COVID-19 and the female health and care workforce
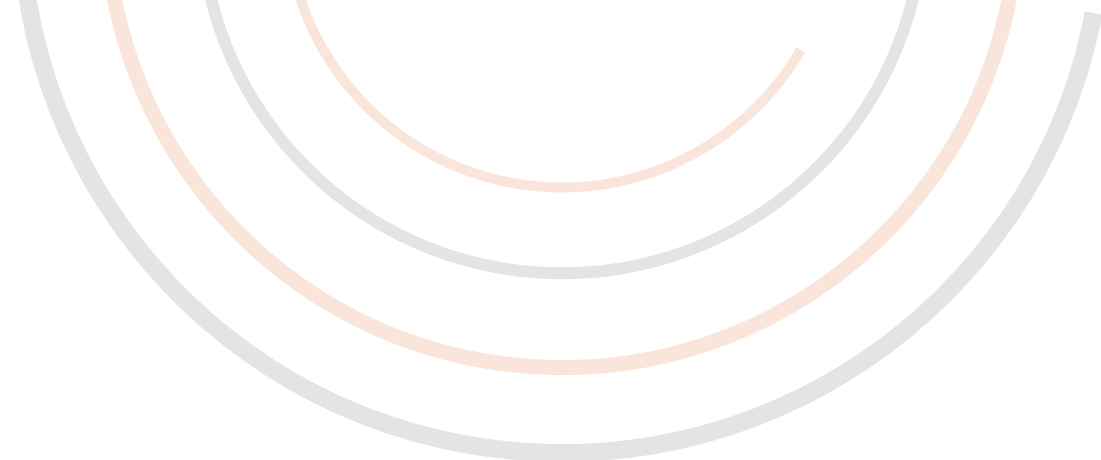
Survey of health and care staff for the Health and Care Women Leaders Network (August 2020)

NHS CONFEDERATION

About the Health & Care Women Leaders Network

The Health and Care Women Leaders Network (HCWLN) is delivered by the NHS Confederation. It is a free network for women working across health and care, connecting through events, masterclasses and tweet chats, and sharing learning through podcasts, blogs, videos and key reports. The network was established in 2015 and is made up of senior and aspiring women leaders. Its members are women with a range of roles, skills, and backgrounds. Our network embraces the multiple and intersectional identities that the word 'woman' speaks to and we see gender as a fluid term. We therefore need to reflect those who identify as non-binary and trans if we are to be truly inclusive in our leadership across health and care services.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales.

Authors and acknowledgments

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Introduction

The COVID-19 pandemic has placed unprecedented pressure on health and care staff, right across the board. The HCWLN commissioned the survey on which this report is based in order to better understand the impact the pandemic has had on women working across health and care services. The term 'woman' used throughout this report should be seen with an intersectional lens.

This report and accompanying slide deck lay bare the findings. They describe the struggles, pain and fears women working in health and care services have faced during the pandemic. The physical and emotional impact through the caring responsibilities both in and outside of work are significant – as one respondent described it, the "tragedies and unquenchable anger about inequalities" that the crisis has given rise to. It also draws out some of the positive experiences, such as opportunities for learning and the strength of support many have received from their managers.

The members of the guiding group for the network wanted to understand the impact the pandemic was having on HCWLN members. They wanted to capture this experience to inform learning and any immediate actions and practical steps that can be taken to improve the support to women working in health and care services.

The questions were developed by the guiding group and some members of the HCWLN were consulted with to inform the questionnaire design. The survey was open from 4 to 25 June 2020 and received almost 1,500 responses. The vast majority were from staff identifying as women.

It was distributed through all NHS Confederation channels, including networks and NHS Employers channels, as well as to external stakeholders, including Royal Colleges. This timely report also follows the publication of the NHS People Plan for 2020/21.

Demographics

The NHS workforce is predominantly female (77 per cent). A total of 1,308 women responded to the survey. While the overwhelming majority of respondents to the survey were white, there were some key differences in the findings in relation to participants from black and minority ethnic (BME) backgrounds (see the section on differences between sub-groups). We expect to receive more data from staff from BME backgrounds in due course, as the NHS Confederation's BME Leadership Network carries out a research study on COVID-19 and BME communities[1].

Most respondents also said they work in the NHS, with the greatest number in manager roles, followed by nursing roles. After nurses, the next largest group represented was support/admin staff, then allied health professionals and doctors.

Most respondents were in full-time roles, and the biggest salary bracket represented was £30,000 to £40,000 a year. The average age of respondents was about 46, and more than half said they had at least one child under 18. About 42 per cent said they had at least one adult dependant. The survey was more limited in reaching BME and LGBTQ+ staff and reaching staff from a full range of religious groups.

Disability was not captured within this survey, which is a lesson to be learned for future surveys. The ONS gathered data on COVID-19 and the social impacts on disabled people in Great Britain, most recently covering 14-24 May[2], which revealed high levels of concern among disabled people about their wellbeing and mental health as a result of the outbreak. On 10 August, NHS England and NHS Improvement (NHSEI) launched a survey to understand the working experiences of NHS disabled staff from March to July.

Findings – in depth

1. Negative impact on physical health and emotional wellbeing since pandemic started

The survey found that most respondents – almost three-quarters – had reported that their job had a greater negative impact than usual on their emotional wellbeing as a result of the pandemic, and more than half had suffered a negative impact on their physical health. It is obvious that the level of pressure and expectation of self-sacrifice created by the pandemic is not sustainable.

This is particularly concerning as both health and social care went into the crisis with significant workforce shortages, which may be exacerbated by the toll the pandemic has taken on staff, whether they have contracted the virus or not.

Now more than ever, staff must have access to the right support so that they can recover from the trauma of working during the crisis. This is especially important as normal services are resumed alongside the continuing pressure of caring for COVID-19 patients, both while they are ill and as they are rehabilitated. It is also vital that any wellbeing offer must be expanded beyond the acute sector and into primary care, social care and the voluntary sector - eventually covering all of health and care.

As one respondent put it: "My mental health has suffered [and] it's difficult to know what to do about it." They also described feelings of failure while needing to be physically absent from work: "… as a [healthcare worker], a leader and as a parent."

1 https://www.nhsconfed.org/supporting-members/equality-diversity-inclusion/bme-leadership-network/research-study-on-covid19-and-bme-communities

2 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/coronavirusandthesocialimpactsondisabledpeopleingreatbritain/may2020

For those still working in health and care settings, respondents have said confusing messages from the government and from trusts have contributed to stress, as well as having to be away from family and friends, and the need to be constantly reassuring to patients. Those in leadership roles also worry for those they manage and their families, and that they may be sending their teams into situations they are not equipped to cope with.

Family pressures have also contributed to the emotional toll, as another respondent described it: "I am exhausted. I can't buy food on my day off as I want to hide under the covers and sleep. I can't face being jolly and excited for [my] children, who are scared Mummy is going to die of COVID."
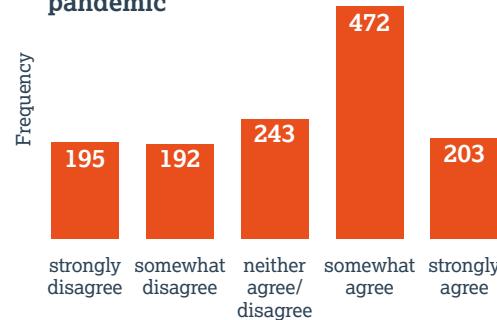
Staff from BME backgrounds also reported feeling traumatised by the disproportionate impact of the virus, compounded by concerns over risk assessments not being performed in a timely manner, if at all.

At the same time, there have been positive experiences that are equally valid and worthy of consideration, with increased collaboration within teams and compassion from senior staff.
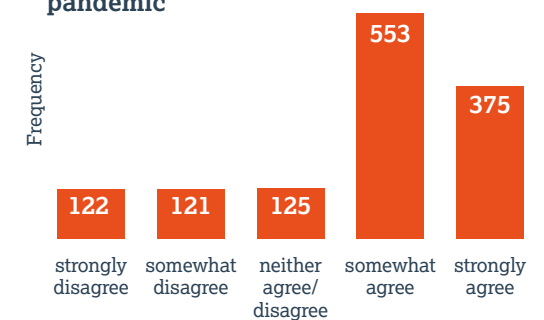
Another respondent said: "COVID-19 has increased team working within my department. Stress has been high, balancing working full time [with] normal home responsibilities [but] I have witnessed the pulling together and the compassion of many of the senior staff in difficult situations. It has increased how proud of my profession I am."

Graph 1

My job has had a greater negative impact than usual on my physical health since the COVID-19 pandemic

Frequency

strongly disagree	somewhat disagree	neither agree/ disagree	somewhat agree	strongly agree
195	192	243	472	203

My job has had a greater negative impact than usual on my emotional wellbeing since the COVID-19 pandemic

Frequency

strongly disagree	somewhat disagree	neither agree/ disagree	somewhat agree	strongly agree
122	121	125	553	375

Samantha Allen, chief executive of Sussex Partnership NHS Foundation Trust and chair of HCWLN, said: "Now is not the time to pack away the wellbeing support available to those across health and care services. Now is the time to redouble our efforts and expand the support - because we should expect unresolved mental health issues are likely to continue to come to the fore over forthcoming months. There is the risk of moral injury to those working in health and care during the pandemic and the long-term impact of this given the number reporting impact to both emotional and physical wellbeing."

2. PPE availability and training broadly adequate, but could be stronger

The majority of respondents (40 per cent) said that PPE was available, in the sizes needed, and that appropriate training has been given to all staff who need it. However, a significant proportion (21 per cent) said this was not the case and they did not have access to the PPE they needed, suggesting there is still work to be done to make sure every member of staff across health and care has access to the right training and equipment to keep them safe from infection.
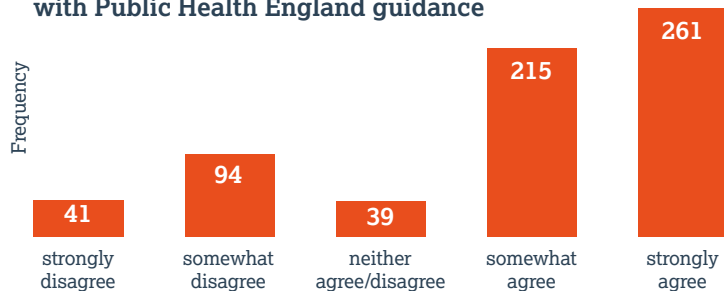
One respondent said not every ward in their working environment wears full PPE, and that aprons and non-surgical masks were not enough to make them feel safe. Another said they are still waiting for training on using masks, and two others said they had had no training on how to 'don and doff' PPE.

There were also comments on problems with both availability and sizing, including in A&E settings. Another respondent said staff were wearing gowns in size XL, when most required a small or medium. Whilst we recognise the issue of sizing is not unique to gender, it is more relevant to those who are of a smaller frame. It is inevitable there is a physical impact on those wearing PPE that is too big for them.

Recent research has shown an individual's perception of having inadequate equipment can be associated with post-traumatic stress disorder, poorer health, and increased reporting of emotional health problems. This may in turn have longer-term mental health consequences and therefore needs to be taken seriously[3].

Graph 2

Adequate PPE has been available in my workplace in line with Public Health England guidance

Frequency

strongly disagree	somewhat disagree	neither agree/disagree	somewhat agree	strongly agree
41	94	39	215	261

3. Managerial support strong, but some issues emerge over sharing concerns

Managerial support has been strong, the survey responses showed, and especially among those who had either requested to work flexibly or reduce their hours. This suggests compassion and understanding among managers of the additional pressures facing female staff as a result of the crisis. Most respondents also felt safe sharing personal concerns with their managers.

Describing the support they have received, one respondent said: "I feel very positive coming out of the COVID pandemic. I have had nothing but strong and clear support from the senior management team (male and female) and have been welcomed in my wish to continue working in such a way post-COVID."

However, a significant percentage of respondents did not feel safe sharing personal concerns, and this was especially true for BME respondents. There were also comments describing poor behaviour among some leaders, amplified by the pandemic, including claims of bullying, sexism and racism, and even claims of threats.

One respondent said: "It has been awful to see colleagues and friends constantly berated, put down, ignored and emotionally abused. They were the same pre-COVID, but now it is worse." Another said they feel unfairly treated and unable to raise concerns as they feel as if no one is listening.

Graph 3

I have felt safe sharing my personal concerns or needs with my manager in relation to the impact of the COVID-19 pandemic

Frequency

strongly disagree	somewhat disagree	neither agree/disagree	somewhat agree	strongly agree
128	214	195	401	362

3 https://academic.oup.com/occmed/article/70/4/278/5843741

This difference in experience further exacerbates the known inequalities BME staff report they face and captured in the Public Health England report, Beyond the Data: Understanding the Impact of COVID-19 on BAME Groups[4].

At the same time, managers themselves described increasing levels of stress as they try to manage their team's concerns and anxieties, as well as the changes to working patterns and requirements.

One said: "The huge learning curve has been overwhelming and quite traumatising. As managers, we have to stay focused and supportive to our teams, despite how vulnerable we may be feeling."

"Dr Henrietta Hughes, National Guardian for the NHS, said: "The COVID-19 crisis has shown how crucial it is for people to be able to speak up, and this survey highlights the concerns and challenges faced by people working in health during the pandemic. The responses that show the barriers which continue to be faced by black, Asian and minority ethnic colleagues to speak up are particularly shocking. It shows the critical role which managers play in fostering a culture where we feel safe to share these concerns, or be signposted to alternative speaking-up channels and to keep our NHS People Promise that, "we each have a voice that counts.""

4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

4. Struggles with work-life balance since lockdown started

The survey found there were some major shifts in both working patterns and non-work responsibilities as a result of the pandemic, indicating struggles with work-life balance. For example, since the start of lockdown, respondents took on an average of 11.22 additional hours each week of non-work caring responsibilities, but only reduced their working hours to take account of these responsibilities by 1.44 hours each week.

There were also increases in unpaid working hours by an average of 7.14 additional hours each week. One respondent explained: "There are not enough hours to do my job in the time I'm given, which means I've had to do a lot more in my own time and unpaid, which has had a negative impact on my family."

There has also been a significant shift towards home working, and a common issue reported was the need to manage childcare, including home schooling, while trying to continue working as 'normal.' One respondent said: "Managing a full-time job with conflicting priorities, home schooling, supporting family in the UK and [abroad] takes a toll. It's financially difficult and emotionally draining."

Most respondents reported a positive experience of home working, either slightly or strongly, with one saying they saved up to 15 hours a week by not commuting. However, nearly a quarter reported either a slightly or strongly negative experience, including feelings of resentment from colleagues unable to work from home, as well as logistical considerations such as not having the right equipment available, and physical discomfort caused by working in an environment not designed to be a workspace. Others reported confusion from management over who should be allowed to work from home, and feelings of isolation.

One respondent said: "[I feel] detached from others, more isolated working from home, while doing more hours, but feel guilty being at home. [I feel] less appreciated by work colleagues, who seem to think anyone working at home is on holiday. I'm really struggling."

We need to remember that our staff have been doing their best working from home during a crisis. If home working is to continue it needs to be appropriate, risk assessed and adequately resourced with the necessary equipment and safety assessments.

Graph 4

Were you supported to work flexible hours to take account of any additional non-work caring responsibilities that have arisen in response to the COVID-19 pandemic and lockdown?

Frequency

228	108	32	22
strongly	some extent	minimal	no
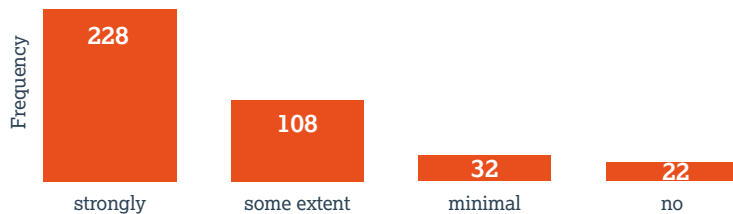
> **Kate Jarman**, director of corporate affairs at Milton Keynes University Hospital NHS Foundation Trust and co-founder of FlexNHS, said: "This insightful report highlights the importance of staff feeling able to have meaningful conversations with their managers about everything from their own emotional wellbeing, through to help managing their working and personal commitments. These are familiar issues. The COVID-19 crisis has intensified them, and this report shines a light on them in the context of the pandemic, but they are issues that existed before and will remain with us unless we act. Taking forward the NHS People Plan recommendations on flexible working is key to creating working environments that support flexibility, and a culture where conversations around the blend and balance of our personal and professional lives are both normalised and encouraged."

5. Safety concerns when working from home

2.6 per cent of respondents said there were factors in their home that made working from home problematic for their personal safety. This is a cause for concern, especially as potentially unsafe situations may persist for some time to come, or even worsen over time. We know domestic violence increased significantly during lockdown and it is imperative managers consider the safety issues associated with home working. Information on how to access support for domestic violence should also be available to all staff. Proportionally, more BME staff reported not feeling safe at home.

One respondent told us: "My partner is always emotionally abusive but during the period of self-isolation they became physically abusive." They said their manager has been incredibly supportive.

6. Differences between sub-groups of respondents

There were statistically significant and conceptually meaningful differences between the different groups who responded to the survey:

- BME respondents felt less safe sharing their personal concerns with managers than white repsondents.
- Respondents with adult dependants felt less safe sharing their personal concerns with managers than respondents without adult dependants.
- Respondents with children reported that work has had more of a negative impact on their physical health and emotional wellbeing since the lockdown started than those without.
- Respondents with children reported working more hours in non-work caring responsibilities than those without.
- Respondents with children reported working more unpaid hours than those without.
- Respondents earning higher salaries worked more unpaid hours than those on lower salaries.

The NHS People Plan and People Promise

Since the survey was carried out, the NHS People Plan for 2020/21 and People Promise have been published. The NHS People Plan includes numerous ambitions with regard to wellbeing, flexible working and other measures, and the findings of this survey hammer home the need to make sure organisations are properly equipped to take those measures forward. It is reassuring to see that there is agreement at the highest levels on the importance of issues like adequate PPE fitting and training, and safety at work, whether at home or in a healthcare setting. The important thing now is that these ambitions are fulfilled, with full and unadulterated support from the centre.

Equally, the People Promise makes laudable commitments to looking after healthcare staff, whether through tangible means, such as reward, or less tangible means, such as feeling able to speak up with concerns. We now need action to make this a reality.

NHS staff are predominantly female (77 per cent) but neither the plan nor the promise makes direct reference to that. Therefore, it is absolutely imperative the concerns laid out in this report are given due consideration as the government sets the agenda for the health and care workforce going forward. Key to this will be making sure more women are able to progress to senior roles across the NHS, so that leaders and key decision makers across the service reflect the diversity of the workforce.

Conclusions

The findings of this survey do not necessarily paint a uniformly bleak picture. There are many positives to be drawn from this unprecedented situation, in terms of innovation in remote care and flexible working as well as reports of strong managerial and leadership support in clinical settings; bringing teams together and building resilience; reductions in administrative tasks; and the development of support networks. The findings also give voice and shape to the needs of the female workforce, and we hope this will begin to drive real and lasting change.

But most importantly, they make it clear that the COVID-19 crisis is taking a significant toll on women working in health and care. Particularly striking were the findings on the impact on both physical and mental wellbeing. This shows women will need support as the crisis continues and beyond, in order to minimise the risk of burnout, to protect their wellbeing, and to make sure they are mentally and physically healthy enough to continue to care for and support our communities, including some of the most vulnerable people in society.

It also shows that support for the provision of mental health services nationally will be vital, as demand surges not only from those working on the front lines but from the rest of the population as well. This is especially important as the Phase 3 guidance on the COVID-19 response calls for normal service to be restored by the autumn, further adding to the pressure on staff. The NHS can ill-afford to risk losing the people that make up the largest proportion of its workforce to stress and exhaustion.

Also of note were the disparities in experience between staff from BME backgrounds and white staff, including increased levels of stress and anxiety caused by the disproportionate impact of the virus on BME communities. This impact has also cast into sharp relief the urgent need for action at a national and local level to address the inequalities, in health and otherwise, faced by BME and women health and care staff. Combined with the findings on safety at home, this means there is much more work to be done on making sure this gap can be closed so that all staff, irrespective of ethnicity and gender, feel safe and supported at work.

Recommendations

The concerns highlighted must be taken seriously by all. We acknowledge many employers have already taken steps and continue to do so. The HCWLN makes the following recommendations:

1. Requests to work flexible/reduced hours should always be accommodated unless there are exceptional reasons why this is not possible.
2. Managers should pay particular attention to the physical and emotional health needs of female staff with children during the pandemic.
3. Staff should be discouraged from working unpaid overtime and to maintain good work-life boundaries, particularly when working from home and for staff with children.
4. Organisations should prioritise the appointment of a wellbeing champion, and the national wellbeing offers should be extended to all across health and care and continue beyond this immediate crisis.
5. NHSEI should ensure the continuation of all wellbeing support and psychological support that will be needed by those on the front line.
6. Staff safety is a priority – PPE must always be available in all sizes and appropriate training in using PPE must be given. If PPE is not available, workers need to know how to speak up and be encouraged to do so.
7. Managers should support workers to speak up about personal concerns in relation to the pandemic, being mindful that BME staff and staff with adult dependants may find it particularly difficult to share their concerns, and signposting to alternative speaking-up channels.
8. Managers should create a culture where workers feel able to speak up about their personal safety at home and, where concerns are shared, staff should be proactively helped to seek support.
9. Organisations should review their home working policies, and ensure staff have access to the appropriate equipment and safety assessments are undertaken.
10. Domestic violence information and support services should be made available to all staff working across health and care.

Finally, the longer-term impacts on women are not yet known. We already know women face inequalities in the workplace when it comes to pay (gender pay gap) and moving into more senior roles. There is a very real possibility that the impact of COVID-19 will set us back further in creating an environment across health and care where women are enabled to take on more senior roles. This will be highlighted further in our forthcoming report due for publication in September 2020 on women on NHS boards.