Supporting H&SC Employees During and Beyond a Pandemic: Research-Informed Suggestions

Dr Paula McFadden
Dr Patricia Gillen
Dr John Moriarty
Dr John Mallett
Dr Heike Schroder

Dr Jermaine Ravalier (j.ravalier@bathspa.ac.uk)
Professor Jill Manthorpe
Dr Jaclyn Harron
Dr Denise Currie

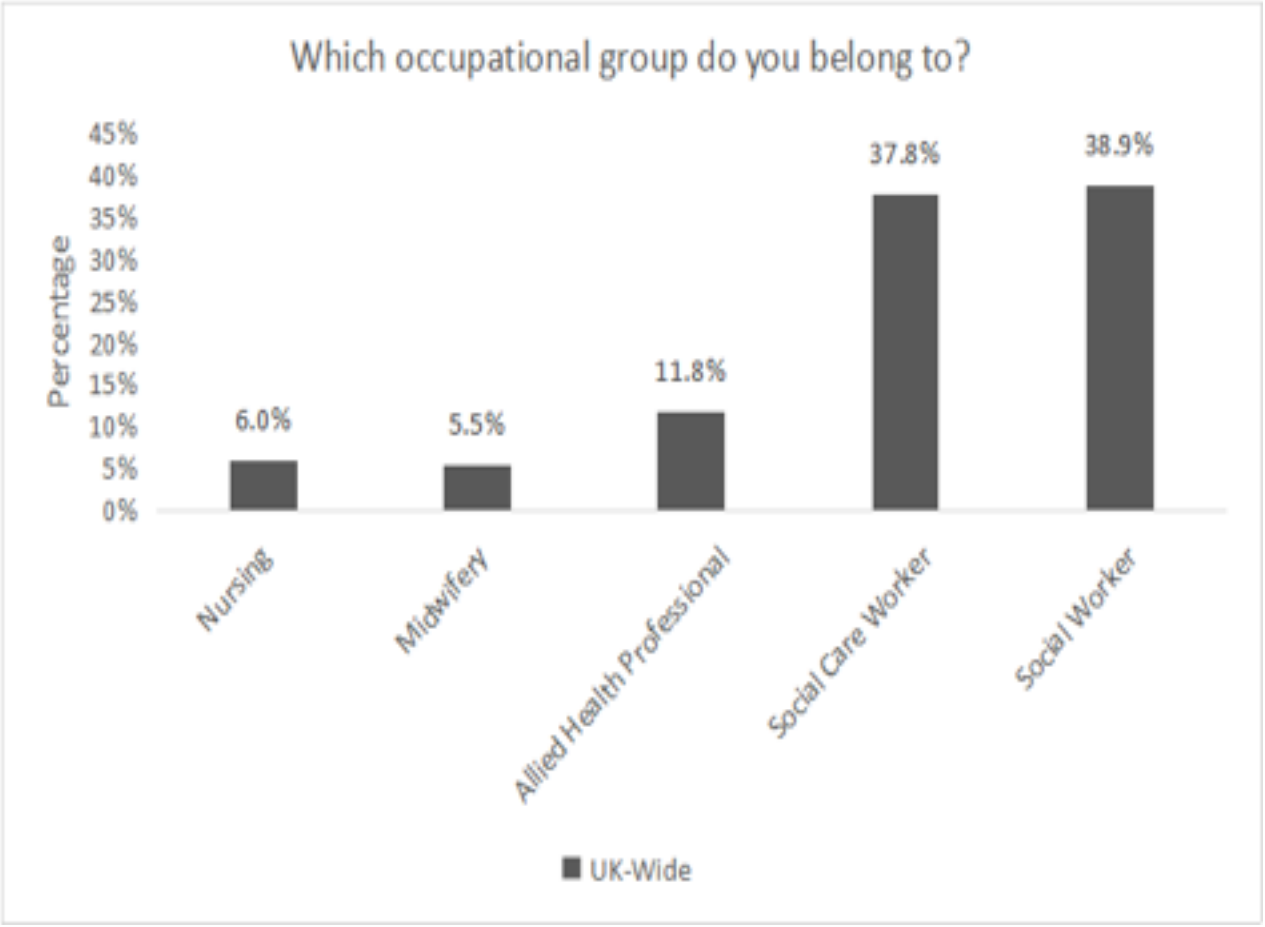
Background and Methods

- **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)
- **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

- N = 3,290
- Mostly Female (83.3%)
- Age 30-59 (81.5%)
- Band 6 pay band (31.1%)
- Most worked in the Community (51.0%)
- Over half worked with older people/other adults (51.0%)

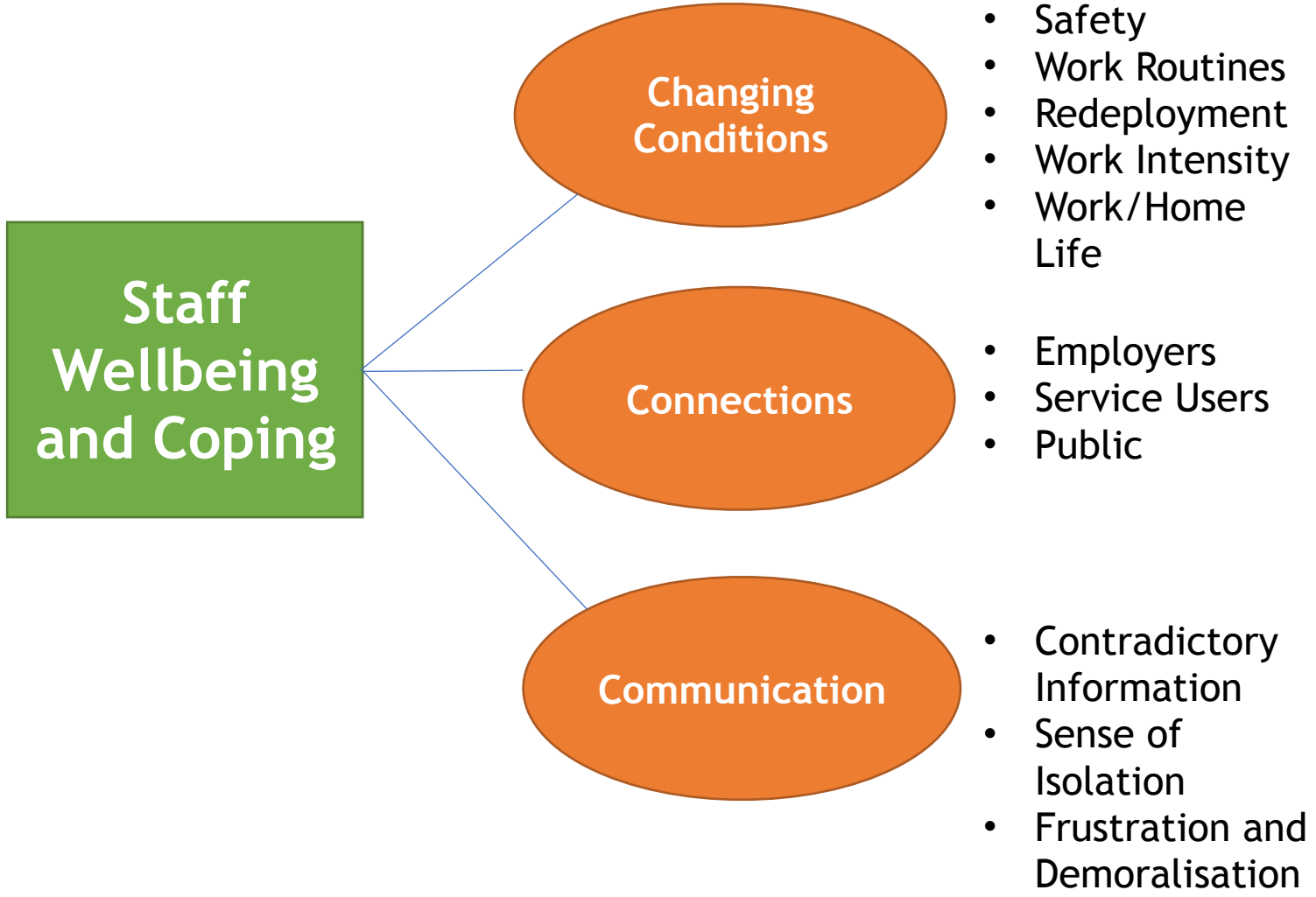
Occupational Groups

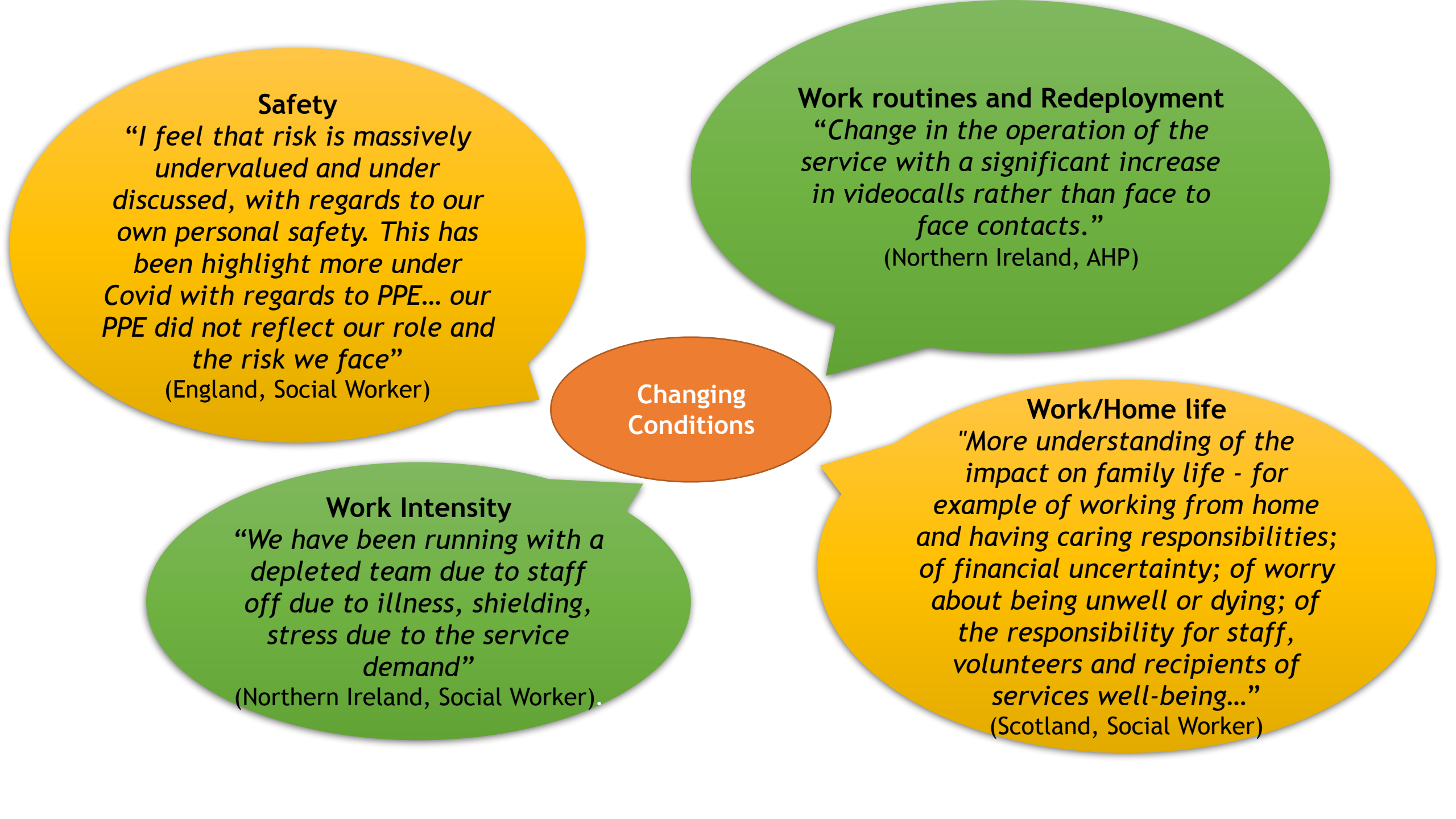


Key Findings

Active coping, Use of emotional support, Recreation and relaxation, Work-family segmentation predicted higher WRQOL scores

Behavioural disengagement predicted lower WRQOL scores




Safety
"I feel that risk is massively undervalued and under discussed, with regards to our own personal safety. This has been highlight more under Covid with regards to PPE… our PPE did not reflect our role and the risk we face"
(England, Social Worker)
Work routines and Redeployment
"Change in the operation of the service with a significant increase in videocalls rather than face to face contacts."
(Northern Ireland, AHP)
Changing Conditions
Work Intensity
"We have been running with a depleted team due to staff off due to illness, shielding, stress due to the service demand"
(Northern Ireland, Social Worker).
Work/Home life
"More understanding of the impact on family life - for example of working from home and having caring responsibilities; of financial uncertainty; of worry about being unwell or dying; of the responsibility for staff, volunteers and recipients of services well-being…"
(Scotland, Social Worker)

Employers

"We haven't heard of our manager barely at all through the pandemic. We have had no direction or advice on our job roles through this all."

(Wales, Nursing)

Service Users

"I am working from home. No face to face contact, so can't physically see if children are safe. Most vulnerable are at risk and numbers have increased" (Scotland, Social Worker)

Connections

Public - Clap for Carers

"It felt like it was only for NHS workers and carers, care home staff and social workers were not talked about as being who the clap was for."

(England, Social Worker)

Communication

Contradictory information

"Sometimes the information sent out… was contradictory so that at times I felt supported to work remotely and other times I didn't. This was extremely stressful and worrying."

(England, AHP)

Frustration and Demoralisation

"... we had resuscitation protocols sent to us… for someone with suspected COVID-19. It said if someone was collapsed to ring the call bell (where are call bells in patient homes??) to not attempt resuscitation until you were gowned in full PPE (which has to be done with a buddy and in the community we work alone and when this protocol came out we still didn't have any PPE to use."

(England, Nursing)

Social Workers working remotely during the pandemic: The SWORD Study

Sample: 1171 social workers

Positive experiences when working remotely

- Clear about what is expected of them
- Organisations are aware of the risks
- Able to access the information required
- Feel connected to their team
- Communication and support are effective

Areas for improvement when working remotely

- Management of change ineffective
- Workload and tasks not adjusted to more challenging conditions
- Deteriorating work-life balance
- Hard to get support for secondary trauma

Kinman & Grant (2020) with Research in Practice

Social Work Organisational Diagnostic Tool (SWORD)

Examines people's perceptions of how their organisation supports their resilience.

5 key foundation principles:

- secure base
- sense of appreciation
- learning organisation
- mission and vision
- Wellbeing

See https://sword.researchinpractice.org.uk/aboutg

The HOW Social Work Project & Toolkit

Co-produced and disseminated via toolkit MH and wellbeing initiatives for social workers

- Surveys (4000+ social workers), interviews (50+ individual interviews), focus groups (4 focus groups).
- Developed toolkit to support social worker wellbeing across the UK.
- Initiatives are: organizational; team; and individual
  - Organisational: workload, support trees.
  - Team: practice supervision, peer support.
  - Individual: breaks, exercise, psycho-education.

https://www.basw.co.uk/resources/social-worker-wellbeing-and-working-conditions-good-practice-toolkit

Some Good Practice Recommendations

- Employers are recommended to offer flexibility around working hours and location - including working from home.
- Working from home – connectivity, fairness, rules
- Staff involvement in decision making.
- Connection with colleagues, visibility of managers.
- Skills training and preparation for redeployment
- Statutory Sick Pay – deploying agency staff or temporary staff Terms and Conditions
- Wellbeing and taking leave – supporting breaks and work life balance.

To Summarise

- Health and Social care staff are working harder than ever before.
- Doing the best they can to support service users and patients in ongoing difficult times.
- Therefore, we need dedicated and targeted support for SC staff.
  - Monitoring via SWORD.
  - Adopting suggestions in Best Practice Toolkit by BASW and I.
  - Consulting with staff, consider some of the suggestions from the outcomes of these consultations.

Thank you for this opportunity to share our research findings

www.hscworkforcestudy.co.uk

j.ravalier@bathspa.ac.uk