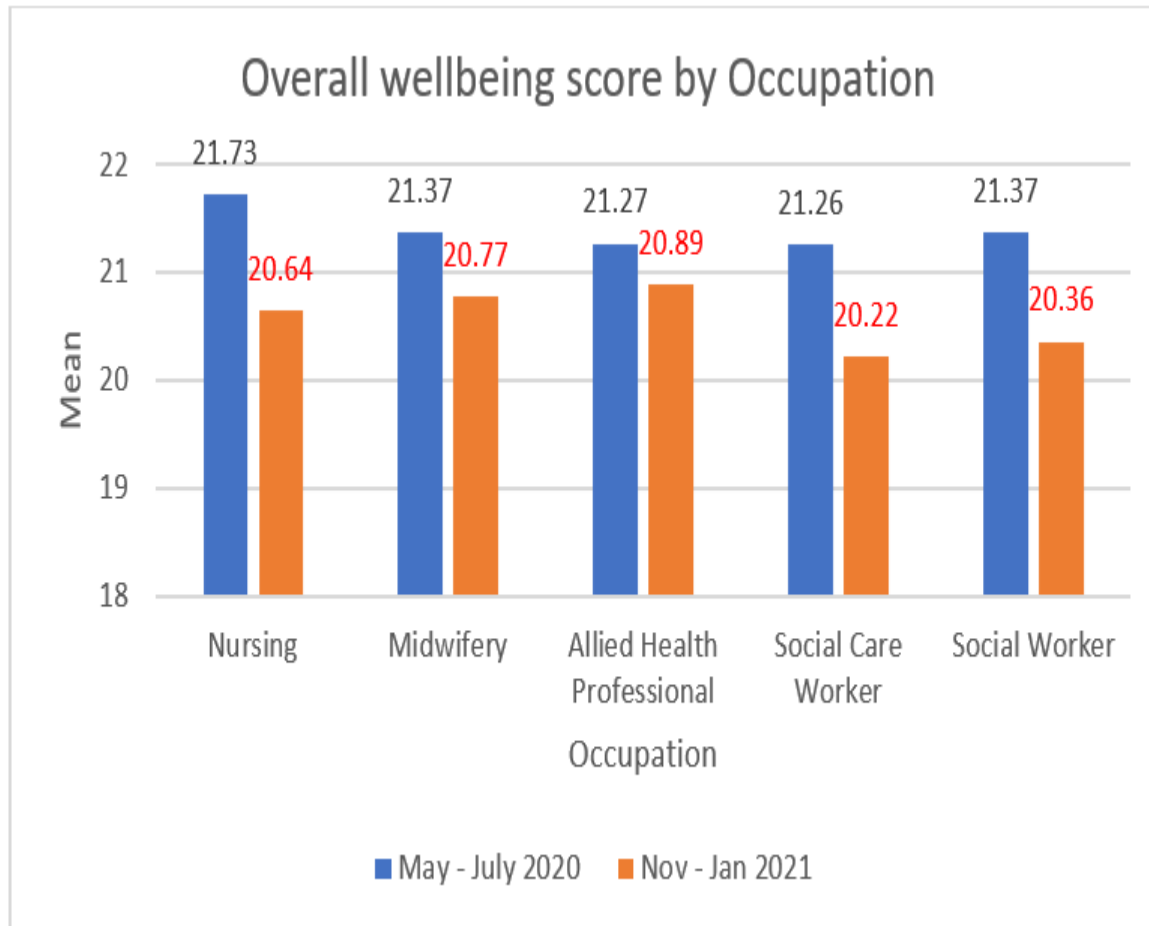| Coping domain	May - July 2020	Nov - Jan 2021
Active coping	6.07	5.5
Planning	5.83	5.48
Positive reframing	5.95	5.65
Acceptance	6.48	6.18
Use of emotional support	5.02	4.92
Use of instrumental support	4.46	4.51
Venting	3.52	4.21
Substance use	2.78	2.89
Behavioural disengagement	2.63	2.96
Self-blame	3.28	3.92

Further analyses: Dec-Jan 2021

Positive coping strategies (e.g., active coping, positive reframing, acceptance, exercise) were associated with higher mental wellbeing, better quality of working life and lower burnout scores

Negative coping strategies (e.g., venting, substance use, self-blame) were associated with lower mental wellbeing, worse quality of working life and higher burnout scores

Mental Wellbeing: May-July 2020 vs. Dec-Jan 2021

Overall wellbeing score by Occupation

Occupation	May - July 2020	Nov - Jan 2021
Nursing	21.73	20.64
Midwifery	21.37	20.77
Allied Health Professional	21.27	20.89
Social Care Worker	21.26	20.22
Social Worker	21.37	20.36

Short Warwick Edinburgh Mental Wellbeing Scale

1 = None of the time
2 = Rarely
3 = Some of the time
4 = Often
5 = All of the time
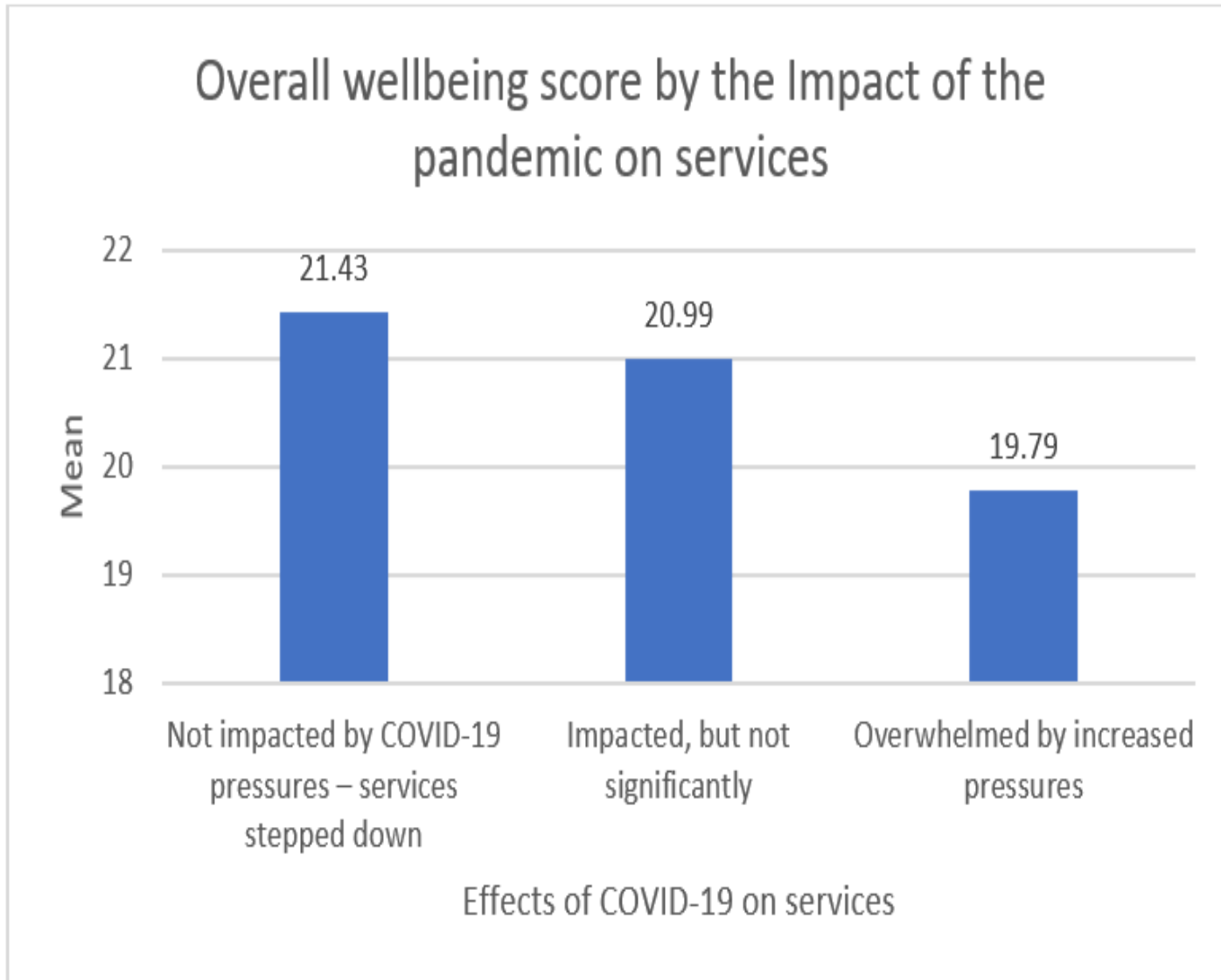
Total score range: 7 – 35

Higher scores indicate better wellbeing
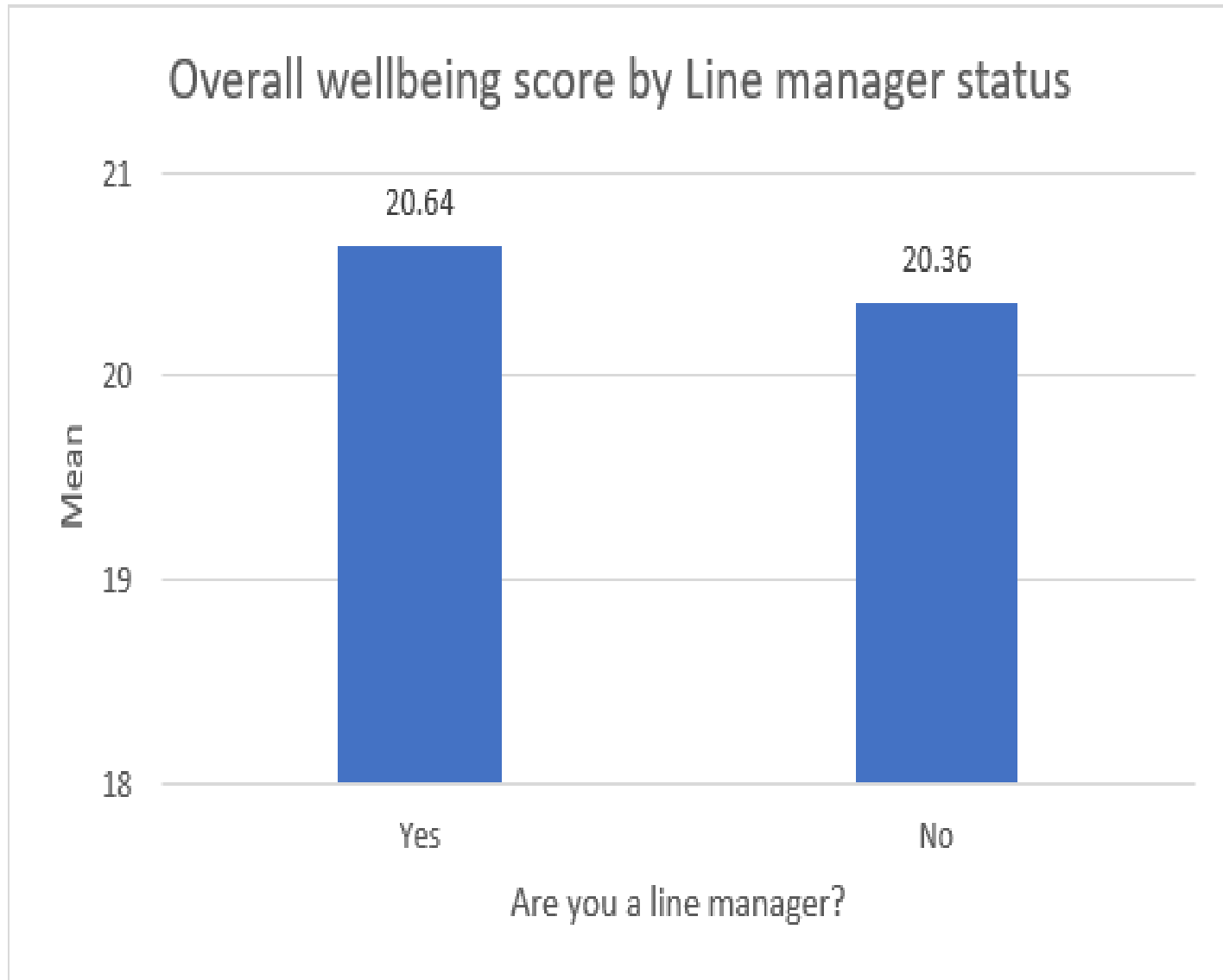
Mean overall wellbeing score in the full sample:

May - July 2020:   M = 21.34 (SD = 3.59)
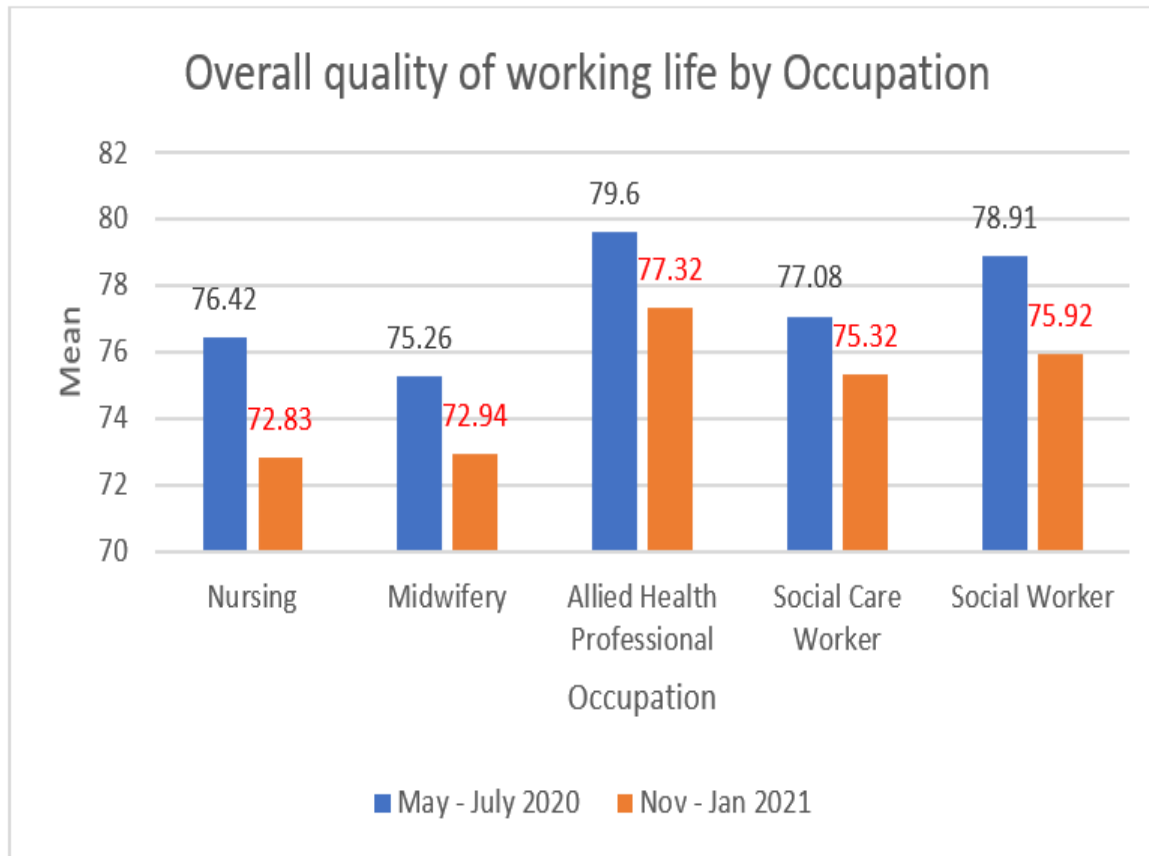Dec - Jan 2021:   M = 20.44 (SD = 3.42)

Mental wellbeing scores by the Impact of the pandemic on services:
Nov – Jan 2021

Overall wellbeing score by the Impact of the pandemic on services

Mean

21.43 — Not impacted by COVID-19 pressures – services stepped down
20.99 — Impacted, but not significantly
19.79 — Overwhelmed by increased pressures

Effects of COVID-19 on services

Mental wellbeing scores by Line manager status: Nov – Jan 2021

Quality of Working Life: May-July 2020 vs. Dec-Jan 2021

Overall quality of working life by Occupation

Occupation	May - July 2020	Nov - Jan 2021
Nursing	76.42	72.83
Midwifery	75.26	72.94
Allied Health Professional	79.6	77.32
Social Care Worker	77.08	75.32
Social Worker	78.91	75.92

Work-Related Quality of Life Scale

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

Total score range: 23 – 115

Higher scores indicate better quality of working life
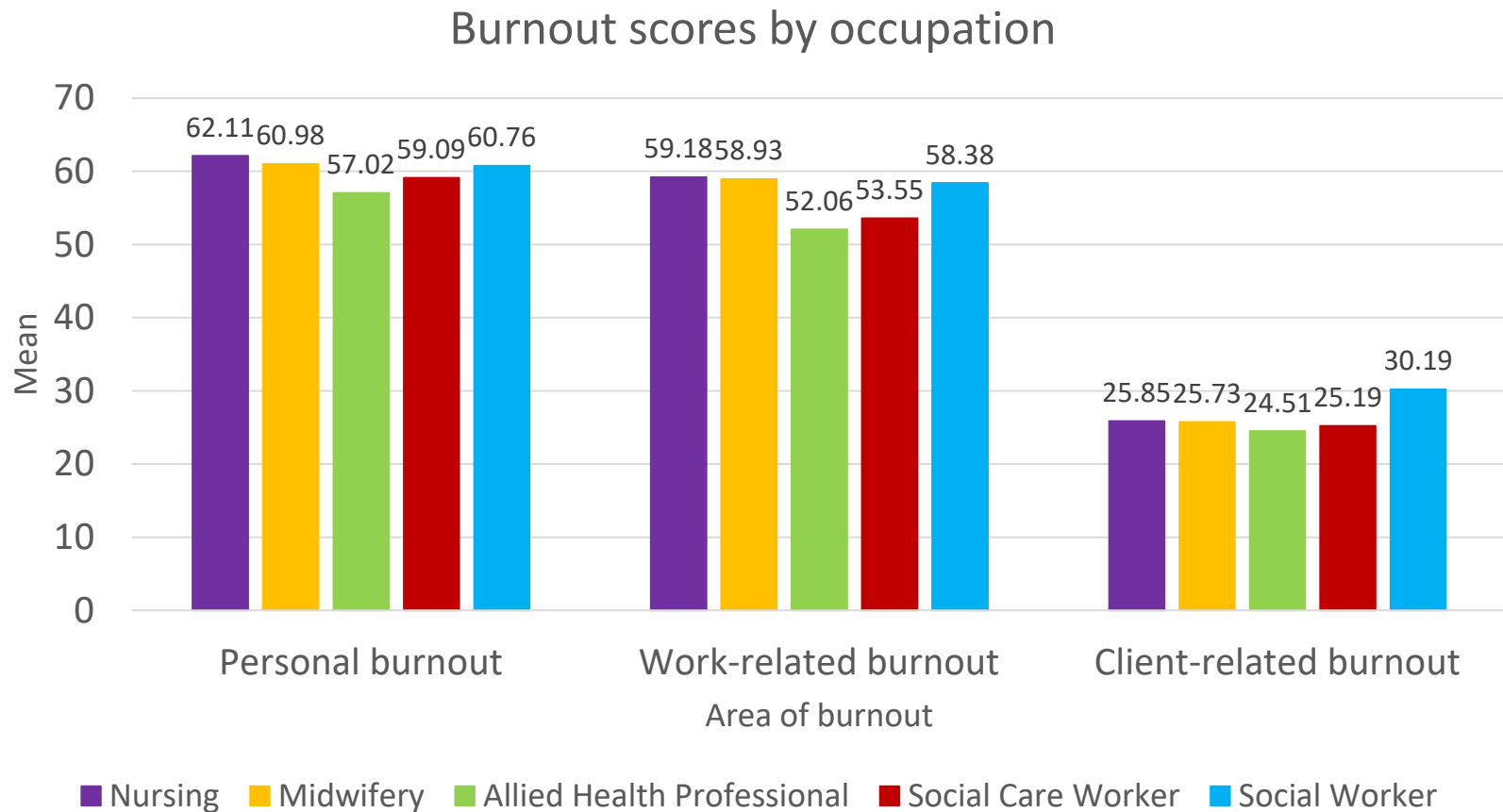
Mean overall Work-Related Quality of Life score in the full sample:
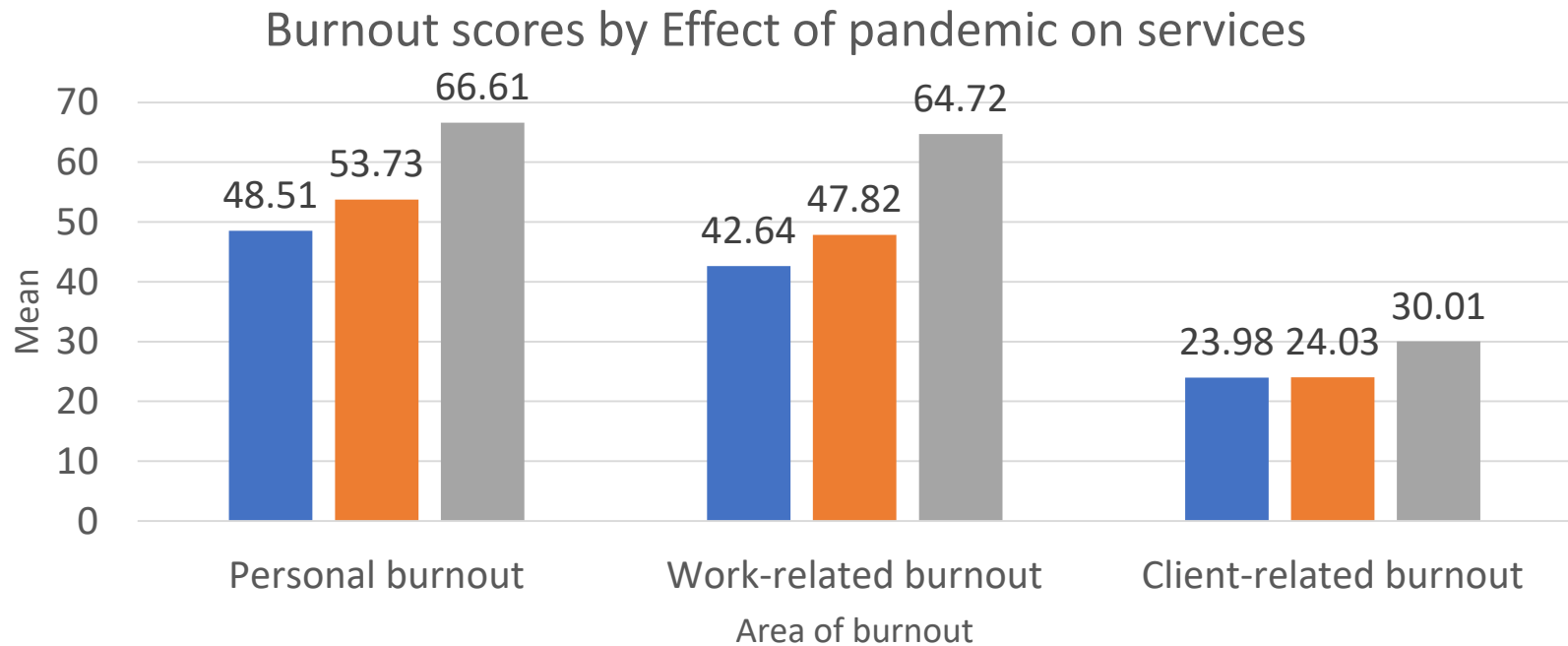
May-July 2020:   M = 77.98 (SD = 15.38)
Dec-Jan 2021:   M = 75.59 (SD = 15.57)

Burnout by Occupational group:
Nov – Jan 2021

Burnout scores by occupation

Burnout by the Effects of the pandemic on services:
Nov – Jan 2021

Burnout scores by Effect of pandemic on services

- ■ Not impacted by COVID-19 pressures – services stepped down
- ■ Impacted, but not significantly
- ■ Overwhelmed by increased pressures

Some Good Practice Recommendations

- Employers are recommended to offer flexibility around working hours and location - including working from home

- Clear and relevant communication needed

- Some staff keen for more involvement in decision-making and autonomy

- Connection with colleagues and managers

- Visibility of management, either in person or virtually

- Staff altruistic concerns for patient wellbeing

- Staff wellbeing focus, now and planned into the coming months, years

Some Good Practice Recommendations

- Skills training and preparation for redeployment

- Working from home – connectivity, fairness, rules

- General health and safety at work – social distancing, handwashing, sanitisers

- Statutory Sick Pay – deploying agency staff or temporary staff Terms and Conditions

- Wellbeing and taking leave – supporting breaks and work life balance

Acknowledgements & Disclaimer

The research team would like to thank all participants who contributed to this research.

Thank you for this opportunity to share our research findings

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Feedback

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