

Nursing, midwives, Allied Health Professionals, social workers and social care workers' quality of working life and coping while working during the COVID-19 pandemic: May – July 2022 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** 



Survey:

Anonymous online questionnaire

Phase 1: May – July 2020

Phase 2: Nov 2020 – Feb 2021

> Phase 3: May-July 2021

Phase 4: Nov 2021-Feb 2022

> Phase 5: May-July 2022

8-8

**6** 



**Focus Groups:** 

Phase 2: December 2020 Frontline workers and managers.

Phase 3: May-July 2021 - Frontline workers and managers.

Phase 4: Nov 2021-Feb 2022

– HR, Frontline workers and managers.

Phase 5: June-July 2022 – HR, Frontline workers and managers.



### **†††††††Demographics**

Mental wellbeind (Short Warwick Edinburgh Mental Wellbeing scale)

Quality of working life (Work-Related Quality of Life)

😤 Burnout (Copenhagen Burnout Inventory) – Phase 2 onwards

Coping (Brief COPE; Clark et al.'s Coping with Work and Family Stressors Scale)

> -[?] Qualitative open-ended questions

# **Factors** associated with Coping

Use of all positive strategies were below UK average amongst Social Workers, Nurses and Midwives, but above average among Social Care Workers and AHPs

Social workers and Midwives were also the group most likely to cope by venting and self-blame.

Line managers were more likely than other staff to use acceptance, active coping, positive reframing and planning, and less likely to use self-blame, substance use, or behavioural disengagement.

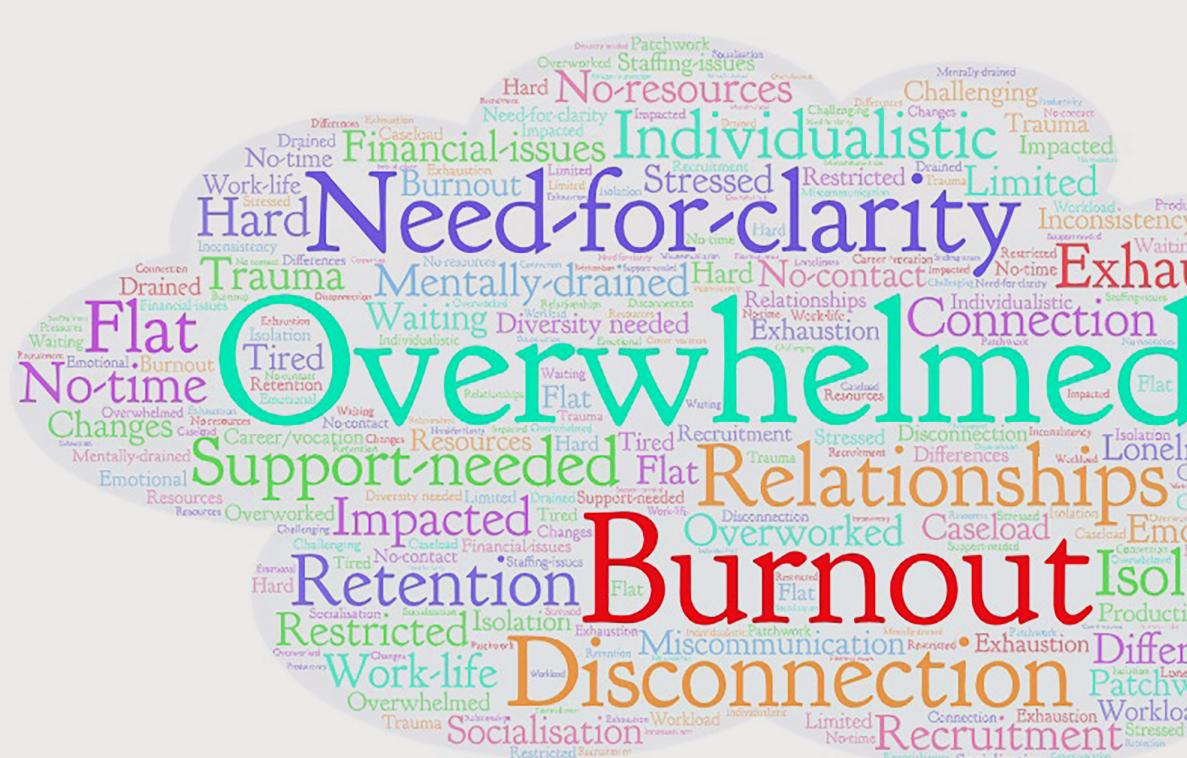
Positive and constructive coping was lower in some areas of practice: respondents working with older people, in physical disability or in midwifery.

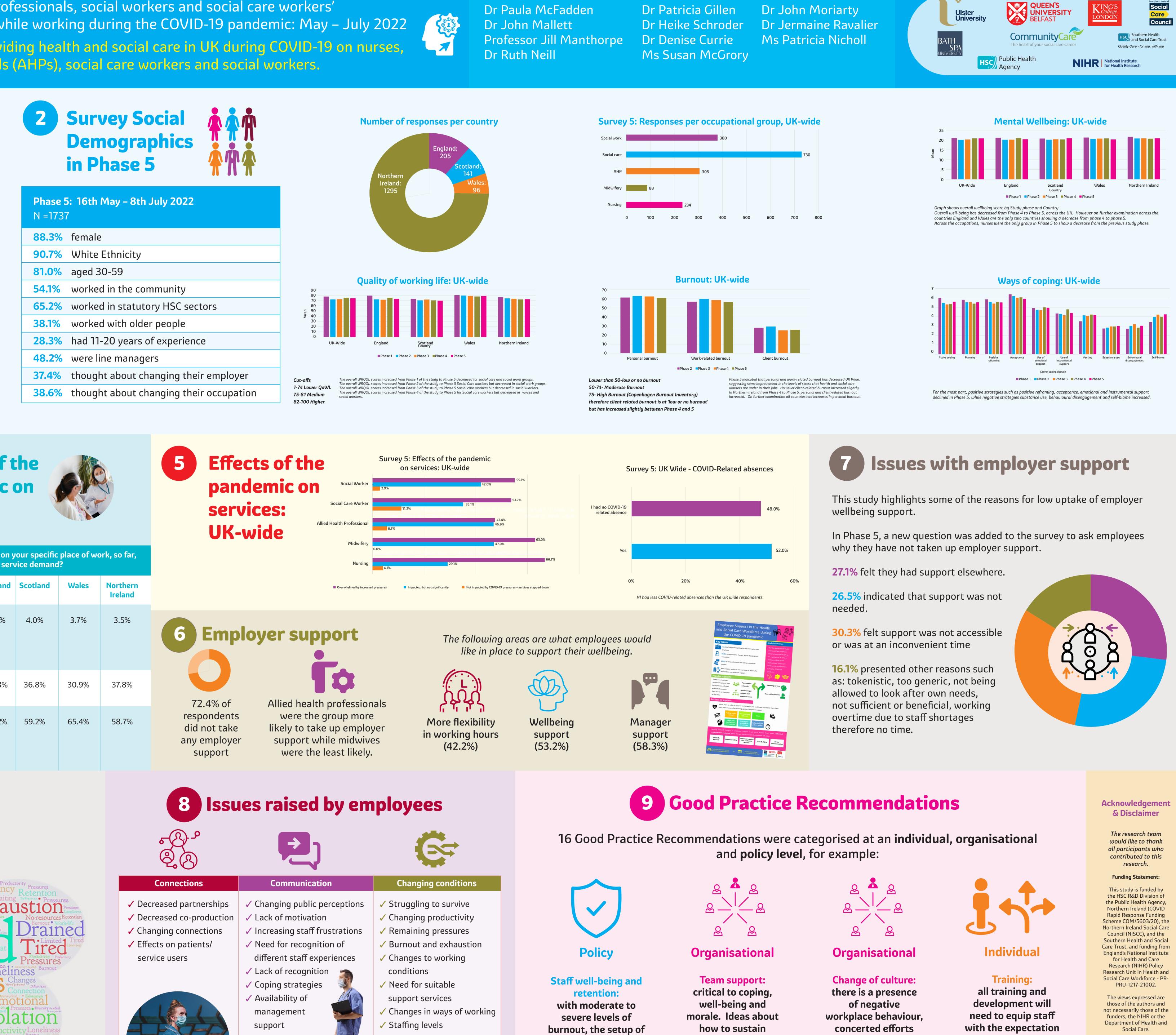
Age, gender and ethnicity of respondents were also strong predictors of coping styles, for example with younger respondents more likely to engage in behavioural disengagement and self-blame, and white respondents having lower scores in positive coping strategies. Females scored higher in self-blame strategies.

## **Effects of the** pandemic on services

What was the impact of COVID-19 of in relation to patient numbers and s			
	mpact of COVID 19 on services	UK-Wide	Engla
b p s	lot impacted by COVID-19 bressures – ervices tepped down	7.2%	4.9%
	mpacted, but ot significantly	33.4%	36.8
b	Overwhelmed by increased pressures	59.4%	59.29

## **Qualitative responses – Word Cloud**





well-being services

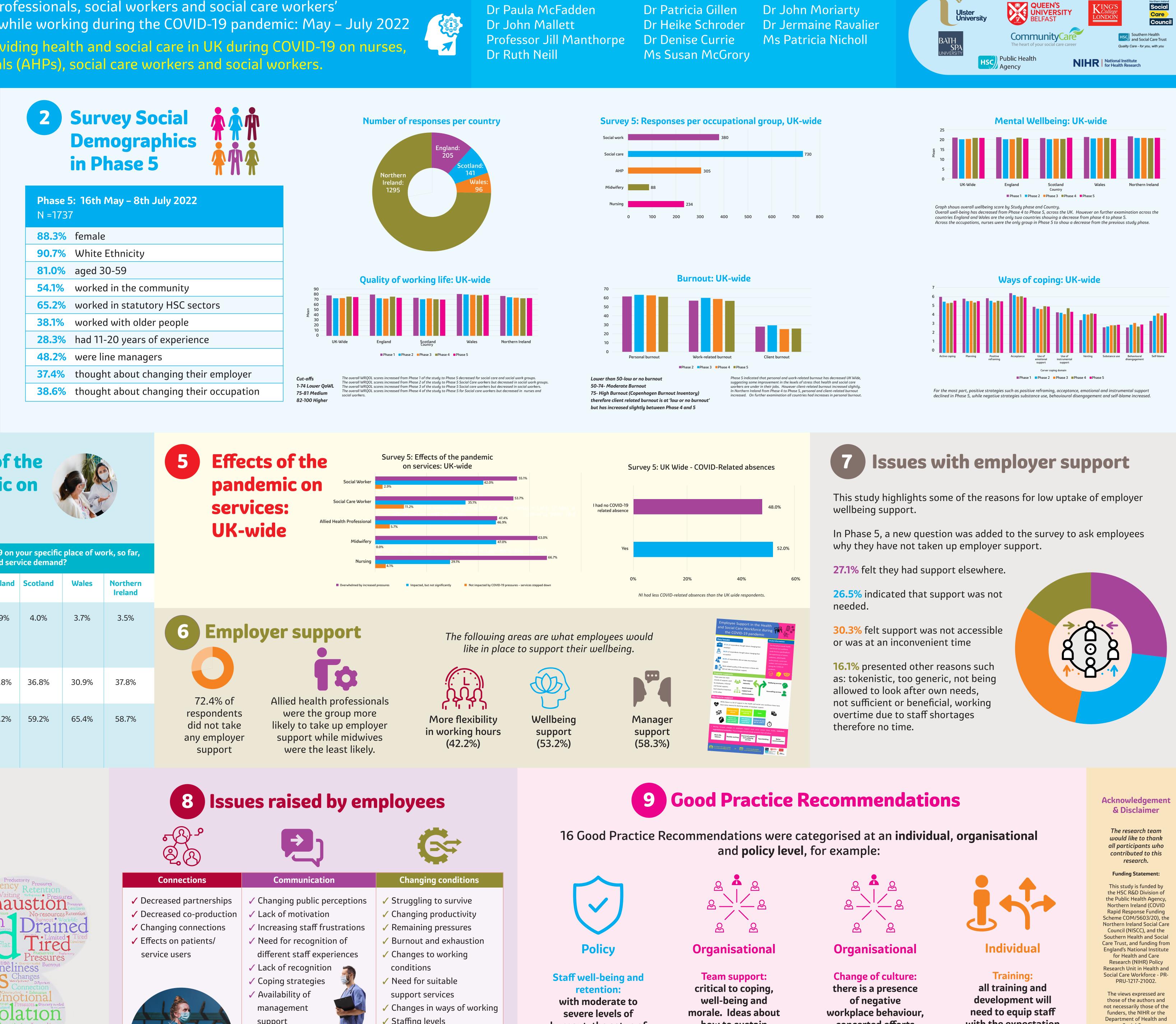
while appreciated did

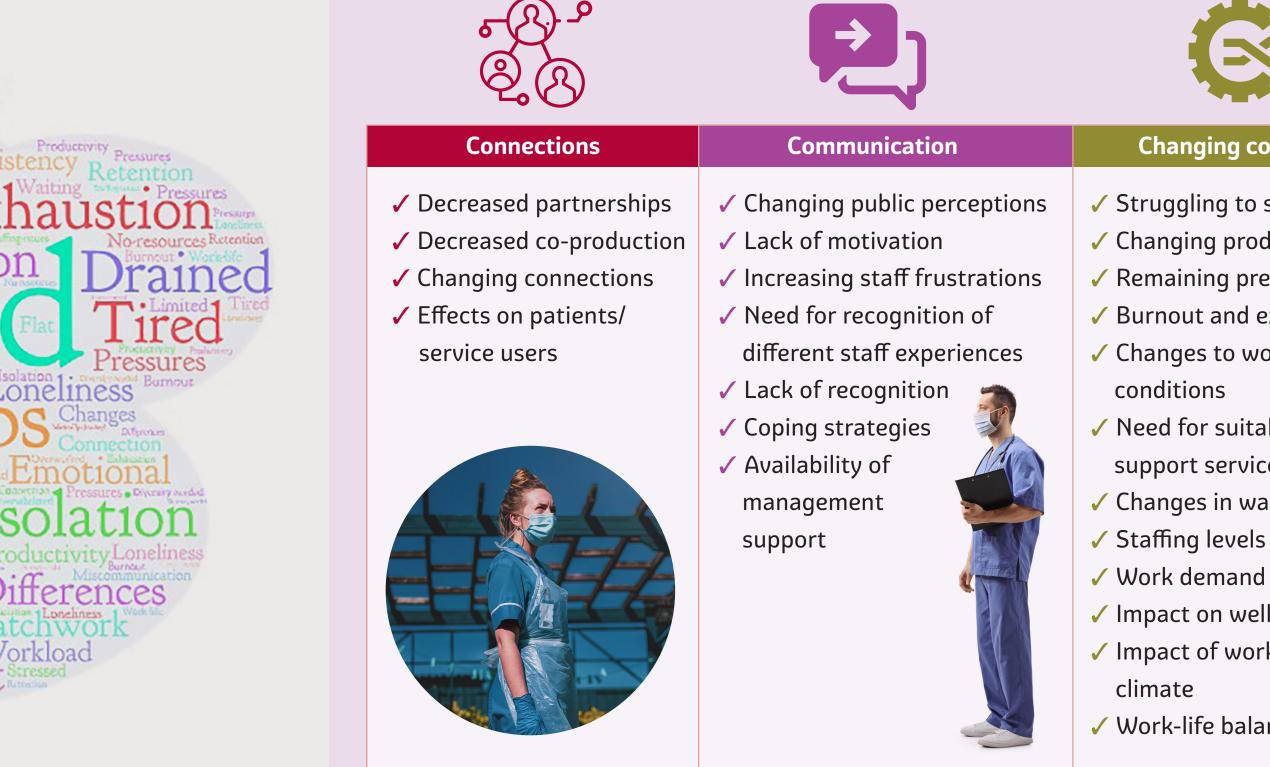
not meet the needs of

others. Accessibility

is key moving

forward.







✓ Impact on well-being ✓ Impact of work-place

✓ Work-life balance

concerted efforts that are resourced and sustained are required.

a positive team

culture and climate

should be nurtured

so that support is

available.

with the expectation and ability to, where possible, perform multiple or new roles, strategies to accomplish this are needed.

Social Care.

### Thank you!!!

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