At the beginning of 2020, the highly infectious respiratory disease, SARS-CoV-2 (Covid-19) started spreading rapidly throughout the world. As of 25 June 2021, there were nearly 180 million confirmed cases of Covid-19 worldwide and almost 3.9 million Covid-19 related deaths (Bit.ly/WHOCovidWorld). The UK alone saw nearly 4.7 million confirmed cases and 128,040 Covid-19 related deaths reported to the WHO to 25 June 2021 (Bit.ly/WHOCovidUK).

During an unprecedented global health crisis, such as the Covid-19 pandemic, it is inevitable that employees in the health and social care sector will experience increased stress. Although the UK has embarked on a mass Covid-19 vaccination programme, there is still a long road back to ‘normality’, and it is recognised that frontline staff are at high risk of fatigue and burnout (Masiero et al, 2020). As such, evaluating the impact of health and wellbeing initiatives by health and social care organisations during the Covid-19 pandemic is of utmost importance. Learning the lessons from the first wave of infections will help organisations prepare for future waves/pandemics, and identify what support for healthcare workers (HCWs) works best, along with areas for improvement.

Key points

Healthcare workers are in danger of stress and burnout in trying to cope with Covid-19, and nurses are particularly vulnerable due their frontline role

Employers have introduced various health and wellbeing initiatives to support staff, and these must be evaluated

A survey showed stress was greater in staff testing positive for Covid-19 and those with a high level of physical contact with patients

Access to testing, personal protective equipment, exercise classes and psychological support were rated as most helpful

Providing targeted support, appropriate personal protective equipment, and clear infection control guidance and team communication could reduce nurses’ stress and aid retention

Which wellbeing resources are helpful in managing stress during Covid-19?


Keywords Covid-19/Occupational stress/Health and wellbeing

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In this article...

● Causes of occupational stress in healthcare workers during Covid-19
● How staff rate different wellbeing resources
● Where health and wellbeing resources should be targeted

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Abstract Healthcare workers, including nurses, are at increased risk of poor psychological outcomes during Covid-19 due to the nature of their work. This article discusses factors contributing to stress in health and social care workers during the pandemic, and identifies the health and wellbeing support staff found most helpful for managing stress, based on a survey of staff at one health and social care organisation.

Literature review

During the Covid-19 pandemic, there are several probable causes of stress for nurses, including:
● Direct contact with Covid-19 patients;
● Increased exposure to the virus;
● Changes at work (for example, increased volume of work, intensity of work) (Maben and Bridges, 2020).

Research in China has shown that some of the main factors associated with stress in HCWs during the Covid-19 pandemic are:
● Perceived risk of infection;
● Patient mortality;
● Availability of clear infection control guidance;

Due to their direct contact with patients, nurses are particularly vulnerable to the psychological effects of Covid-19. Recent research has found HCWs are at high risk of poor psychological outcomes during Covid-19, including anxiety, depression, substance misuse, stress and insomnia (Dubey et al, 2020; Spoorthy et al, 2020).
Vinkers et al (2020) suggested there will be a rise in the severity and incidence of stress-related disorders due to Covid-19, and an increase in symptoms for people already diagnosed with mental health problems, in the general population. HCWs are at especially high risk of burnout due to increased workload and moral injury (when individuals act in a way that violates their ethical principles or moral beliefs due to a lack of choice and control) (Greenberg et al, 2020; Masiero et al, 2020).

The trauma experienced by HCWs during this pandemic could lead to increased risk of suicide through vicarious traumatisation, compassion fatigue and burnout (Masiero et al, 2020). A systematic review of the psychological effects of virus outbreaks (including Covid-19) suggested that practical and psychological support, clear communication, sufficient rest and access to appropriate PPE are associated with better psychological outcomes for HCWs (Kisely et al, 2020).

Maben and Bridges (2020) suggest a failure to support nurses psychologically and practically during the Covid-19 pandemic could cause some nurses to leave the profession because of:

- Occupational stress;
- Lack of protection from the virus (including inadequate PPE);
- Feeling unsafe at work.

In 2019, the Royal College of Nursing warned that patient safety was in danger unless nursing numbers in England increased (RCN, 2019); Covid-19 can only exacerbate this. One of the main aims of the RCN’s Fair Pay for Nursing campaign (bit.ly/RCNFairPay) is to fill the tens of thousands of available nursing jobs and recognise the skill and responsibility needed every day by all members of the nursing profession. It is vital that we:

- Understand what is causing increased stress in nurses;
- Identify what organisations can do to support their workforce.

**Evaluating what works**

We set out to evaluate what factors are associated with stress in HCWs, and what health and wellbeing initiatives they find helpful for them and their work, in dealing with the Covid-19 pandemic. We surveyed 500 staff at a south-west London community interest company that provides NHS health and social care services in the community. Staff comprised interdisciplinary allied health professionals (clinical and non-clinical), including community and district nurses, social workers, physiotherapists, health visitors, psychologists, administrative staff and others. The survey was voluntary and no rewards were given for participation.

Staff were emailed in June 2020 and given a link to a short, anonymous questionnaire about their health and wellbeing during the Covid-19 pandemic. The questionnaire asked staff:

- If they had tested positive for Covid-19 in the previous three months;
- How much physical contact they had with patients;
- How they rated the organisational support – for example, how would you rate your workplace as a place to work? (1 is worst and 10 is best);
- What use they made of the different health and wellbeing initiatives and resources available, and whether they were useful to them and their work;
- To give open-ended comments about health and wellbeing resources, what worked and how they could be improved.

The health and wellbeing initiatives and resources that staff could access included:

- Daily Covid-19 briefing emails;
- Covid-19 testing;
- Resources to enable working from home – for example, Microsoft Teams, laptops;
- Free fruit and snacks;
- PPE and PPE guidance;
- ‘Wobble’ rooms (quiet rooms in which to take a break);
- Wellbeing guidance;
- Psychological wellbeing support provided by a team of clinical psychologists;
- Occupational health support;
- Exercise classes.

Participants were asked to complete the 10-item version of Cohen et al’s (1983) Perceived Stress Scale (PSS), which has been shown to be a reliable and valid test of perceived stress (Taylor, 2015; Lee, 2012). The survey took participants approximately 10 minutes to complete and used the online survey software, Qualtrics. A statistical package (SPSS, version 27.0) was used to analyse the data. Comments about health and wellbeing resources were reviewed by two authors to identify recurring themes about initiatives that worked or could be improved.

**Survey results**

In total, 187 staff (representing about a third of the organisation) completed the questionnaire. The average PSS score was 16.2 out of 40; higher numbers indicate increased stress and 16.2 was higher than the usual score of 12-14 identified by Cohen et al (1983). Individual PSS scores were classified as low, moderate or high perceived stress, as outlined by Cohen et al (1983). In all, 37.4% of participants reported low stress, 55.1% moderate stress and 7.5% reported high stress (Fig 1).

**Stress and Covid-19**

There was a negative correlation between participants’ stress levels and how they rated their organisation as a place of work – namely, the higher participants rated their organisations, the lower their stress score. This correlation was weak to moderate, but still statistically valid (Pearson’s correlation coefficient r=-0.310, p<0.001).

During the pandemic, the organisation staff regular testing for Covid-19. Staff who had tested positive in the previous three months reported statistically significantly higher stress levels (mean PSS 19.3) than those who had tested negative (mean PSS 15.7, p<0.036), independent t-test. Staff members described Covid-19 PCR testing as well organised, efficient, professional and convenient. The tests helped reassure friends and family that staff members were safe. Six out of 18 staff commented that accessing this service earlier could have informed them if they had Covid-19 and reduced unnecessary time off work. Overall, it gave members peace of mind and was well received.
Stress levels differed statistically significantly depending on how much physical contact staff members had with patients. Most notably, those who had physical contact with patients almost every day had significantly higher stress levels (mean PSS 19.3) than staff who never came into physical contact with patients (mean PSS 15.8) (Fig 2).

In terms of PEE, staff members commented about frustrations with the lack of its availability at the beginning of the pandemic. PPE items were often ill fitting and shortages meant repeated trips to the main office to collect items. Frontline staff felt they needed adequate PPE to feel protected against the virus.

Health and wellbeing resources
Participants were asked about their use of health and wellbeing resources, and whether they ‘agreed’, ‘disagreed’ or ‘neither agreed nor disagreed’ that the resources used were helpful to them and their work. The highest rated items were:
- Covid-19 testing;
- Appropriate PPE;
- Free exercise classes;
- Access to the psychology team for wellbeing support.

The lowest rated items were:
- Wellbeing guidance;
- Occupational health (Fig 3).

Staff comments
Exercise classes were valued highly by staff who attended, as they felt the organisation was committed to their wellbeing. Although some staff reported that the timings of classes did not always work for them, due to work commitments, the classes did provide a break from work, leaving staff feeling “fresh” and “energised”.

Access to internal organisation psychological support and wellbeing guidance (the latter of which received the second lowest rating) was perceived positively by staff members. The psychological support service was easy to access, enabled them to manage their emotions and they felt supported by the organisation. To improve psychological support, staff suggested a follow-up period would have been useful.

Some managers wanted more advice on how best to support employees with their wellbeing.

Overall, staff wanted more clear communication from management about emergency planning and a clear plan for the future of services as a result of Covid-19. They appreciated the flexibility of working from home but commented they wanted more contact from management and communication at times of greater stress (such as following a positive Covid-19 diagnosis or when self-isolating).

Discussion
The greater stress levels reported by this staff group, compared with those normally expected for this population, most likely reflects the impact of the Covid-19 crisis. Reported stress levels were greatest in frontline workers who had high levels of physical contact with any patients regardless of Covid-19 status, or in staff who tested positive for Covid 19. This suggests a need for more targeted support for these groups.

Management/team leads should also be encouraged to maintain contact with employees who are self-isolating or working from home as a result of self-isolating due to Covid-19, to ensure self-isolating does not have a negative impact on their health and wellbeing. That staff who reported more stress rated their organisation more negatively is another consideration to keep in mind; it is important nurses do not leave the profession because of stress, and effective health and wellbeing initiatives might help improve nurse retention.

The organisation surveyed had a number of health and wellbeing initiatives to help employees cope with the effects of the pandemic. The highest rated resources were Covid-19 testing, appropriate PPE and access to exercise classes and psychological support. Staff rated Covid-19 testing as important as it gave them peace of mind and helped reassure family members they were safe, with the added benefit that testing on the premises was convenient for staff and asymptomatic testing.
May have reduced the spread of Covid-19 in the community.

Staff who attended exercise classes valued them highly. Exercise, such as yoga, has been shown to reduce stress in the workplace (Bhui et al, 2016; Chong et al, 2011). A number of staff who attended exercise yoga classes reported finding them beneficial but, as the classes were live, the numbers who attended were small. Organisations should consider recording sessions or protecting time so staff can attend.

Staff also valued having psychological support and, since the survey was undertaken, the organisation has increased such support provided by establishing an in-house counselling and wellbeing service. This offers up to 12 weeks of free counselling, single-crisis resolution sessions and monthly wellbeing workshops. Future research evaluating the impact of a dedicated internal wellbeing adviser for HCWs should be considered to understand how this could affect staff health and wellbeing.

Previous research has found that adequate available and accessible PPE reduces staff stress and improves psychological wellbeing (Cai et al, 2020; Kisely et al, 2020). In the early stages of the pandemic, the lack of available PPE due to problems in the healthcare supply chain was an issue both in this organisation and nationwide. This left HCWs in fear of contracting Covid-19 then transmitting it to their patients, families and people in the wider community (Iyengar et al, 2020). It could also lead to frustration and anxiety if a lack of appropriate PPE resulted in Covid-19 infections that could have been prevented.

Wearing masks for long periods can be stressful for HCWs and patients, as it can be a communication barrier, which increases tiredness (Maben and Bridges, 2020). Health and social care services, and organisations providing frontline services, need contingency plans to ensure there are adequate PPE supplies in preparation for any further increases in Covid-19 infections. Communication channels also need to be improved – for example, between infection control teams and management – to address staff anxiety over PPE and support staff health and wellbeing in unprecedented times.

In this evaluation, the higher levels of stress reported by staff who had more physical contact with patients may be linked to the availability and use of PPE, and HCWs’ anxiety around contracting and transmitting the virus, particularly for those nurses who have physical contact with patients in the community. Taylor et al (2020) found HCWs working in the community during Covid-19 could feel stigmatised due to people’s perceptions that they were more likely to contract and transmit the disease. The free fruit and snacks the organisation provided helped in this respect by avoiding the need for staff to go into shops for refreshments, and should be considered by other organisations as a support measure.

“A failure to support nurses psychologically and practically during the Covid-19 pandemic could cause some nurses to leave the profession”

Limitations and future research

As this was a cross-sectional survey, it only gathered staff views at one specific point in time; further research is needed to identify the cause and effects of stress, and understand which health and wellbeing resources improve health and wellbeing in HCWs over time. In addition, the conditions of the pandemic are constantly changing, and the stress experienced by staff in the early stages may differ from that experienced now. The pandemic has continued for much longer than originally anticipated, and Covid-19 still poses a global threat with new strains and outbreaks. There is, therefore, no clear path back to normality, despite vaccines being rolled out nationally – this could lead to fatigue and burnout among frontline HCWs.

This evaluation looks at services in one organisation, so the findings should be generalised with caution. The organisation is relatively small compared with some NHS trusts, and staff work in small teams. To ensure anonymity, we did not ask in which department participants worked; we also collected limited demographic information as we wanted staff to feel they could answer honestly. Nonetheless, we believe we have gathered some insightful data, which has stimulated a useful discussion and could help shape the organisation’s response to Covid-19.

Our survey helped us understand which health and wellbeing resources HCWs see as helpful during this pandemic, as well as highlighting areas that may need extra attention or investment, such as providing more targeted support for frontline staff, easy access to Covid-19 testing, appropriate and plentiful PPE, improved communication from management, access to psychological support and free exercise classes at work. We hope this information will enable other health and social care organisations to think how best they can support their staff as the pandemic unfolds.

Conclusion

Organisations must support their staff’s health and wellbeing during the pandemic, and provide targeted support for those who are most vulnerable. Staff, such as nurses, who are in physical contact with patients and, therefore, at higher risk of contracting and transmitting Covid-19, need additional support during the Covid-19 crisis and in the aftermath. Availability of appropriate PPE, clear infection control guidance and good team communication could reduce nurses’ stress. NT

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