

## **Staff Support during COVID-19 within an Acute Hospital Trust.**

### **Abstract:**

**Background:** The COVID-19 pandemic has put immense pressure on the NHS and all healthcare professionals, not only physically but also mentally and the need to fully develop and implement a strategy to protect the mental health of healthcare professionals has never been more urgent. Research has demonstrated that staff can be supported by strengthening teams and offering frequent wellbeing support.

**Aims:** To assess the feedback from delivery of a strategy to provide psychological wellbeing support to NHS staff during the COVID-19 pandemic and whether this ‘Support for Teams’ initiative made a positive impact on staff and in what way.

**Methods:** A mixed methods design was used to gain quantitative and qualitative feedback from staff. Feedback was collected from two groups: Wellbeing Leads and Psychiatrists or Psychologists providing support and resources to Wellbeing Leads. Feedback was collected via online forms.

**Results:** Collectively, we received feedback responses from 70 staff members. The majority of staff members felt supported and benefitted from the provisions provided.

**Conclusions:** This study showed that our healthcare system must continue to proactively implement and adapt staff support strategies to protect the mental wellbeing of healthcare professionals, both in the context of future health crises and in everyday practice. This study will assist and guide development and adaptations to health and psychological wellbeing support, ahead of future pandemics and to provide suitable support beyond the COVID-19 pandemic.

**Keywords:** Staff wellbeing; COVID-19; occupational health;

## **Introduction**

Promoting the wellbeing of National Health Service (NHS) staff benefits the care of patients [1; 2] and was a fundamental part of the NHS's response to the COVID-19 pandemic [3]. Healthcare workers continue to face the threat of moral injury (distress resulting from action, or inaction which violates an individual's moral code; [4]) and the struggle to balance a duty of care with concern for personal and family safety [5].

In the early stages of the COVID-19 pandemic response, the Oxford Psychological Medicine Centre (OPMC) established a 'Support for Teams' strategy which aimed to proactively support staff and foster team cohesion and resilience.

Underpinning the 'Support for Teams' strategy was a recognition that the majority of staff would not experience lasting psychological difficulties [4] and direct psychological intervention services (i.e. by qualified psychologists and psychiatrists) would be out of keeping with the immediate needs of staff groups [6]. It was also noted that, across a range of previous disaster responses, common risk factors for psychological difficulty among health care workers included lack of social support and poor communication [7]. Finally, there was acknowledgement of the value of creating a sustainable strategy that would aim to meet the wellbeing needs of staff, beyond the COVID-19 pandemic.

In keeping with guidance produced at the time [4; 8], it was agreed that the essential elements of a trust-wide psychosocial response would reinforce existing resilience within teams, ensure accurate communication and provide frequent opportunities for staff to raise concerns to leadership groups. Therefore, routine, flexible, informal peer support was put at the heart of the intervention. Consequently, the 'Wellbeing Leads' initiative was formed and each team,

ward or department in Oxford University Hospitals NHS Foundation Trust (OUH) was asked to identify one or more Wellbeing Lead(s). The main role of a Wellbeing Lead was to advocate for staff wellbeing and to consider the wellbeing needs of individuals and their team. They were responsible for developing a working environment and team practices that enhance resilience and wellbeing, disseminating resources and information, and signposting wellbeing support.

The approach was adopted for all staff groups and clinical specialities. It was predicted that every member of staff would be affected in some way by the COVID-19 response, personally and professionally, and wellbeing was considered universally relevant [9]. Challenges and wellbeing needs would vary between teams and individuals; having embedded Wellbeing Leads was therefore essential for ensuring initiatives were appropriate.

OPMC clinicians (Clinical Psychologists and Psychiatrists), were directly linked with the Wellbeing Leads to help them support their teams. Existing relationships were built on whenever possible. For example, Clinical Psychologists and Psychiatrists were identified as link people or as Wellbeing Leads for services where they were already integrated. One of the early challenges was that many teams, including some likely to be significantly affected by COVID-19 (e.g. cardiac services), had no pre-existing links with the OPMC and in these cases new relationships had to develop.

The key aims of the initiative were to:

- Identify and build on existing strengths and processes within a team to support resilience

- Provide evidence-based information about what to expect regarding the psychological impact on staff of the COVID-19 pandemic
- Facilitate adaptive coping and ways of developing psychological preparedness
- Legitimise, normalise and open up communication about distress and wellbeing
- Provide information on risk factors (individual and organisational) that may increase vulnerability to psychological distress
- Provide information on external sources of staff support
- Discuss concerns identified by the Wellbeing Leads

Self-help documents for coping, stress management, building resilience, improving wellbeing, and dealing with Personal Protective Equipment (PPE) discomfort, self-care, managing vivid dreams/sleep and managing trauma were disseminated to Wellbeing Leads. Wellbeing Leads were also offered reflective sessions facilitated by members of the OPMC. Psychologically-informed approaches were scripted into daily team safety huddles and email and telephone support was offered to those working from home. Wellbeing posters were put up in respite and clinical areas and suggestions were made for useful apps, including those to aid sleep and meditation. Wellbeing Leads were also sent a printable 'psychological wellbeing pack' and audio recordings which included meditation tracks and mindfulness-informed exercises.

This article outlines the mixed-methods feedback from those delivering or experiencing the above strategies to support the psychological wellbeing of staff working during the COVID-19 pandemic within OUH, a large acute NHS trust. This was with a view to further develop and adapt wellbeing initiatives ahead of future COVID-19 waves, and continue to provide appropriate support beyond the pandemic.

## **Methods**

Participants were from one of two staff groups: (1) OPMC clinicians providing support and resources to Wellbeing Leads and (2) Wellbeing Leads.

This study followed a mixed-methods design, inviting quantitative and qualitative feedback from Wellbeing Leads, and qualitative feedback from OPMC clinicians providing support and resources to Wellbeing Leads. This study is part of a registered service evaluation and was reviewed and approved by the OUH Trust's OPMC Clinical Governance committee (Reference number 6571).

All OPMC clinicians linked with a Wellbeing Lead were requested to record qualitative information via Microsoft Forms, following each significant contact with a Wellbeing Lead, regarding the following topics:

- Current challenges being faced by the Wellbeing Lead's ward, team or department
- Current coping of the Wellbeing Lead's ward, team or department

The qualitative information collected by this means formed the basis of thematic analysis of the current challenges and coping of the team, ward or department of the Wellbeing Lead being supported by a OPMC clinician.

In addition, Wellbeing Leads were approached by OPMC clinicians to provide feedback via Microsoft Forms, regarding how helpful or unhelpful they were finding the support received from the OPMC clinicians. Regarding quantitative data, Wellbeing Leads were requested to

rate whether they received the help they were looking for from their contact with the OPMC clinicians by responding ‘yes’, ‘no’, or ‘not applicable’. Wellbeing Leads were also invited to rate the support they had received from the OPMC clinicians as either: ‘very helpful’, ‘quite helpful’, ‘neither helpful or unhelpful’, ‘quite unhelpful’, or ‘very unhelpful’. Finally, Wellbeing Leads were invited to provide qualitative feedback about what they had found helpful about the support received from OPMC clinicians.

Quantitative feedback from Wellbeing Leads was analysed using descriptive statistics. Qualitative responses from OPMC clinicians were analysed separately using Braun & Clarke’s thematic analysis [10]. Thematic analysis involved identifying and organising key themes based on participant responses. Thematic analysis followed an inductive and data-driven approach, using the following six steps: 1) Familiarising with the data, 2) Generating initial codes, 3) Searching for themes, 4) Reviewing themes, 5) Defining and naming themes, 6) Producing the report. Detailed notes were written throughout and analysis was recursive in nature. Themes were identified based on their prevalence and relevance to the research question by author TP and checked and discussed with other members of the research team until agreement was reached.

## **Results**

In total there were  $n = 89$  responses across  $n = 30$  OPMC clinicians regarding challenges and coping currently experienced by the ward, team or department of the Wellbeing Lead they were supporting.

The results from thematic analysis of the responses of OPMC clinicians are presented in Table 1.

**TABLE 1**

‘Redeployment and staff shortages’ were amongst the highest reported challenges to staff wellbeing. This was due to the practical changes in the hospital to provide COVID-19 care and general hospital care.

*“...the unit is under-staffed by approximately 6 posts, which makes managing the increased workload hard.”*

This came with other challenges about working in new teams and learning new skills in other departments:

*“Staff being redeployed... is unsettling and difficult. Staff don't understand procedures nor have access to information needed to do the job.”*

This was a consistent response throughout the project period but more heightened at the beginning of the pandemic.

‘Difficulties keeping connected with colleagues and staff’ and ‘Concerns about access to previous sources of support’ arose due to the staff shortages and non-front-line staff working from home or individuals shielding. Teams and departments were split and people reported feeling disconnected:

*“Some teams have staff who are very isolated at home and sounding depressed”*

‘Mental health including anxiety and managing stress’ was a consistent theme throughout the project period. The consequences of staff shortages and more staff needed to support COVID-19 cases brought high emotive situations on the ward:

*“There is concern about how well staff are managing the stress of the very busy ward environment.”*

Staff were aware and awaiting the rush of COVID-19 cases and busy environment, particularly at the start of the pandemic:

*“Anticipatory anxiety regarding potential workload”*

Anxiety was a difficulty consistently identified by OPMC clinicians, with Wellbeing Leads sharing that their colleagues had concerns about being safe at work:

*“A source of anxiety is being safe at work”*

Anxiety for safety was often discussed alongside the reality of co-workers falling sick and unfortunately those who lost their lives due to COVID-19, with many reporting ‘Emotional responses to death’:

*“...Impact on team of death of member of staff due to covid-19”*

OPMC clinicians also identified increased anxiety in the BAME population, as information about the risk to BAME populations and other ‘Higher risk individuals’ was released:



*“Anxiety for some members of staff (BAME)”*

As well as the mental health challenges faced by staff, OPMC clinicians also identified high level of ‘Sleep issues’:

*“A lot of staff are experiencing difficulties with sleep, either waking early or struggling to fall asleep”*

As staff experienced difficult cases related to COVID-19, some had been unable to forget these experiences when they leave the hospital, and especially when they tried to sleep:

*“Most staff continue to report difficulties with sleep due to overactive/'busy' mind”.*

‘Not feeling valued’ became a regular theme, especially for staff not doing COVID-19 related work or not on the front line:

*“Reduced staffing levels and limited acknowledgement around a lack of respite space in the context of the additional pressures of the pandemic are potentially leading to a sense of staff feeling 'fed-up' and undervalued.”*

‘Issues related to PPE’ was a prominent theme in May and June, due to the difficulties related to access to PPE. The country experienced shortages and lack of PPE:

*“...we’ve run out of long sleeve gowns”*

But health care professionals also experienced the demanding task of wearing PPE for many hours in all consultations:

*“Wearing PPE for extensive periods (2-3 hours) is hot and tiring”*

‘Uncertainty about the future’ was also highly reported towards the end of the summer, particularly with regards to a second wave coming in the autumn. Clinical Psychologists reported some of the concerns identified by staff later on in the project with regards to feeling anxious about how long the pandemic could go on for:

*“...difficult to know what is round the corner and how long this will go on for.”*

Despite the many challenges faced by teams, Clinical Psychologists identified ‘Positive coping’ as the most common theme throughout the first wave of the pandemic, while others reported on the ‘Benefits of wellbeing support’:

*“Most staff really enjoy the psychological huddle and say they get a huge amount from doing the exercise.”*

‘Uncertainty about the future’ was identified by Clinical Psychologists in August and September. Teams were concerned about how the psychological support would continue in the longer term:

*“...we want a long-term plan that incorporates staff wellbeing”*

Qualitative and quantitative feedback from Wellbeing Leads regarding their experience of the Wellbeing Lead model was largely positive. Wellbeing Leads were asked to rate whether they received the help they were looking for from their contact with the OPMC clinicians. Of the 40 to respond,  $n = 39$  responded 'yes', while  $n = 1$  responded 'no comment'. A total of 72% ( $n = 29$ ) of Wellbeing Leads reported finding the support received from OPMC clinicians 'very helpful', while 25% ( $n = 10$ ) found this support 'quite helpful'. Only one of the Wellbeing Leads rated the support received as 'neither helpful nor unhelpful'.

Thematic analysis of feedback from Wellbeing Leads identified four main themes for things that Wellbeing leads found helpful from their support from the OPMC clinicians: (1) receiving resources, (2) affirmation, (3) regular check-ins and, (4) talking to another NHS colleague about challenges being faced.

Wellbeing Leads regularly described the value of 'Receiving resources' and outlined the ways in which this helped their ability to support their colleagues:

*"I always sought advice from my psychologist about resources for certain problems, once I had this correct information, I confidentially passed this on to the staff member concerned."*

In addition, many Wellbeing Leads were seeking 'Affirmation' that they were doing the right thing, and reported that OPMC clinicians were able to build their confidence in their ability to support others:

*“... affirmation that I was offering the correct advice and performing appropriately in the role.”*

*“The role of wellbeing lead has given me the authority to go to meetings (such as Covid huddles) and raise wellbeing issues on behalf of all staff members.”*

For others, the simple matter of having somebody contacting them to have ‘Regular check-ins’ allowed Wellbeing Leads to rapidly respond to ever-changing issues raised by staff:

*“Having [names removed] as a regular contact, I knew I could contact them about anything and felt very comfortable talking to them, knowing they will take my concerns seriously, confidentially and respond promptly.”*

Finally, Wellbeing Leads discussed their perceived benefit of having protected time and space to speak with, and learn from other NHS colleagues:

*“The chance to hear colleagues’ perspectives and experiences”*

## **Discussion**

This paper addresses whether the ‘Support for Teams’ initiative was effective in supporting staff wellbeing within OUH, throughout the first wave of the COVID-19 pandemic. The aims of this initiative were to build on existing strengths within teams to foster resilience, open communication, and adaptive coping, and to reduce the psychological impact of the pandemic on staff. The results show these aims were met; Wellbeing Leads felt supported, and benefitted from the provisions put in place over the first wave. It is important to recognise this and extend provisions outside the context of the COVID-19 pandemic.

The feedback from Clinical Psychologists and Psychiatrists providing support to Wellbeing Leads highlighted several main themes regarding the challenges and coping experienced by NHS staff. One of the key challenges experienced by staff resulted from redeployment. Difficulties were identified regarding staff having to learn new skills, in new teams, with staff member's original teams struggling with the resulting staff shortage.

Research has highlighted that staff recognise the benefits of developing experience which would be of use in their wider role [11]. This underscores the need for organisations to identify ways of supporting the wellbeing of redeployed staff, and capitalise on opportunities for skill development [12].

Of concern was the extent of psychological distress experienced by staff reported in the current study. This mirrors findings from the wider literature, which has highlighted staff worries about their own safety, as well as unknowingly infecting others [13]. The results of the current study also highlight the negative impact of feeling undervalued on staff morale and wellbeing. In addition, sleep difficulties have been reported in the current study, and the wider literature [14].

Taken together, it is imperative that healthcare staff are explicitly valued, and that their mental health needs are met, particularly for those at higher risk of mental health difficulties or experiencing greater exposure to challenging situations. Feedback also highlighted the resilience of many members of staff and the contribution of the Support for Teams initiative towards facilitating staff coping, indicating the need for further research to identify factors which effectively promote the wellbeing of healthcare staff.

Supporting teams to build upon their existing resilience [4] requires a responsive strategy that balances reinforcing existing strengths and coping strategies, and supplementing these by introducing practical help, accessible to all. This is congruent with the OPMC's view of creating a sustainable staff wellbeing strategy.

One key limitation of this study was that feedback was collected from Wellbeing Leads, rather than those staff receiving support from Wellbeing Leads. Further, this study relied on feedback, rather than the use of self-reported standardised measures of wellbeing. Taken together this limits the ability to draw conclusions about the wider effectiveness of the Support for Teams initiative and is something which should be addressed in future research.

A further key limitation is the small sample size used to produce this paper. Consequently, it is important to note that the data collected is not representative of all staff members, and future research should aim to collect more regular and in-depth data on this initiative. This small sample also means that all staff members have been grouped together. It is clear there are unique differences between teams, and we have been unable to distinguish these to offer specific advice to future initiatives. This will further support Wellbeing Leads to understand their team's needs in the context of a respite room and/or resources required to attend to self-care and wellbeing at both the individual and team level, as well as provide evidence for the effectiveness of staff support interventions.

COVID-19 has highlighted the necessity of the NHS, and in turn brought to light the pressures NHS staff face and have been facing, both during and before the pandemic. This study demonstrates the value of staff support, as described by those providing support, arguing for a focus on staff wellbeing outside of a pandemic context, to foster and maintain resilience of

staff working within the NHS. This research has the potential to instigate a change in clinical practice as it establishes the need for wellbeing initiatives that attend to the psychological needs of staff. Such wellbeing projects are worthwhile and can promote staff wellbeing at the individual, team and organisational levels.

**Abbreviations:**

OPMC	Oxford Psychological Medicine Centre
HCP(s)	Health Care Professional(s)
PPE	Personal Protective Equipment
WBM	Wellbeing model
WFH	Work From Home

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Table 1

Themes	Detailed description
<b>Redeployment, new ways of working and staff shortages</b>	Staff shortages and redeployment were amongst the highest reported challenges to staff wellbeing. This was due to the practical changes in the hospital to provide COVID-19 care and general hospital care: “... <i>the unit is understaffed by approximately 6 posts, which makes managing the increased workload hard.</i> ” This came with other challenges about working in new teams and learning new skills in other departments “ <i>Staff being redeployed... is unsettling and difficult. Staff don't understand procedures nor have access to information needed to do the job.</i> ”
<b>Positive Coping</b>	Despite the many challenges faced by teams, there were many examples of positive coping, while others reported on the benefits of wellbeing support: “ <i>Most staff really enjoy the psychological huddle and say they get a huge amount from doing the exercise.</i> ”
<b>Mental health including anxiety and managing stress</b>	Mental health was a consistent theme throughout the project period. The consequences of staff shortages, changes in working patterns and more staff needed to support COVID-19 cases brought high emotive situations on wards: “ <i>There is concern about how well staff are managing the stress of the very busy ward environment.</i> ” Early in the pandemic staff were aware and awaiting the rush of COVID-19 cases and busy environment, particularly at the start of the pandemic: “ <i>Anticipatory anxiety regarding potential workload.</i> ” Many staff also had concerns about being safe at work: “ <i>A source of anxiety is being safe at work.</i> ”

<b>Sleep issues</b>	A high level of staff fatigue and disrupted sleep was identified: <i>“A lot of staff are experiencing difficulties with sleep, either waking early or struggling to fall asleep.”</i> As staff experienced difficult cases related to COVID-19, some had been unable to forget these experiences when they leave the hospital, and especially when they tried to sleep: <i>“Most staff continue to report difficulties with sleep due to overactive/'busy' mind.”</i>
<b>Benefits of wellbeing support</b>	Staff responded positively for the support from wellbeing leads, and the support from psychology for the wellbeing leads. Initiatives and ideas for wellbeing were welcomed
<b>Difficulties keeping connected with colleagues and staff</b>	Keeping connected with colleagues and staff was challenging due to the staff shortages and non-front-line staff working from home or individuals shielding. Teams and departments were split and people reported feeling disconnected: <i>“Some teams have staff who are very isolated at home and sounding depressed”</i>
<b>Not feeling valued</b>	A lack of space for was a consistent theme prior to the introduction of Respite Rooms. At the start of the pandemic, staff reported limited spaces for staff to experience ‘down time’ during their shifts and to relax. Staff reported not feeling valued when practical constraints impacted on access to respite space: <i>“Reduced staffing levels and limited acknowledgement around a lack of respite space in the context of the additional pressures of the pandemic are potentially leading to a sense of staff feeling 'fed-up' and undervalued.”</i> There were further responses that staff felt undervalued sometimes if they were not doing COVID-19 related work or not on the front line: <i>“Some sense that some staff may not be feeling their work is appreciated enough”</i>

<b>Issues related to PPE</b>	PPE was a prominent theme, especially at the start of the pandemic: “...we’ve run out of long sleeve gowns.” Staff also experienced the demanding task of wearing PPE for many hours in all consultations: “Wearing PPE for extensive periods (2-3 hours) is hot and tiring.”
<b>Concerns about accesses to previous sources of support</b>	Lack of support available from religious and other spiritual resources; difficulties accessing usual social support: “Many staff are normally nourished spiritually within church communities and are currently unable to access this.”
<b>Emotional responses to death</b>	Anxiety for safety was often discussed alongside the reality of co-workers falling sick and those who died due to COVID-19: “Impact on team of death of member of staff due to COVID-19”
<b>Uncertainty about the future</b>	Staff reported uncertainty and feeling unsettled, especially towards the end of the summer, particularly with regards to a second wave coming in the autumn: “...difficult to know what is round the corner and how long this will go on for.” Teams were also concerned about how the psychological support would continue in the longer term: “...we want a long term plan that incorporates staff wellbeing”
<b>Higher risk individuals</b>	Feedback identified increased anxiety in the BAME population, as information about the risk to BAME populations was released: “Anxiety for some members of staff (BAME)”

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