



HEALTH AND SOCIAL CARE WORKFORCE STUDY: POLICY BRIEF

'The Health and Social Care Workforce Research Study' (May 2020 – March 2023) involved six surveys over six phases of the COVID-19 pandemic, cumulating in 14400 responses. The surveys measured wellbeing, quality of working life, burnout, intention to leave and the adoption of coping strategies. The surveys also included several qualitative questions to explore the overall experiences of workers and more specifically their perspective on supports offered by employers. Additionally, 18 Focus Groups were conducted with front line workers, managers, and Human Resource colleagues. The analysis of the data underpins good practice recommendations for managers, employers, and regulators on how to support the workforce.

A number publications and study reports can be accessed on the [HSC workforce study website](#), where you can find detailed analysis of the quantitative data that examines results of workforce wellbeing, quality of working life, burnout and intention to leave, alongside an overview of the qualitative analysis and emerging themes.



“Huge unmanageable caseloads and work demands that are impossible to meet within working times. Often don’t have time to take breaks... it’s an intense environment that has a significant impact on workers physical and mental health”.
(Social Worker, Northern Ireland, Phase 5)



The study's findings provide valuable guidance for managers, employers, and regulators on supporting the workforce. Post-pandemic and alongside ongoing HSC challenges, the HSC Workforce Study has potential to inform efforts to improve the wellbeing of the HSC workforce. Health, Wellbeing and Safety is a critical workstream for the HSC employers and Department of Health (NI), with the objective to develop a policy framework that will guide HSC trusts in addressing workforce wellbeing. Furthermore, it is recognised that the experience and judgement of HR and OD professionals across HSC employers is integral for informing the development of such a framework. HR and OD professionals, who are responsible for interpreting wider organisational policies, interfacing, consulting with and advising front line managers, are at the cold face of workforce wellbeing issues. Their proximity to the overall workforce means HR and OD should be an influential stakeholder in the design of wellbeing policies.

Below is a summary of key findings and recommendations from the HSC that may be influential in informing the reflections and actions of HR and OD professionals when considering the development of wellbeing policies across HSC employers.

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Key findings from the final phase of the study reveal:

Both mental well-being and quality of working life deteriorated from Phase 1 to Phase 6 of the study. When the well-being scores were converted to indicate probable or possible cases of depression/anxiety, it was found that UK-wide, 12.8% were probable (likely) cases of anxiety or depression and a further 24.0% were possible cases of anxiety or depression.

The overall Work-Related Quality of Life (WRQOL) score across the UK for phase 6 the lowest of all the phases. When the WRQOL scores were converted to Lower, Average, or Higher quality of working life, we found that UK-wide, 50.2% of respondents had lower quality of working life, 24.2% had average quality of working life and 25.5% had higher quality of working life in Phase 6.

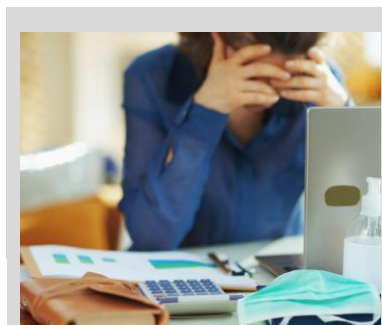
UK-wide there was a significant decrease in the use of all positive coping strategies and an increase in the use of negative coping strategies such as Venting, Behavioural disengagement, and Self-blame from Phase 1 of the study to Phase 6.

In Phase 6, the personal, work-related, and client-related burnout scores UK-wide were all higher in phase 6 than in phase 2.

Nearly one-half of the respondents UK-wide (43.0%) had considered changing their employer, with the highest proportion of these being from England (51.5% within England) and followed closely by Northern Ireland (43.3% within Northern Ireland).

Respondents who stated that they were intending to leave their employer and occupation reported lower average well-being and work-related quality of life scores and higher burnout scores than those who did not intend to leave their employer or occupation.

Most respondents did not take up employer support (74.4% UK-wide). For those respondents who accessed employer support, the most common were manager support (48.5%), well-being support (45.4%), peer support (34.7%), and counselling services (33.2%).



*“Feel like I have to be more cutthroat and almost have to care less at work to get through it. If I think about the experience of patients, in pain/ delays due to covid, it’s horrible. If I thought about it every day, I’d be miserable.”
(AHP, England, Hospital).*



“Family life and work blurred as I worked so much over time to make up for staff shortage and volume of work. I know I need to ensure boundaries, but this is hard to do when you work in social care due to staff shortages.”

Themes identified through open-ended questions and focus groups from all phases are summarised below under three emerging themes of Changing Conditions, Communication and Connection. These further underpin the recommendations which are detailed in the final report of Phase 6. Below is a summary of key recommendations that may be influenced by HR and OD across HSC Employers.

Themes	Sub-themes	Good Practice Recommendations
Changing conditions	<ul style="list-style-type: none"> Changes to work routines. Increasing work intensity, complexity and ‘new normal’ culture shift. Moving from crisis to crisis . 	<ul style="list-style-type: none"> Address retention and recruitment challenges. Enhance relevance, availability, and

	<ul style="list-style-type: none"> ▪ Overworked workforce. ▪ Staffing levels – shortages, recruitment, and retention. ▪ Concerns about safety and safe staffing. ▪ Strategies to improve safe staffing. ▪ Dependency on agency staff. ▪ Capacities for developing skill mix. ▪ Competition for resources. ▪ Service-user satisfaction. ▪ Increasing staff frustrations around pay. ▪ Work Life boundaries and Impaired work-life balance. ▪ Flexibilities. ▪ Career Outcomes and Opportunities. 	<p>accessibility of staff well-being support mechanisms.</p> <ul style="list-style-type: none"> ▪ Encourage the uptake of annual leave and regular breaks. ▪ Put into practice the advantages of more flexibility in employment. ▪ Consider effectiveness of employee voice mechanisms.
Connections	<ul style="list-style-type: none"> ▪ Changing relationships with service users, teams, managers and at home ▪ Time to cultivate relationships. ▪ Relationships with dissatisfied service users. ▪ Impact on meaningfulness of work and job satisfaction (moral distress). ▪ Feeling (Un)valued. ▪ Impact of remote and hybrid working ▪ Incivility between workers, agencies, departments. ▪ Experiences of new staff. ▪ Leadership and line management interventions. 	<ul style="list-style-type: none"> ▪ Strengthen the mechanisms for team communication and team supports. ▪ Strengthen support for line managers (focus on core people management skills). ▪ Enhance organizational and change management support to encourage timely information sharing, sharing of experiences and expertise and good team management practices.
Communications	<ul style="list-style-type: none"> ▪ Timeliness and consistency of information and decision making. ▪ Consultation with front line staff. ▪ Prioritisation placed on work tasks. ▪ Usefulness of IT support. ▪ Availability of management support. ▪ Powerlessness of managers. ▪ Availability of team supports. ▪ Recognition and Acknowledgement. 	<ul style="list-style-type: none"> ▪ Supportive individual/ team supervision and team management for all. ▪ Identify and address toxic workplace climates.

For more information about the HSC workforce study please visit

www.hscworkforcestudy.co.uk

Or contact the Principal Investigator, Dr Paula McFadden (p.mcfadden@ulster.ac.uk).

The research team thank everyone who contributed to this research.