Health And Social Care Workforce Study: A HR/OD Perspective for Translating Workforce Wellbeing Policies to Practice

February 2024

Report : Findings From Research Engagement Workshop

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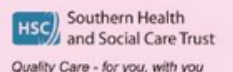Professor Jill Manthorpe

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November 2023- February 2024

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Introduction

The wellbeing of the Health and Social Care (HSC) Workforce is critical for ensuring staff retention, workforce performance and ultimately patient outcomes. The UK-wide 'Health and Social Care Workforce Research Study' (May 2020 – March 2023) examined workforce wellbeing during the COVID-19 pandemic. This study provides valuable guidance and evidence-based recommendations for managers, employers and regulators on supporting the workforce. Post-pandemic and alongside ongoing HSC challenges, the study's findings have potential to inform efforts to improve the wellbeing of the HSC workforce. This is particularly timely given that Health, Wellbeing and Safety is a critical workstream for HSC employers and the Department of Health (NI), with the objective to develop a Northern Ireland Regional HSC Workforce Health and Wellbeing Framework that will guide HSC employers in addressing workforce wellbeing.

The aim of this report is to inform the ongoing development of this framework and how it should be implemented. In this report, the HSC Workforce Study team discuss findings from a research engagement workshop (Nov 2023) that followed the HSC workforce research study. With support from Health and People Management Association (HPMA) NI, the research engagement workshop explored insights from Human Resource (HR) and Organisational Development (OD) practitioners (and other workforce wellbeing champions) regarding the design and implementation of wellbeing-related policies and practices and their outcomes for the HSC workforce in NI. Utilizing evidence-based scenarios to explore the response of HSC employers to workforce wellbeing issues, the workshop activities and subsequent analysis reveals key insights about the efficacy of wellbeing-related policy and practice. Drawing from the analysis of the engagement workshop, this report outlines a number of recommendations that consider both the content and implementation of the Regional HSC Workforce Health and Wellbeing Framework.

The HSC Workforce Study

The evidence presented in the workshop was based on the 'The Health and Social Care Workforce Research Study' (May 2020 – March 2023) which 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 that explored 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.

The role of HR/OD practitioners in translating and informing policy and practice: Sense-giving, Sense-making and Sense-checking

The HSC Workforce study's outputs and its Good Practice Recommendations have been widely disseminated to relevant stakeholders. However, a critical activity for informing the development of workforce wellbeing policies and practices is to sense-check evidence-based insights with HR/ OD and related practitioners who are responsible for interpreting wider organisational policies, interfacing, consulting with and advising front line managers at the cold face of workforce wellbeing issues. It is these practitioners who are often instructive at solving problems when there exists uncertainty and ambiguity about the implementation of workplace policies in different organisational contexts. The focus of this report is therefore based upon the insights garnered from HR/OD practitioners regarding the existing and potential enhancement of wellbeing policies and practices in NI HSC employers.

Although the responsibility of workforce wellbeing is organisation-wide, HR/OD has multiple interlocking roles when it comes to the design and implementation of organisational wellbeing policy and practice and thus, for the following reasons, are deemed an influential stakeholder in the development of a Health and Wellbeing Regional framework:

- HR/OD 's proximity to the overall workforce means it has an instrumental role in identifying the wellbeing needs and requirements of the workforce and linking these to the overall attainment of organisational goals through policy design. Furthermore, HR/OD must ensure the alignment of policies with cultural values and consider how policies comply with legal requirements and industry standards.
- Once policies are designed, HR/OD have responsibilities for ensuring the effective implementation of policy into practice, ensuring intended improvements in organisational outcomes are realised. HR/OD's role in addressing effective implementation is multifaceted. For example, it must ensure policies and practices are communicated to the wider workforce, it must gain feedback from organisational stakeholders regarding the implementation of policies and practices, and it may also monitor and report on the policy's return of investment drawing from appropriate organisational data. However, most significantly HR/OD must actively engage with, support, and advise organisational line managers entrusted to deliver and implement wellbeing policies and practices for the benefit of their teams. When encouraging the line management role in implementation, HR/OD must ensure line managers have 1) the ability, i.e. appropriate skills and knowledge to deliver wellbeing policies and enact wellbeing practices appropriately, 2) the motivation or appropriate incentivisation to manage workforce wellbeing well, and 3) the opportunity to deploy wellbeing policies and practices appropriately, i.e. ensuring enablers to implementation, such as resources are boosted, whilst constraints are removed. (Trullen et al, 2016). Therefore, HR/OD must go beyond the provision of practices and technical advice and must also engage in relational and political manoeuvring to ensure line managers are influenced to utilise such practices effectively and as intended. These actions are integral to HR/OD's 'sense-giving' role directed to line managers when changes to wellbeing policies are implemented.
- Third, (and interlocking with the first) it is this relational experience of dealing with line managers that must also be considered in the design of policy. HR/OD often interface, consult with, and advise front line managers at the frontline of workforce wellbeing issues. Where there exists uncertainty and ambiguity about the implementation of workplace policies in different organisational contexts, HR/OD are at the forefront of problem solving and will have amassed a great deal of contextual insights regarding the enablers and constraints of translating policy to practice. It is these interactions that are not only important for HR/OD in 'sense-giving' directed at line managers but are also important for HR 'sense-making' regarding the effectiveness of existing policy and practice.

Therefore, given these interlocking roles, HR and OD professionals are important constituents for 'sense checking' ongoing policy development for workforce wellbeing in line with their experiences of how policies are translated to practices, how they are delivered by line managers and how wellbeing issues are experienced by the workforce.

Supported by HPMA NI, the research team identified key HR/OD and wellbeing champions across NI HSC employers to participate in a research engagement workshop that aimed to explore the evidence relating to the experiences of wellbeing issues across the HSC workforce, and thus inform the ongoing development of the Regional HSC Health and Wellbeing Framework and how it should be implemented.

Workshop Design and Analysis

The workshop aimed to:

- Create a 'rich picture' of the insights relating to, and the experiences of, the implementation of current wellbeing-related policies, practices and approaches used to support HSC workforce wellbeing.
- Co-evaluate the research evidence accumulated from Health and Social Care workforce study and from recent internal organizational assessments of wellbeing approaches.
- Collate and evaluate the sources of evidence to inform and 'sense – check' ongoing developments of the HSC Health and Wellbeing Policy Framework.

The workshop was conducted in November 2023 with participants who were identified and invited by HPMA NI. Participants were in various roles that championed or addressed workforce wellbeing issues. Many participants were HR and OD practitioners, with an integral role in advising line managers and the wider workforce about wellbeing-related issues. Workshop participants included representation from all HSC employers and service agencies, such as the Business Service Organisation.

The workshop was designed around 3 sessions which were anchored upon a set of scenarios (Appendix B) that have been derived from the HSC Workforce Study Findings. These scenarios were fictious, but they were crafted based on the reported experiences of the health and social care workers who participated in the survey and focus groups for the HSC Workforce Study. The scenarios were designed to reflect the key findings and insights from the HSC Workforce Study, particularly from the wealth of qualitative data that the study accumulated and focused on the key themes of Conditions, Communication, and Connection. Therefore, although the scenarios were fictious, they were evidence-based. The scenarios explored a range of issues such as team dynamics, workload, working conditions, incivility and frustrations, sickness absence and staff shortages, changing processes and routines, communication, intention to leave, and concern for service users.

Session 1 – What is the current approach to addressing workforce wellbeing?

The aim of this session was to develop a rich picture of the current approach to workforce wellbeing from the perspective of HR/OD practitioners, and other workforce wellbeing champions. Using different wellbeing scenarios (appendix B), this session explored how HSC employers would respond to and support employees, teams and managers when faced with difficult well-being related situations. Furthermore Session 1 activities were initiated promptly and purposively at the start of the workshop to ensure the workshop participants' experiences and responses would reflect current practice and approaches before being informed about the likely trajectory for the HSC Workforce Wellbeing Framework and Strategy that was scheduled for session 2.

Session 1 focused on the following questions.

1. What would you do or advise in each evidence-based scenario? Please provide examples of current HRM and wellbeing-related policies, practices and approaches you would use to address the issue.
2. Based on your experience, what are the likely challenges regarding the implementation of the suggested policies, practices /approaches?
3. What are the likely outcomes of how this type of scenario is normally approached?

Workshop Design and Analysis Continued

Session 2 – What is the changing context for addressing HSC workforce wellbeing in NI?

The aim of session two was to inform workshop participants about the changing context for addressing HSC workforce wellbeing in NI. The session included presentations from representatives from the Department of Health, HSC Leadership Institute, Business Services Organisation and the HSC Workforce Study team. Firstly, the challenge of addressing workforce wellbeing was contextualised in reference to the 2026 HSC workforce strategy. Second, to understand more clearly the current offering and availability of workforce wellbeing supports, the results of a Health and Wellbeing Services and Procedures Audit were shared with workshop participants. Third, representatives from HSC Leadership Institute presented an outline on the framework that was being considered to guide improvements to health and wellbeing across HSC employers. Finally, the HSC Workforce Study Research team summarised key findings from their 6-phase study and shared good practice recommendations for addressing workforce wellbeing. Overall, the purpose of this session was to inform participants of the likely trajectory of workforce wellbeing policy, to discuss the challenges for implementing change, and to develop a deeper understanding of the range of factors and workforce issues that affect, and are affected by, workforce wellbeing.

Session 3 - What is important for the future development of Workforce Wellbeing policies and practices?

The aim of session 3 was to sense-check the ongoing development of the Workforce Health and Wellbeing Policy in line with the evidence of the changing context that was presented in session 2. By returning to the evidence-based scenarios, workshop participants were tasked again with discussing how HSC employers would respond to and support employees, teams and managers when faced with difficult well-being related situations. However, participants were encouraged to identify how responses from HSC employers should reflect the evidence and holistic picture of wellbeing approaches and outcomes as presented in session 2. Session 3 focused on the following questions:

What would you do or advise in each evidence-based scenario?

1. Discuss how the information shared in session 2 could be applied/or is relevant to your scenario.
2. How have your attitudes changed towards the scenario and the protagonists involved?
3. Would you advise anything different to what you suggested earlier?
4. Would the likely outcomes change given response to question 3?

Workshop Data collection

There were seven tables of participants during the workshop, each table had between 3-6 participants and one facilitator. There was a range of workforce roles taking part in the workshop which allowed for of range of experience to inform the discussion. Responses were collected through Padlet (a digital notice board platform, post it notes, and a facilitator feedback form. The workshop also involved two 'live scribes' who were tasked with picturing visually the themes discussed throughout workshop. All the data collected was anonymous.

Workshop Analysis

Following the end of workshop, the table facilitators and researchers met immediately to discuss the workshop outcomes and make additional notes on the research team's insights and observations.
Outputs from the workshop (Padlet responses, post it notes and facilitator responses) were collated and uploaded to software program NVivo. Using thematic analysis, we open coded the data, allowing for the various data sources to be analysed according to emergent themes or categories. Additionally, 'axial' coding (Turner, 1981) was used during the review process.

Findings and Insights

Figure 1 illustrates the range of themes that were discussed at the workshop and visualised by the live scribes. These themes and how they were connected reflect the key insights that emerged upon further analysis. Overall, the findings from this workshop study can be grouped into four overarching themes (1) Policies, Practices and Procedures; (2) Structure and Roles; (3) Behaviour and Skills and (4) Values and Attitudes. However firstly the workshop analysis revealed insights about potential gaps in the adoption of interventive and preventative approaches to workforce wellbeing:

**Interventive and Preventative Approaches**

Throughout the workshop, participants focused mainly on the preventative measures that should be adopted to protect workforce wellbeing and to minimise the escalation of wellbeing-related issues. When referring to the scenarios, questions were often raised about the root cause of the issue, how the scenario evolved and why it escalated. Through this discussion participants often identified what should have happened before the situation escalated, referring to a range of approaches and practices such as the stress toolkit, change management policy, absence management, occupational health referral, or compassionate management.

> **"Too little too late, at crisis point" (Padlet Response)**

Yet, as acknowledged by participants, the implementation of preventative approaches designed to protect workforce wellbeing can often be untimely and sub-optimal when dealing with ongoing crises, thus leading to poorer workforce outcomes. When faced with acute wellbeing issues, a problem-solving intervention may be required that acknowledges holistically the factors influencing the situations that often arise. Throughout the workshop discussion, we identified that less emphasis was placed on the specific interventions and the problem-solving actions that were needed to resolve the acute wellbeing issues presented in the scenarios. Overall, the emphasis placed within the workshop discussion reveals potential cracks in the holistic problem-solving approaches adopted by HSC employers when operating in pressurised conditions.

Policies, Practices and Procedures

This section discusses the range of wellbeing-related policies, practices, and procedures that workshop participants identified as important when addressing the evidence-based scenarios presented. During the workshop it was acknowledged that informal as well as formal avenues should be considered when addressing wellbeing issues.

> **"Every different service within HR might have a different answer" (Facilitator Notes)**
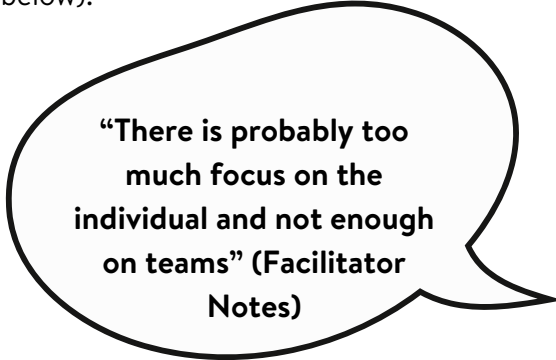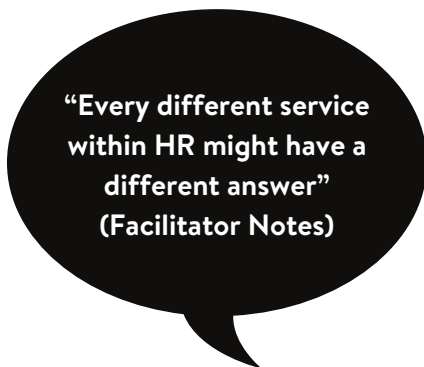
Formal policies relating to Sickness and Absence, Management of Change, Capability and Performance Management, Appraisal, Clinical Supervision alongside Occupational Health Referral and the Stress Toolkit were identified as instrumental when responding to the wellbeing scenarios. However, participants also acknowledged that when considering the range of HR and well-being related policies, and the range of advice that line managers received in relation to these policies, that responses to and support for wellbeing issues could often be inconsistent or misaligned to an overall ethos of compassion and support. For example, in relation to scenario 3, participants explained that policies relating to employment relations, absence management and occupational health and wellbeing may all dictate different responses to the same situation.

Therefore, it was deemed crucial to ensure that established policies align with overall principles of a wellbeing framework, while also ensuring the range of HR policies align and support the principles of one another.

Structure and Roles

This section discusses the structures and roles, and the required resources that were identified as important for addressing workforce wellbeing appropriately. Firstly, the importance of Line Management as "Wellbeing Gate-openers" was widely agreed by workshop participants. Line managers are often the first port of call for individuals and teams struggling with wellbeing-related issues. Therefore, line managers must be empowered, supported, and recognised for undertaking this role. As the workshop participants discussed the scenarios, the line manager role was widely recognised as being vast and varied. Depending on their area of work, line managers may have professional duties (eg clinical duties) operational duties and responsibilities, alongside responsibility for the personnel management of their respective teams. Protecting workforce wellbeing and handling acute wellbeing issues were deemed key aspects of the line manager's personnel responsibilities, however many cautioned about the reliance upon line managers for addressing workforce wellbeing issues, particularly when they may be over-burdened with other responsibilities, or when they may not be skilled or experienced in wellbeing matters (See behaviours and skills below).

"There is probably too much focus on the individual and not enough on teams" (Facilitator Notes)

to enabling the line management role in addressing workforce wellbeing was ensuring they had the appropriate 'wrap around' support. For example, having access to appropriate and timely advice from HR advisors or Business Partners was deemed crucial for handling acute wellbeing issues, but also for protecting workforce wellbeing through advising on how best to maintain well-functioning teams with appropriate workforce planning and development.
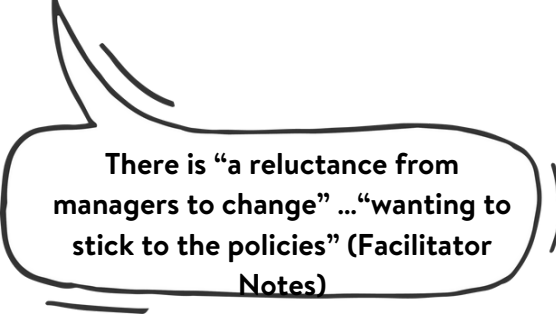
Yet participants discussed how the quality and availability of this support could vary across teams and employers, and it was noted that some line managers may not have direct access to a HR business partner or advisor that is familiar with the context they work in. Ensuring more balanced and integrated HR/OD support for line managers across HSC employers was viewed an important aspect of the wider line management support infrastructure required. It was also noted that a range of wellbeing supports were already offered and targeted to individual employees, but that the communication and promotion of these resources could be more targeted. For example such resources could be used by line managers in a more integrated fashion to support teams and individual team members.

Time for implementing good people and team management practices was identified as critical for influencing wellbeing outcomes. Recognising that line managers are often time scarce, workshop participants cautioned about placing additional wellbeing- related responsibilities upon line managers as part of a wider change to health and wellbeing policy. Some commented that line managers can't continue to be asked to do more and more without the appropriate infrastructure to support them. It was recognised that pressures on line managers could be exasperated when they are expected to consider a range of HR policies that could be contradictory, too formalised, and inconsistent with espoused values of compassionate management

"Middle Mangers are in the hardest positions" (Padlet response)

The interpretation of HR and well-being related policies, such as the above listed, alongside the consistency of their implementation was also featured significantly in the workshop conversations. Participants understood that evoking the formal HR policies rigidly can, at times, escalate issues unnecessarily, especially when a more informal problem-solving approach can be adopted. Participants appreciated the complex nature of wellbeing issues that emerge in Health and Social Care settings involving both individuals and teams, yet acknowledged the limitations in addressing issues holistically and flexibly under current policies and procedures. For example, participants identified that some line managers were often nervous about following formal policy and procedure correctly and were reluctant to use discretion. OD and HR participants agreed that encouraging line managers to apply discretion to policy implementation was tricky but still necessary to ensure problems and issues could be more easily resolved in the interests of all. Therefore, while it was recognised that the consistent implementation of such policies was paramount for ensuring compliance with employment laws and fair treatment, line managers and their HR Advisors should apply discretion when considering the wider context of the emerging issues alongside the guiding principles and intentions of the policies, practices and procedures being evoked.
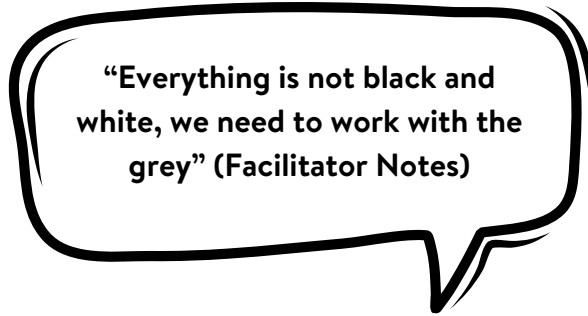
There is "a reluctance from managers to change" …"wanting to stick to the policies" (Facilitator Notes)

A key challenge for line manager decision making is ensuring that the right policy is evoked at the right time. For example, participants revealed that inappropriate or untimely referrals to occupational health could result in a worsening of employee wellbeing, particularly if the situation led to capability management interventions. In contrast, participants also pronounced the benefits of supporting employees to self-refer to occupational health to protect their wellbeing if they were unable to cope with increasing work pressures.

This highlights the importance of procedural flexibility that allows for multiple access points to wellbeing support which are open to line managers, teams and individuals. Therefore, education about the intention underpinning current HR policies, the scope to apply discretion, and when and how best to evoke relevant HR policies and procedures was considered important by workshop participants when managing wellbeing issues holistically.

Participants also acknowledged the importance of involving line managers in the development of wellbeing policies so their perspective and interpretation could be considered. Co-designing wellbeing policies with line managers may not only promote line manager 'ownership' for wellbeing responsibilities, but may also reveal potential gaps, misconceptions or misalignment in policy implementation, particularly when considered alongside their experiences of executing other HR policies.
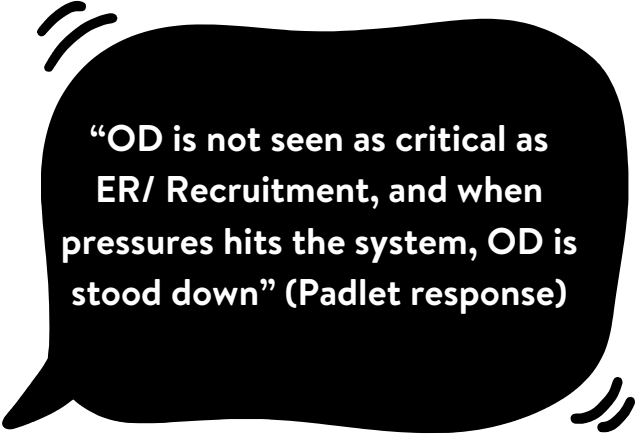
"Everything is not black and white, we need to work with the grey" (Facilitator Notes)

It was also acknowledged that the experience of line managers when evoking policies and practices to address wellbeing scenarios was invaluable learning and should be shared more widely across teams and HSC employers, particularly in relation to the types of informal resolutions applied to tricky problems, or the more general practices and routines adopted to protect workforce wellbeing. For example, insights from informal practices promoting 'team huddles' and protected 'team' time could be universally shared and applied across HSC employers.

Moreover, it was recognised that the positioning of policies and practices should be authentic and go beyond tick boxing. Participants welcomed the range of wellbeing supports that were reported to be offered across HSC employers (eg. results from audit reported in Session 2), involving supports that promoted health body, health mind, financial health and healthy relationships. However, participants were also curious about the uptake and perceived effectiveness of such supports and indicated an overall evaluation would be necessary to ensure resources are invested in those which are most effective and most utilised.

Considering the line management role in addressing workforce wellbeing, participants also identified examples of good practices that were adopted by some teams such as protecting time for team development and supervision of team members, regardless of the pressures of delivering day-to-day services. HR/OD practitioners commented on how teams often de-prioritized this time when engaging with daily firefighting, but that 'team time' should be an established routine that is encouraged, and 'permitted', even when teams are under pressure.

"OD is not seen as critical as ER/ Recruitment, and when pressures hits the system, OD is stood down" (Padlet response)
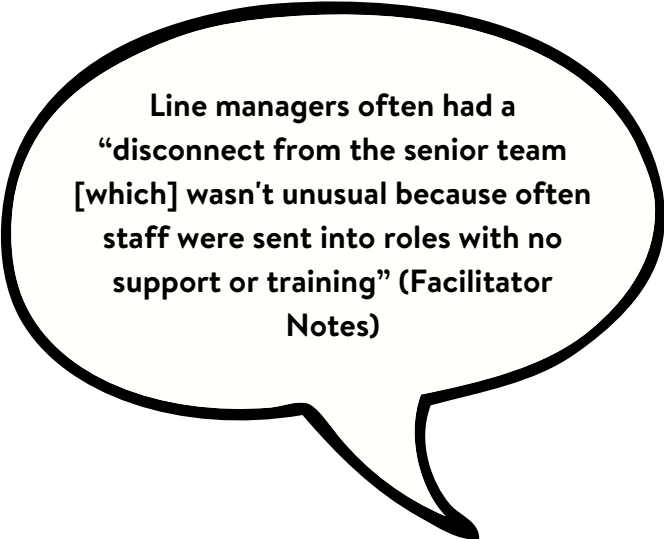
Some participants further discussed the importance of OD for supporting appropriate team development initiatives that can positively influence workforce wellbeing, yet were frustrated when their work can be deprioritised in comparison to Employment Relations or Recruitment.

Although the line management role was deemed integral for addressing workforce wellbeing issues, it was also acknowledged that employees and teams should have multiple options, beyond line managers, to raise issues and concerns about issues affecting their wellbeing. Partnership with trade union representatives was deemed critical to ensure the appropriate representation of concerns and perspectives, but it was also noted that employees should have 'open door' access to alternative managers or wellbeing champions to raise issues and concerns. Finally, another key insight raised by some workshop participants related to the impact of wellbeing issues on professional standards, yet professional governance structures and roles seemed to be underexplored in the wider workshop setting.

Behaviour and Skills

This section refers to the behaviour and skills required for ensuring workforce wellbeing. Whilst workshop participants placed most emphasis on the behaviours and skills that both line managers and human resource advisors require when dealing with workforce wellbeing issues, the importance of individual employee and team level skills and behaviours were also acknowledged.

Much of the discussion around skills and behaviours focused on the prevention of wellbeing issues. We found that proficiency in the appropriate knowledge and skills is vital for both Line Managers (LM) and HR/OD professionals.
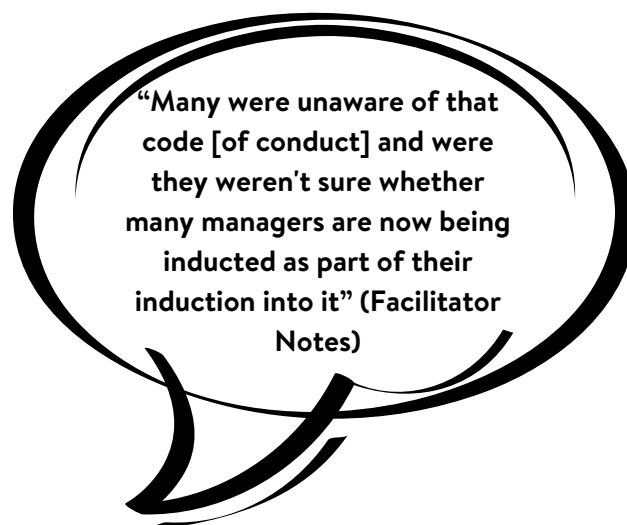
Line managers often had a "disconnect from the senior team [which] wasn't unusual because often staff were sent into roles with no support or training" (Facilitator Notes)

LM skills, particularly those focused on people, should be emphasised through revised job descriptions, code of conduct induction, and training initiatives. The data, however, indicated that line managers often moved into the team leadership and management role without initial induction or sufficient training that would have given them the people management skills and competencies needed to manage staff wellbeing issues. There was a feeling that line managers were not consistently aware of policies, codes of conduct, expectations of professionalism or how to engage with staff. Consistent induction and training courses were deemed necessary to enable line managers to effectively manage their teams and to enable them to identify wellbeing-related red flags early as well as to enable them to act quickly.

It is essential to conduct a comprehensive assessment of risks, including burnout and retention issues. People management skills and competencies should therefore include the ability to evaluate and manage risks, including those around burnout and staff retention. Workshop participants felt that line managers did not know enough about or make best use of data-driven wellbeing assessment methods (if these existed) to identify risks early. This included the use of both quantitative metrics, including health-related absences, and more qualitative narratives within their teams about their staff's health and wellbeing experiences. However, at the same time it is acknowledged that there needs to be transparency of metrics and survey data if these were used to manage staff. While it was seen as important to identify health-related red flags, line managers should also possess the skills to communicate positive examples of preventative measures. Learning from and effectively communicating positive narratives was therefore seen as instrumental in reinforcing a constructive organisational ethos. Likewise, it was considered important to identify and recognise good and effective behaviour and performance through rewards and appreciation, such as appreciation boards, to help motivate both line managers and staff.

Workshop participants also talked about interventions and how these could support staff in addressing acute wellbeing issues. Many of the preventative measures were reiterated as being helpful in acute settings as well. In addition, there was a positive feeling that the services had moved from a punitive to a compassionate approach in managing staff. This was seen as beneficial in addressing acute wellbeing crises. In this context, participants felt that HR and line managers needed fact-finding skills to assess the wider context of the issue to obtain a nuanced understanding of antecedents and consequences, allowing for informed decision-making.

"Many were unaware of that code [of conduct] and were they weren't sure whether many managers are now being inducted as part of their induction into it" (Facilitator Notes)

Furthermore, while knowledge of wellbeing policies and their implementation was seen as important so was having a degree of flexibility and discretion in applying policies in a compassionate way, which was seen as requiring additional people management skills beyond the mere policy implementation. Advocacy skills further helped to understand and solve problems collectively, to negotiate solutions and to build consensus amongst different parties within and across teams. Communication skills were seen as essential to ensure that solutions to acute problems were discussed and implemented transparently.
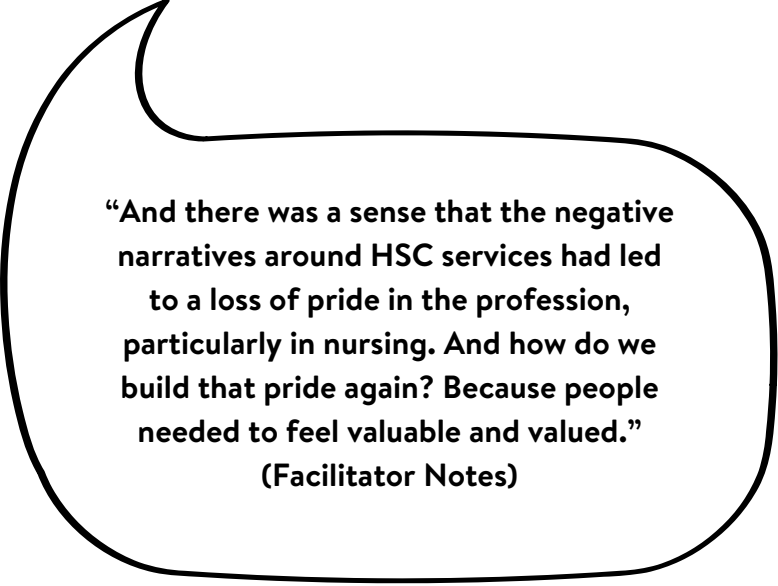
Values and Attitudes

"Make the values more visible, make them more live, not just laminated" (Facilitator Notes)
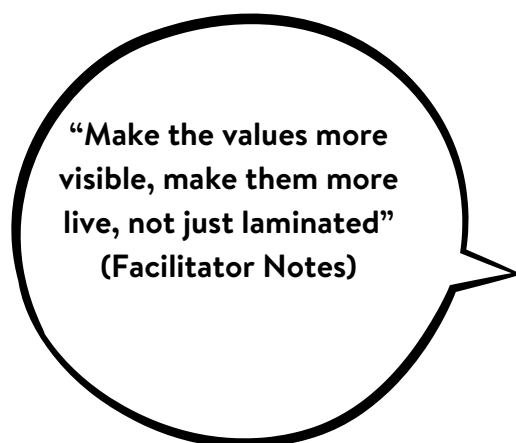
This section refers to the values and attitudes of organisations in relation to organisational policies and practices.

Much of the discussion around attitudes and values towards wellbeing followed a narrative around prevention rather than intervention measures. Most workshop participants referred to the importance of organisational commitment and values and responsibilities in underpinning people management measures. There was an emphasis on the importance of values such as team camaraderie, authenticity in support, and person-centric considerations. Furthermore, openness and transparency were seen as essential values in preventing wellbeing issues. Here, a consultative approach to people management rather than a commanding one was considered to foster an environment where discussions about wellbeing are encouraged with openness. Most importantly, participants felt that these attitudes and values had to be genuine and honest, as outlined in the quote above

Values had to be lived by managers and staff to make a positive impact on staff, as explained in the quote below.

"Managers need to manage with compassion and move away from the punitive approach" (Padlet Response).

"And there was a sense that the negative narratives around HSC services had led to a loss of pride in the profession, particularly in nursing. And how do we build that pride again? Because people needed to feel valuable and valued." (Facilitator Notes)

It was furthermore seen as imperative that the support offered was not just a formality but genuinely addressed the needs of the workforce. Civility, particularly in interactions with international staff, was regarded as an integral part of the organisational fabric, acknowledging and addressing their unique challenges.

Throughout the workshop, participants commented on lack of resources in implementing the wellbeing strategies that they deemed necessary to solving the three case scenarios. While the lack of resources was a common theme so was the feeling that it was important to possess the attitude that funding shortages could be overcome or managed creatively through collaborative efforts. Here, again, there was a feeling that shared positive attitudes could overcome obstacles.

Summary and Conclusion

A key focus of this research engagement activity related to the evidence from the 'Health and Social Care Workforce Research Study' conducted from May 2020 to March 2023. This involved six surveys during the COVID-19 pandemic, gathering 14,400 responses. The study examined wellbeing, quality of working life, burnout, and coping strategies. Eighteen focus groups were conducted, and the findings offered insights for managers, employers, and regulators. The HSC Workforce Study's importance in post-pandemic HSC challenges lies in its potential to guide efforts in improving workforce wellbeing. This evidence provided the backdrop to a research engagement workshop that delved into the role of HR/OD managers and advisors in shaping and implementing wellbeing policies. Underpinned by evidence-based scenarios derived from the HSC Workforce Study, this report's findings consider the insights and perspectives of HR/OD and other workforce wellbeing champions when dealing with workforce wellbeing issues. The professional expertise and judgement of HR/OD practitioners are deemed an important piece of the jigsaw for evidencing and supporting the development of wellbeing approaches, and thus is necessary for 'sense-checking' ongoing efforts to develop a Regional Health Wellbeing framework for NI HSC employers.

This report outlines insights into preventative and intervention procedures and is structured under 4 main themes (1) Policies, Practices and Procedures; (2) Structure and Roles; (3) Behaviour and Skills and (4) Values and Attitudes. Findings underscore the need for holistic, flexible, and authentic policies aligned with organisational goals. Empowering and properly resourcing line managers, fostering teamwork, and integrating the activities of HR/OD/OH departments are crucial. Proficiency in skills, data-driven assessments, coaching for vicarious trauma, and positive culture initiatives are vital for effective wellbeing management. The identified themes provide a nuanced understanding of the challenges and opportunities in promoting workforce wellbeing.

HR/OD's role in shaping and implementing wellbeing policies presents critical insights into the multifaceted responsibilities of these professionals. The findings emphasise the requirement for HR/OD to proactively engage in policy design, effective implementation, and ongoing evaluation. The study's recommendations align with principles of Evidence-Based Practice, emphasising the significance of HR's sense-giving and sense-making processes in policy development. This report centres HR/OD in the implementation of wellbeing-related policies and how line managers can be supported. The insights gained from the workshop not only facilitate 'sense-checking' processes but also contribute valuable data for ongoing policy development and what needs to be considered for effective implementation of the Regional Health and Wellbeing Framework. As organisations navigate post-pandemic challenges, this report provides a foundation for evidence-based decision-making and a holistic approach to ensuring the health and wellbeing of the Health and Social Care workforce.

Recommendations

Below are the recommendations emanating from the Research Engagement Workshop with HR/OD practitioners and workforce wellbeing champions. These recommendations relate to the content and implementation of the Regional Health and Wellbeing Framework but should be considered alongside the wider recommendations outlined in the reports from the HSC Workforce Study.

Policies, Practices and Procedures
1. Integration of wellbeing 'transversal' across all HR policies and practices
2. Review all HR policies through a 'wellbeing lens' to ensure alignment and consistency with wellbeing policy.
3. Advise on the degree of discretion and flexibility embedded within HR policies.
4. Update the training provided to all line managers and HR advisors on HR policies and practices to ensure wellbeing approach is considered.
5. Design appropriate wellbeing metrics and indicators, and ensure appropriate data is sought and accumulated.

Structure and Roles
1. Ensure wellbeing responsibilities are reflected in line management job descriptions.
2. Ensure Line managers have time and resources to address wellbeing issues.
3. Ensure universal line management access to wellbeing advisors/ champions that have holistic remits.
4. Ensure appropriate workforce planning.

Behaviour and Skills
1. Ensure appropriate line management induction and training the range of wellbeing issues and how they relate.
2. Ensure appropriate HR advisor training on the range of wellbeing scenarios that emerge.
3. Review people management competences and leadership training to ensure it capture wellbeing approach.
4. Exemplify positive wellbeing approaches and interventions.
5. Skills required: Communication, Burnout risk assessment, Data Driven assessment of risk, fact finding skills, systems thinking, using discretion, problem solving, advocacy, consensus building, appreciation of context in decision making etc.

Values and Attitudes
1. Communicating commitment to workforce wellbeing underpinned by compassionate values and attitudes.
2. Wellbeing approach should be recognized as a key leadership competence drawing on compassionate values and attitudes and a consultative, rather than commanding approach.
3. Promote values such as team camaraderie, authenticity, openness and transparency.

Appendices

Appendix A

HSC Workforce Study – Good Practice Recommendations

Health and Social Care Workforce Study

'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.
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.

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%).

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	- Changes to work routine - Increasing work intensity, complexity and 'new normal' culture shift - Moving from crisis to crisis - 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	- Address retention and recruitment challenges - Enhance relevance, availability and accessibility of staff well-being support mechanisms - 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	- 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 intervention	- Strengthen the mechanisms for team communication and team supports - Strengthen support for line managers (focus on core people management skills) - Enhance organisational and change management supports to encourage timely information sharing, sharing of experiences and expertise and good team management practices.
Communications	- 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	- Supportive individual/ team supervision and team management for all - Identify and address toxic workplace climates

Health And Social Care Workforce Study:
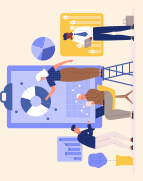## A HR Perspective for Translating Workforce Wellbeing Policies to Practice

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Respect/Incivility

I certainly think it has been more important to me, the place I work in, how I behave towards other people and how I expect them to behave towards me, (Social Work, Manager, Northern Ireland, Community). (Phase 3, p34: 2021)

'I see people getting angrier in each of the sectors and my worry is we will all turn on each other instead of using our collective voice to speak truth to power and demand change' (Social Worker, NI) Report 4, p. 57

Team Dynamic and Workload

"I think we're still we're still struggling to work it out... like what this normal now is, you know what this hybrid is, you know it's sort of you know emm yeah particularly office culture it's like it's, it's sort of back, but not back....I think, but the actual office in you're not sure who's going to be in and I work in it's really weird you know you go don't want to come in and most people is anybody going to be in and then there's tensions" (Social work manager, Northern Ireland, Community). (Report 5, pg58, 2022)

Scenario 1: Alex is a senior Social worker practitioner and line manages an older people's social work team

SCENARIO

Alex is a senior Social worker practitioner and line manages an older people's social work team working in the community. The team consists of 8 social workers (band 6) and they are deemed to be 'fully staffed'. The team have been working together since 2020, with no staffing transitions in or out of the team. Despite some staff absences, the team reported working exceptionally well throughout the pandemic, maintaining good service levels, and always complemented the support that Alex offered as their line manager.

However, now Alex is grappling with more acute challenges for the delivery of services that seems to be having a wider impact on service user outcomes. For example, Alex has received some concerning reports from service user families about the level of contact from their social workers, missed and/ or cancelled appointments, and complaints about the insufficient time their assigned social workers are able to devote to meeting service user needs.

Alex is also dealing with a series of intermittent and long-term absences within the team. One team member is off on long term sickness and is unlikely to return within the next 6 months. Two other team members are experiencing intermittent health issues and have caring responsibilities that are causing spontaneous absences. This latter issue has been going on for the past three months, but the team members' history of employment indicates this has been a pattern in the past.

The instability of team resources is having an impact on the wider team workload, which needs to be adapted regularly and spontaneously adding additional stress and uncertainty.

Alex is now having to manage other team members who are becoming increasingly disgruntled about working overtime and having to take on additional tasks. Whereas before Alex's team always banded together, the team dynamics are less harmonious and at times Alex has had to step into manage confrontations about workload distribution.

Alex is seeking additional resourcing and advice on how to manage this situation.

This scenario is fictitious, although it draws on evidence from the HSC workforce study.

Impact on Service users

"The other thing I've been very involved with co-production with service users over the last four years, and that's a step, because that means we production definitely know, service user and that has sign, you aren't patient and that you can very, very bad but it will be that this one, you will have led you'd like as long as Northern Ireland, informed, service you'd like as long as Northern Ireland, have any service (Social Work Manager, (Report 5, pg. 64:2022 know' Community)."

"... you can't be going out and nurtured" people if you're not being nurtured, Northern Ireland, 2022) (Social work manager, (Report 5, pg59, 2022) Community)."

Burn Out and Exhaustion

"...there is a baseline of everybody's flagged all these of everybody and actually kind of levels of the out, you know and work in them and, and, and work present and, and kinds of commitment psychologically present" (Social work, Community). emotional to be psychologically tough" (Social work, need to be that's really Ireland, Community) that's, Northern Ireland, pg. 64:2022) manager. (Report 5, pg. 64:2022)"

Health And Social Care Workforce Study:
A HR Perspective for Translating Workforce Wellbeing Policies to Practice

Scenario 2: Sam, an experienced community midwife in the Trust of 15 years

Changing processes and routines

"There seems to be a complete disconnect between all of management and the front line workers with very poor communication about things that matter like things that are going on in the service and that we need to know about to provide a service". (Social Worker, Hospital/Community, Scotland) Report 2, p. 28

Intention to Leave

The stress was making me ill. I went to work in the private sector for 5 months but had to leave due to work life balance. I now work exclusively bank [temporarily] in the area I used to work. It means I can't be redeployed, but not paying into pension, and don't get sick pay" (Nursing, Hospital, Northern Ireland). P. 47

SCENARIO

An experienced community midwife, Sam with 15 years of service in their Trust has got in touch with HR to enquire about raising a 'complaint'. This is in relation to the lack of effective communication from the Lead Midwife and Service Manager about important service level changes that have recently been implemented in the Trust. Sam has concerns about how to comply with this change and how the change impacts responsibilities and accountabilities of midwives. Sam felt compelled to raise this issue before a serious incident happened.

Sam reports that their team of community midwives have also expressed their uncertainty about the change. The team have requested from the Lead Midwife and Service Manager further details and clarity on numerous occasions, but although information is provided, it seems that guidance and messaging changes frequently - the guidance often seems conflicting.

Sam is unclear what to do, how to behave and prefers not to implement the change because of fear of acting out of line or doing something wrong. Sam is worried about being made personally responsible for a serious incident. This is causing Sam great distress, sleepless nights, and is impacting on their confidence when working with mothers and their babies. Sam is very dissatisfied with how managers are dealing with the team's concerns, and as the most experienced midwife in the team, Sam decides to raise the issue with HR.

Sam has always liked working in the trust. It is conveniently located, and the team get on well, but should the issue not be resolved Sam is considering applying to a different midwifery post in a different trust. Sam heard good things about that service and the support offered to midwives.

Compliance fears and fears for safety

"We are now constantly running understaffed due to sickness, but induction rates continue more just the same. Sometimes inducing more just the same. Sometimes we have midwives to look after women that we have midwives that also come in them, never mind those that also come in them, never mind those that also come in spontaneous labour". (Midwife, Northern Ireland). (Phase 6, Pg 45-46: 2022)

Service Delivery

"Clients increasing expectations difficult to manage. Their fear and unrealistic manage. Their heightened and unrealistic expectations noted. Increase were extremely fear and delivery environment'. abuse of service environment'. abuse of service delivery environment'. expectations, Northern Ireland) Hospital). Highly, Northern Ireland, pg38:2021) (Midwife, Phase 3, pg38:2021)
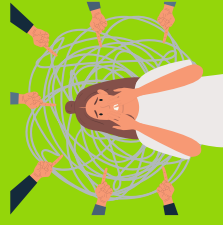
This scenario is fictitious, although it draws on evidence from the HSC workforce study.

Health And Social Care Workforce Study:
A HR Perspective for Translating Workforce Wellbeing Policies to Practice

Scenario 3: A lead nurse, Jo, works in a hospital setting on a cardiac ward

A lead nurse, Jo works in a hospital setting on a cardiac ward. Jo's ward is always busy but has managed to be fully resourced thanks to the frequent use of agency staff to cover sickness absences, maternity and other staffing transitions.

Whilst Jo appreciates the additional agency staff and the contribution they make to the care of the ward's patients, the team dynamics of the ward clearly suffer from frequent staff changes and inconsistencies in skills and experiences of the agency staff. Permanent staff make a good effort to acclimatise agency staff to the routines and expectations of this specialist ward, but this is exhausting – it takes its toll on staff time, impacts team cohesiveness and overall care for patients.

Jo tries to manage this situation but is feeling increasingly isolated and burdened from having to repeatedly induct and train new temporary staff. Overall, the ward lacks team working and team cohesion, resulting in further issues that Jo has to handle – miscommunication, staff frustrations, poor information sharing, etc.

When at home, Jo makes the effort to decompress from the stressful nature of ward management by making time for walks whenever she can, but their partner has noticed Jo's increasing tendency to decompress at home with the help of alcohol after most shifts. This has created difficulties with the relationships at home, but now other staff have noticed a tendency for Jo to come to work with a hangover.

Jo's partner suggests Jo reach out to HR to address the fluctuation in staffing that seems to be the root cause of Jo's frustrations at work. However, at the same time, HR also received a notification about a concern regarding Jo's behaviours at work, which seem to be alcohol related.

This scenario is fictitious, although it draws on evidence from the HSC workforce study.

Dependency on agency staff

"dependent on agency which we appreciate but we feel undervalued and overwhelmed because we have the end responsibility of those nurses despite us only being band 5's ourselves. If things are missed or done incorrectly, permanent staff are answerable. Agency staff aren't given access to certain things-again-putting more jobs/tasks onto permanent staff despite everyone being stretched thinly enough." (Nurse, Northern Ireland,) (Report 6 pg. 44, 2022)

Supports

"People are very reluctant contacting those counselling services, or looking at the well-being website, because it feels impersonal... steps because for people it's difficult to take those It feels like it's a very big deal to ask for help. But whenever it's into something unknown... the people that you know, this is much more approachable" (Nurse, Northern Ireland, Other). (Report 5 pg.56:2022)

Remaining pressures

"Even as an insider, understanding those pressures, it doesn't help me to not be angry. Can you please just manage it a bit better? Can you just pay the staff a bit more? Can you appreciate them? Can you change the system? And I know it's not easy. But still you've got those feelings of... I've got those feelings of how resentment to the management and leadership of how things were done. That they let the situation deteriorate so much before Covid and now everything is literally falling apart and people dying on the streets because they can't get the ambulance. I do have quite a bit of anger towards the management about it" (Nurse, Northern Ireland, Other). (Report 5 pg.53:2022)

Staff Shortages

"My substantive post has seen are leaving cover is good are often not skilled extraordinary never seen before and staff time whilst are is good are, (Nurse, Ireland). that whilst in the area", Northern Ireland) in the community, (Report 4 pg 26, 2022) Hospital/Community 4 pg. 26, 2022)

SCENARIO