The Impact of COVID19 Pandemic on the Long Term Care Workforce: Evidence from the UK

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Retention and Sustainability of Social Care Workforce (RESSCW) project

Funder: Health Foundation (Efficiency Research Programme). Collaboration between UoK, UCL, LSHTM, City and Skills for Care: 2019-2022

Aim: To help social care providers, commissioners, regulators and policy-makers understand the specific organisational and individual drivers of staff retention in the social care sector

Work has been extended to examine the impact of COVID-19 on workforce retention and sustainability

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Disclaimer: The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The views expressed are entirely those of the authors.

The onset of COVID-19
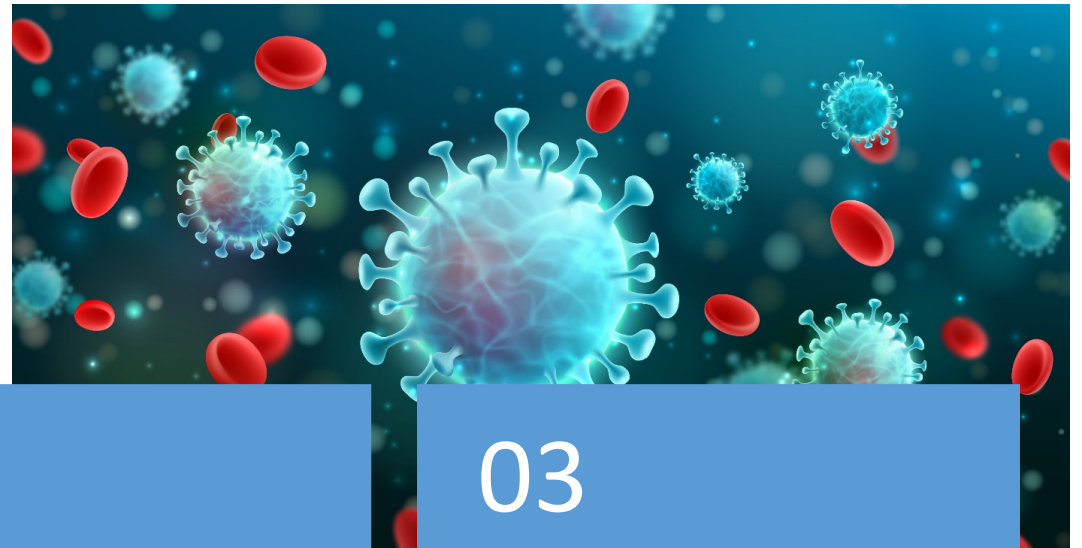
01

What are the implications of COVID-19 on care workers' general wellbeing, working conditions, and intentions to quit the sector?
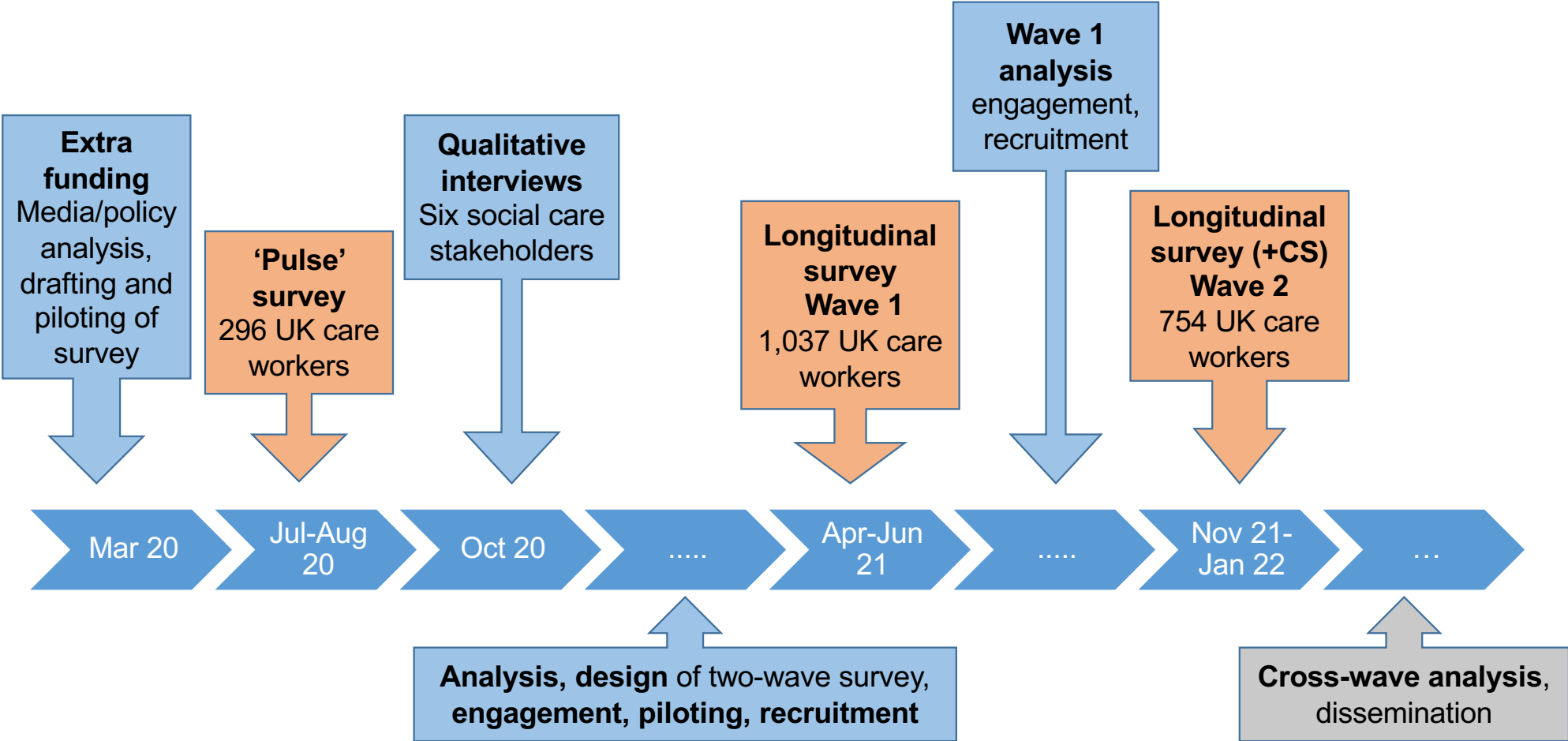
02

Are certain workers with specific individual and work characteristics more negatively impacted by the COVID-19 pandemic?

03

Do any of these implications differ by care settings, especially between domiciliary and residential care?

C-19 WP timeline

Extra funding
Media/policy analysis, drafting and piloting of survey

'Pulse' survey
296 UK care workers

Qualitative interviews
Six social care stakeholders

Longitudinal survey Wave 1
1,037 UK care workers

Wave 1 analysis
engagement, recruitment

Longitudinal survey (+CS) Wave 2
754 UK care workers

| Mar 20 | Jul-Aug 20 | Oct 20 | ..... | Apr-Jun 21 | ..... | Nov 21-Jan 22 | ... |

Analysis, design of two-wave survey, **engagement, piloting, recruitment**

Cross-wave analysis, dissemination

Survey content

Pulse survey
Jul-Aug 20

Demographics

Job-related characteristics (e.g. tenure, contract, role, setting, employer, client group)

COVID-specific topics (e.g. PPE)

Current vs. pre-COVID: employer, care setting/client group

Changes since onset of COVID: job-satisfaction-related aspects (e.g. pay, workload), intention to quit, overall job satisfaction, feelings at work, general health

Longitudinal survey: Wave 1
Apr-Jun 21

Demographics
Job-related characteristics (incl. union membership)
COVID-specific topics (incl. cases and vaccine uptake)

Current/past few weeks: job-satisfaction-related aspects but extended, feelings…

Current: organisational commitment (e.g. seeking views, responding to suggestions) and job supports (e.g. respect, fair treatment, feedback)

Abuse (prevalence, type, perpetrator, action taken)

Longitudinal survey: Wave 2
Nov 21-Jan 22

Since July 21: COVID-specific topics (incl. cases, vaccine uptake and mandate awareness)

Since July 21: Abuse (prevalence, type, perpetrator, action taken)

All other topics as in Wave 1

All surveys included open-ended questions (e.g. about abuse, wellbeing support received)

Key findings:
Pulse survey &
Stakeholders interviews

Pulse survey (Jul-Aug 20)

- Evidence of increased workload, stress and feelings unsafe at work
- Reported decline in general health
- Cases of self-isolation particularly high among black and minority ethnic staff (BAME)[*]
- Over fifth have not had COVID-19 related training (half of BAME respondents)[*]
- One in six reported not having clear guidance to be safe at work
- One in six did not have access to PPE
- One in sixteen had symptoms but did not receive a COVID-19 test
- Need to examine the effects of ethnicity and regional variation

[*]small number of cases for BAME respondents

Stakeholders interviews (Oct 20)

- High levels of anxiety amongst the social care workforce
- Social care sector felt to be abandoned in the early months of the pandemic
- Lack of understanding of the social care sector by central government
  - Policy guidance felt to be focused on the NHS
- Pressure to source PPE
- Supporting staff wellbeing: an onus on providers
  - *"let's split the care givers amongst ourselves and phone up, and we're not asking about work, we're just saying, "And how are you, how's it going at the moment, what can we do to support you?"*

Key findings: Wave 1

An online survey from 13th April to 28th June 2021
Received 1,037 valid responses

Since the start of 2021:

32% increased workload without additional pay
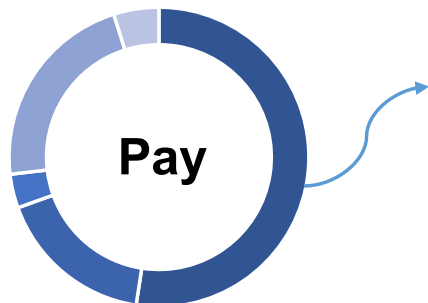
27% self-isolated

20% increased paid working hours

18% took sick leave due to COVID-19

13% redeployed to a different role or workspace

13% stopped or was stopped by employer from working in different places to reduce spread of COVID-19

If self-isolated, took sick leave or stopped working

Pay

48% normal pay

28% statutory sick pay

9% employers' sick pay

11% no pay

Employers should have more staff to avoid increased workload

Domiciliary care, older adults

Care workers are now on thier knees and fatigued and yet still no light at the end of the tunnel.

Management, domiciliary care

We had to work longer hours with less staff

Direct care, supported living/extra care housing

Direct care, older adults, care home w or w/o nursing

it is such a struggle .. to keep my head above water to pay bills and council tax as i only received about £93 for the 11 days I had off with COVID 19

I work more hours than the legal limit.

Direct care, older adults, care home w or w/o nursing

Since the start of 2021:

Among the people they work with

7 out of 10 had **confirmed** COVID-19 cases among staff or clients

Had first dose of COVID-19 vaccine

87% ✓   9% ✗   3% !

Source: canva.com

Asked to do continuous working as all staff tested positive and needed to isolate, and offered without pay increase or proper recognition of work after the covid crisis.

Regulated professional, older adults, care home w or w/o nursing

Pressure to take covid vaccine at work, no sensitivity about that.

Direct care, older adults, care home w or w/o nursing

I am very happy that we had both doses of vaccine and I hope for this whole thing to be over with and to go back to normal

Regulated professional, older adults, care home w or w/o nursing

Vaccines shouldn't be forced on ourselves or risk losing our jobs if not wanting to have the injection.

Direct care, older adults, care home w or w/o nursing
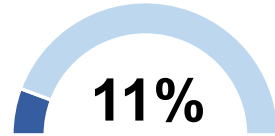
Experienced in relation to COVID-19:

26% reported being abused (verbal abuse, bullying, threat or physical violence)
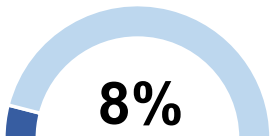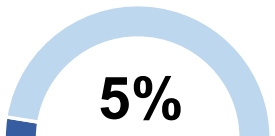
Experienced in relation to COVID-19:

20% Verbal abuse

11% Bullying

8% Threat

5% Physical violence

Being called names, being threatened, being followed.

Direct care, adults with physical and/or sensory disability, supported living/extra care housing

A huge amount of negative comments on social media, blaming carers for so many residents who died of covid, and blaming care homes of keeping residents hostage, unwilling to allow visits

Direct care, older adults, care home w or w/o nursing

Verbally abused by

43% service user/client

32% service user's/client's family

24% colleague/staff member

24% general public

19% manager/supervisor

Bullied by

31% colleague/staff member

29% manager/supervisor

24% service user/client

16% service user's/client's family

10% general public

Experienced in relation to COVID-19:

Verbally abused – action taken

47% reported it to a manager/ supervisor

26% took no action

19% told a colleague/ staff member

Bullied – action taken

30% reported it to a manager/ supervisor

27% told a colleague/ staff member

15% sought help from a union

There was nothing I could do. It was reported to line management. I was trying to keep all within the government guidelines and to keep people safe but colleagues wanted to and did work against the directives given placing all others at risk. When this was raised they bullied and used threatening behaviour.

Management, care home w or w/o nursing

Direct care, adults with mental health needs, domiciliary care

It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year…

It's not safe to get help.

Direct care, adults with physical and/or sensory disability, supported living/extra care housing

Abuse (any): differential experience

Nationality & ethnicity

- BAME — 40%
- White Non-British — 29%
- White British — 24%

Abuse (any)
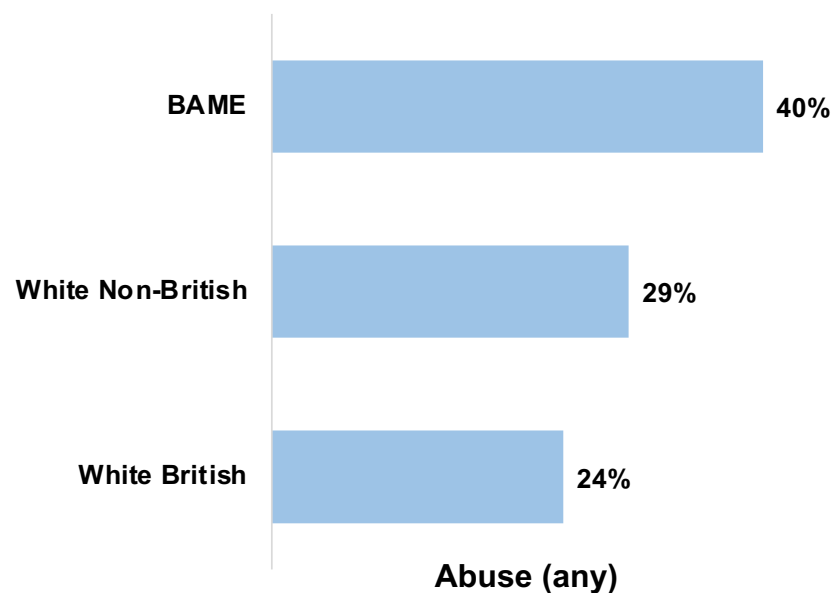
*White British vs BAME statistically significant at 5%.
Remaining differences not statistically significant.

Care setting
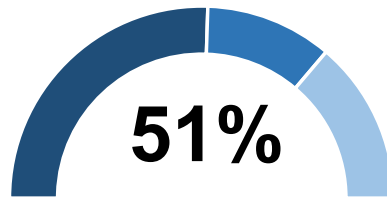

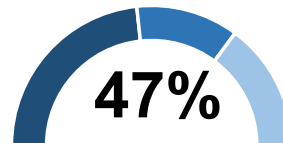- Domiciliary care/other — 22%
- Residential care — 31%

Abuse (any)
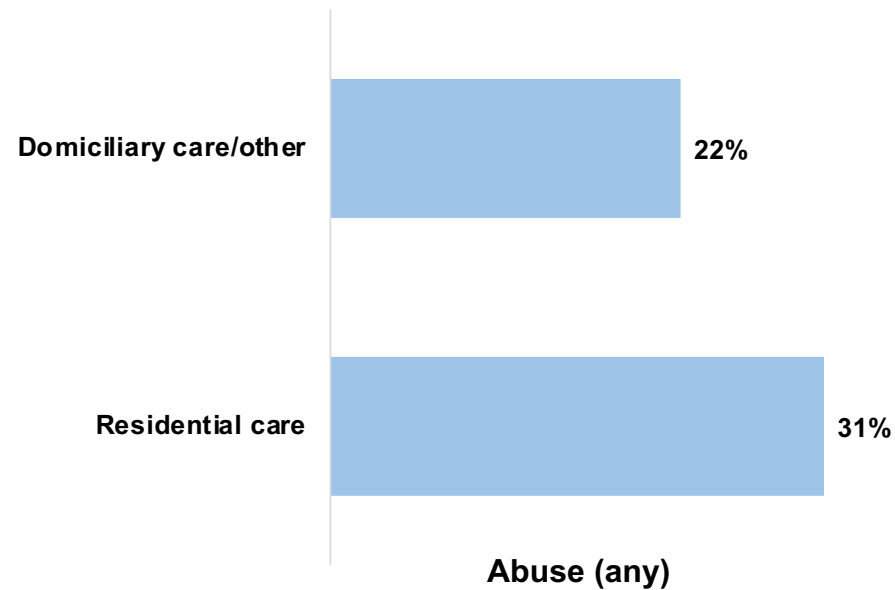
*Difference is statistically significant at 5%.

No significant differences by country
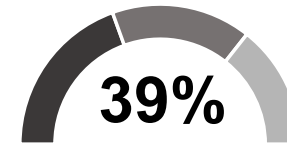
Work-life Balance, Health and Wellbeing (I)

51%
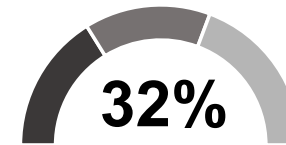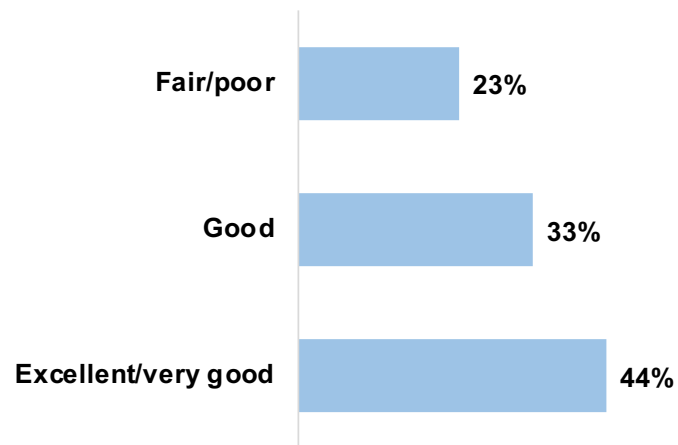
very satisfied/satisfied
with **work-life balance**

47%

very satisfied/satisfied
with **workload**

In the past few weeks, job has made you feel

39%

all/most of the time
tense, uneasy or worried

32%

all/most of the time
calm, contended or relaxed

40%
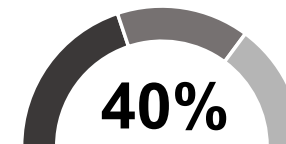
all/most of the time
cheerful, enthusiastic or optimistic

General health (now)

Fair/poor	23%
Good	33%
Excellent/very good	44%

Work-life Balance and Wellbeing (II)

Linear regression	Wellbeing [proxy][+]	Wellbeing [work-life balance]
Abuse		
Yes	-0.185*** (0.023)	-0.312*** (0.064)
Abuse (count)		
Single	-0.128*** (0.028)	-0.143* (0.081)
Multiple	-0.254*** (0.030)	-0.519*** (0.082)
Abuse (type)		
Verbal abuse	-0.093*** (0.027)	-0.182** (0.077)
Bullying	-0.145*** (0.035)	-0.222** (0.096)
Threat	-0.033^{ns} (0.046)	-0.015^{ns} (0.123)
Physical violence	-0.107** (0.050)	-0.381*** (0.138)

[+]Composite index created from feelings questions. All specifications include controls for age band, gender, ethnicity & nationality, regional COVID-19 cases, regional COVID-19 deaths, employer type, care setting, client group, job role, tenure, contract type, union membership and north-south dummies. Robust standard errors in parentheses. ***$p<0.01$, **$p<0.05$, *$p<0.1$, ^{ns} not significant.

Intention to quit (II)

Linear regression	Intention to quit current employer in the next 12 months	Intention to quit social care in the next 12 months
Abuse		
Yes	0.233*** (5.71)	0.260*** (7.04)
Abuse (count)		
Single	0.225*** (4.48)	0.223*** (4.72)
Multiple	0.243*** (4.17)	0.200*** (3.67)
Abuse (type)		
Verbal abuse	0.135*** (2.86)	0.115*** (2.92)
Bullying	0.103*** (1.55)	0.057^{ns} (1.05)
Threat	0.128* (1.61)	0.072^{ns} (1.06)
Physical violence	-0.067^{ns} (-0.64)	0.020^{ns} (0.24)

All specifications include controls for age band, gender, ethnicity & nationality, regional COVID-19 cases, regional COVID-19 deaths, employer type, care setting, client group, job role, tenure, contract type, union membership and north-south dummies. Marginal effects at mean. Z-scores based on robust standard errors in parentheses.
***$p<0.01$, **$p<0.05$, *$p<0.1$, ^{ns} not significant.

Key findings: Wave 1 & Wave 2 [work-related scales]

Job-related attitudes & aspects

- A set of job-related attitudes and job aspects
  - Workplace Employment Relations Survey + Extra items relevant to social care
  - 5-point Likert-type scales [1,…,5]
- How best to utilise these variables?
  - Longitudinal dimension
  - Descriptively
  - Regression analysis
- <u>Challenge</u>: Many items, some of which are highly correlated
  - **Factor analysis (FA):** exploratory, as we do not have a clear idea of the structure or dimensions in a set of variables; *varimax* rotation; pooled sample
  - How to create the scales? Steps: a) reorder ordinal scales [-2,…,2]; b) additive per category
  - Pseudo-continuous (median cut-off) [-1,0,1] or normalised [0,…,1]?

Worker's perceptions
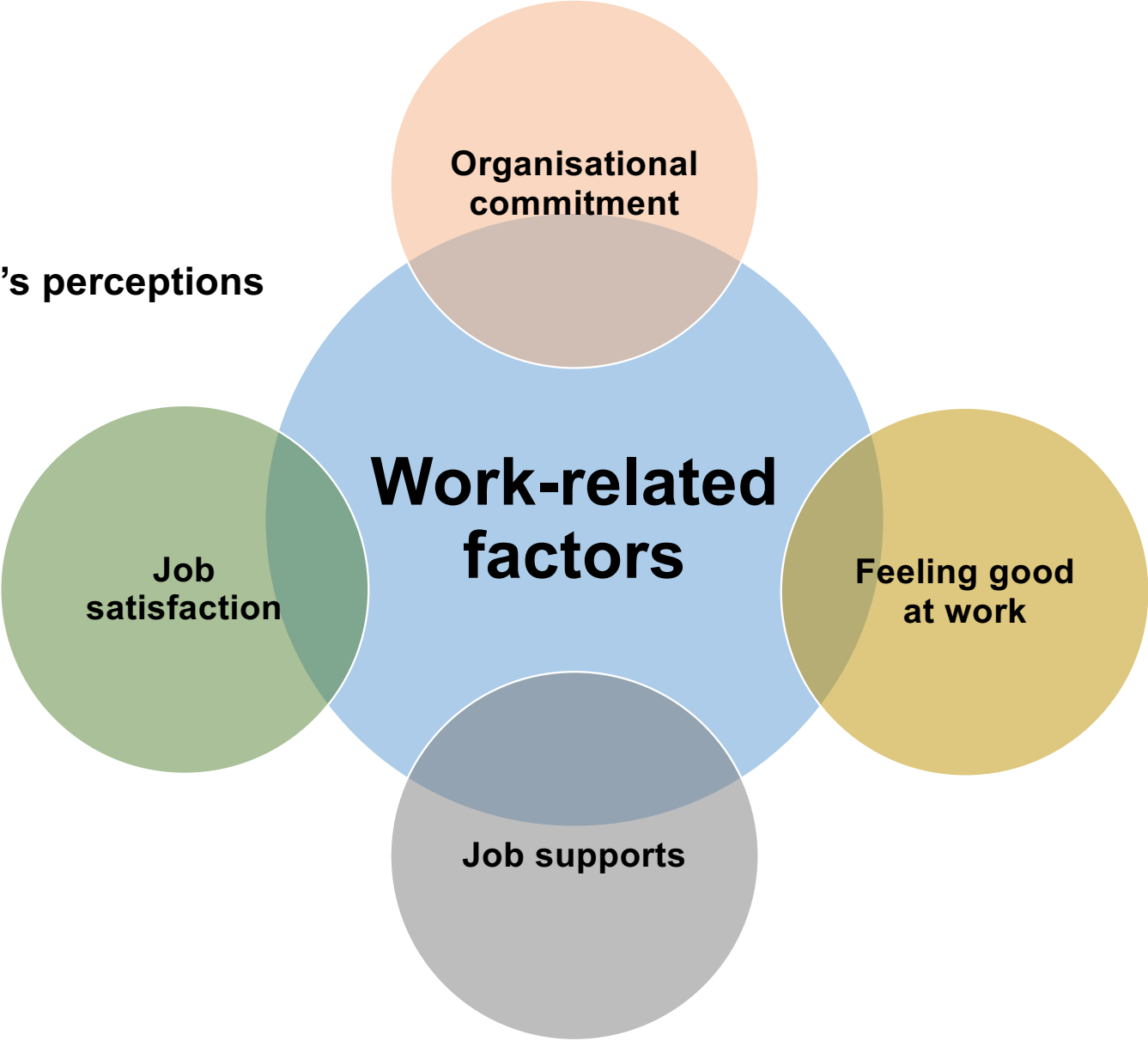
Work-related factors

Organisational commitment

Feeling good at work

Job supports

Job satisfaction

Scales by subgroups – sex

	Male	Female
Job sat	0.598	0.648
Org com	0.546	0.580
Work feelings	0.487	0.500
Job sup	0.610	0.634

Significant differences at **1%**: job sat
Significant differences at **10%**: org com

Scales by subgroups – ethnicity & nationality

	White B	White NB	BAME
Job sat	0.639	0.606	0.670
Org com	0.568	0.527	0.658
Work feelings	0.492	0.482	0.560
Job sup	0.624	0.629	0.690

Significant differences at **1%**: job sat (White Non-British vs. BAME), org com (White Non-British vs. BAME; White British vs. BAME), work feelings (White Non-British vs. BAME; White British vs. BAME), job sup (White British vs. BAME)

Significant differences at **5%**: job sat (White British vs. BAME)

Scales by subgroups – care setting

	Resid	Dom +
Job sat	0.618	0.651
Org com	0.560	0.582
Work feelings	0.445	0.524
Job sup	0.620	0.636

Significant differences at **1%**: job sat, work feelings

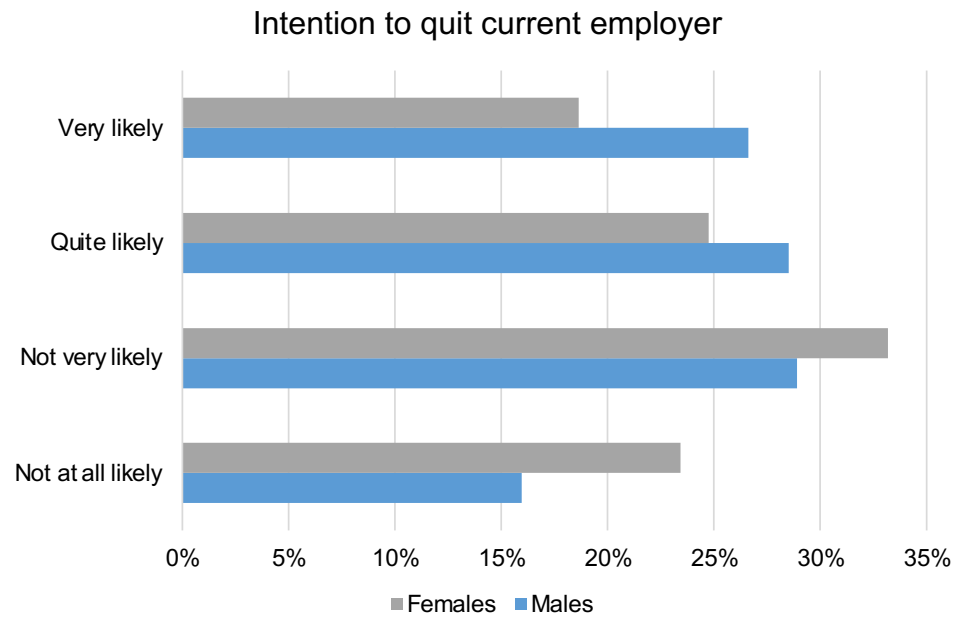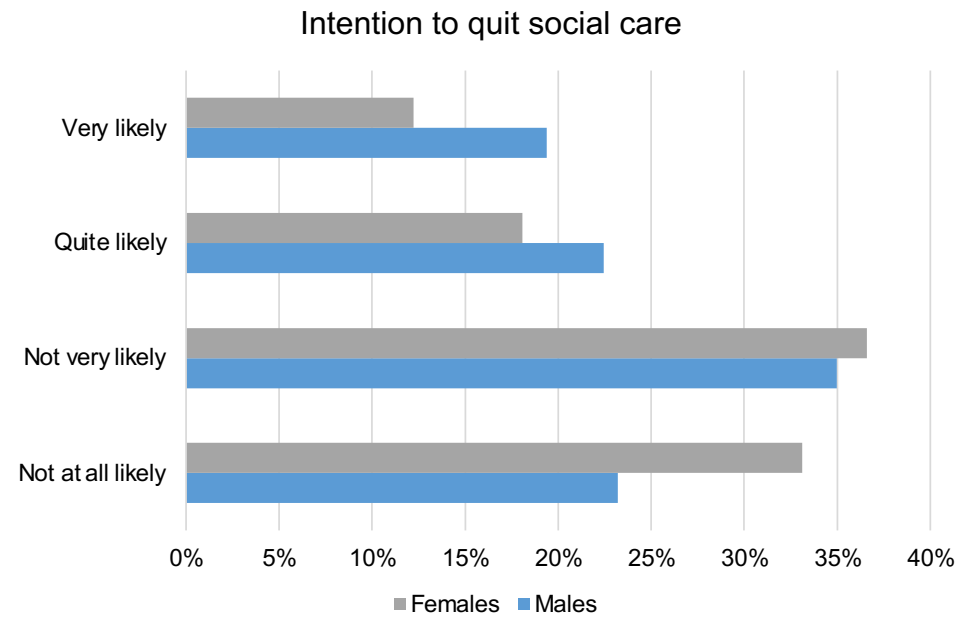# Key findings: Wave 1 & Wave 2 [intention to quit]

Intention to quit

- Intention to leave/quit
  - current employer voluntarily in the next 12 months
  - social care altogether in the next 12 months
  - 4-point Likert-type scales [Very likely, Quite likely, Not very likely, Not at all likely]
- Long-standing issue of high turnover for care workers in England (SfC, 2021)
  - 28.5% (~410K people) over a year
  - ↓ in turnover rates during the pandemic; by 3.7 percentage points for care workers
  - Domino impact (vacancies): 8% pre-COVID; 6.2% Apr 20-July 21; 8.2% Aug 21
- COVID-19 era – so far, a) emphasis on actual turnover; b) England
- <u>Contribution</u>: a) comprehensive work-related scales (job satisfaction, organisational commitment, feeling good at work, job supports); b) employee's perspective; c) UK
  - Longitudinal COVID-19 workforce survey; unbalanced panel (N=1,791)
  - Pooled and panel regression analysis
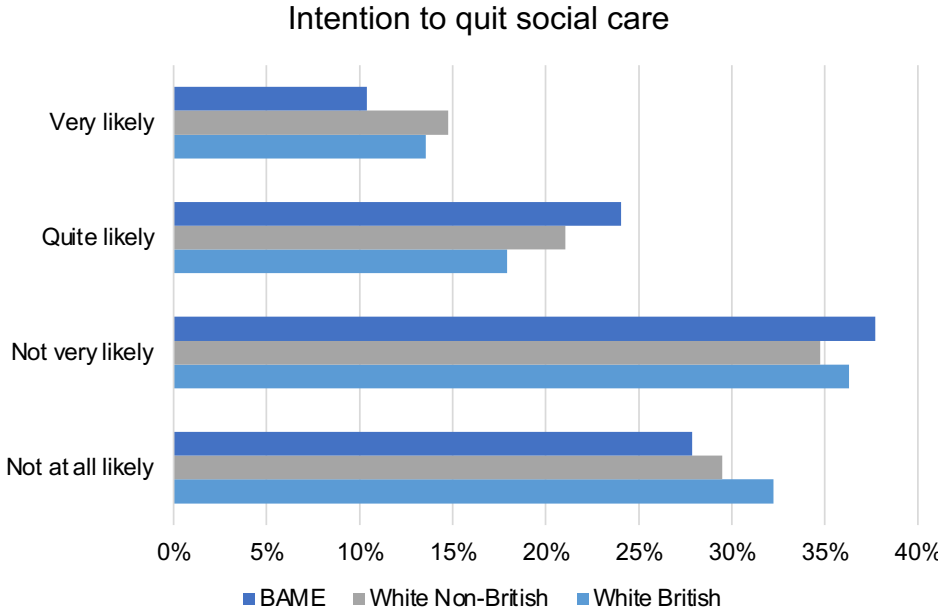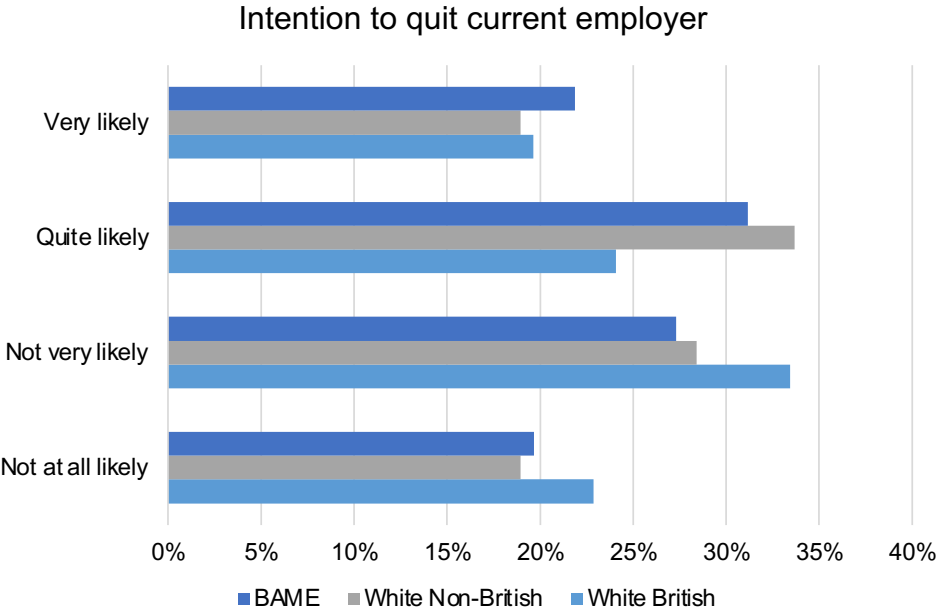
Intention to quit by subgroups – sex

Intention to quit current employer

	Females	Males
Very likely		
Quite likely		
Not very likely		
Not at all likely		

Significant differences at **1%**: Males vs. Females

Intention to quit social care

Significant differences at **1%**: Males vs. Females

Intention to quit by subgroups – ethnicity & nationality

Intention to quit current employer

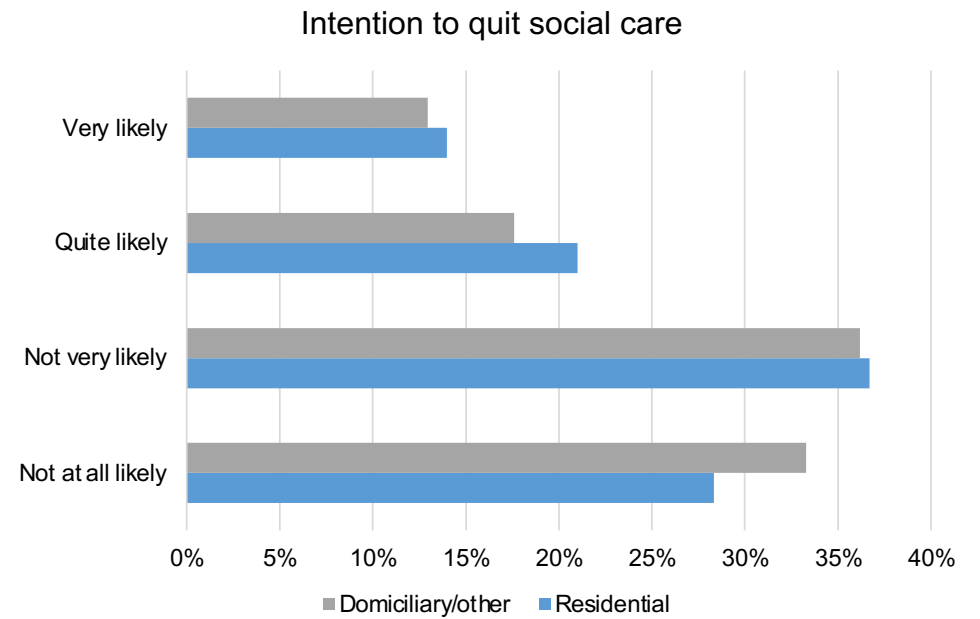Intention to quit social care

Significant differences at **5%**: White British vs. BAME
Significant differences at **10%**: White British vs. White Non-British

No significant differences

Intention to quit by subgroups – care setting

Intention to quit current employer

No significant differences

Intention to quit social care
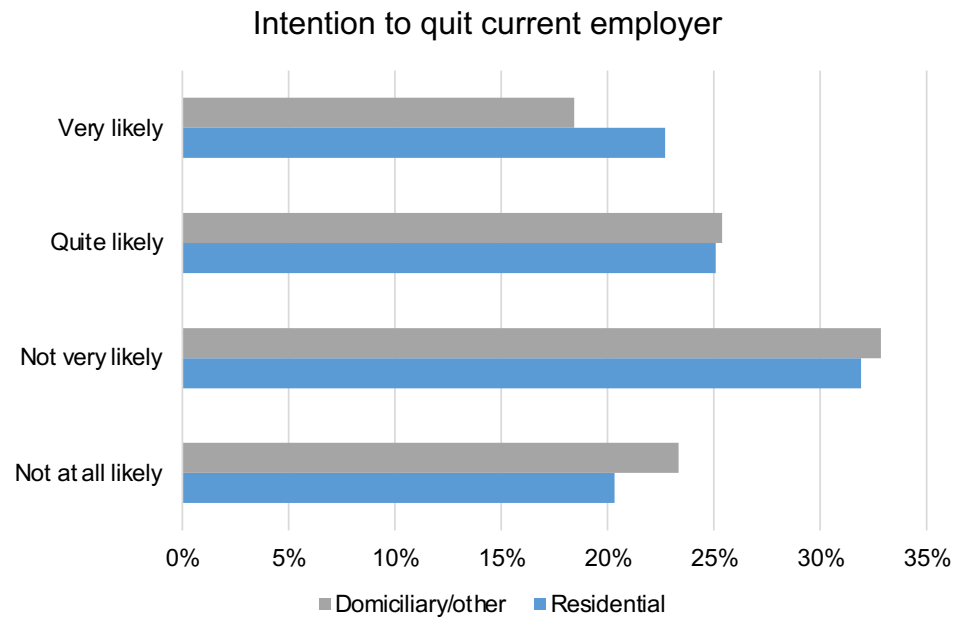
Significant differences at **10%**: Residential vs. domiciliary/other

Summary and Conclusion

Pulse survey – report available

❖ Evidence of increased workload, stress and feeling unsafe at work, decline in general health

❖ No COVID-19-related training for over a fifth (half for BAME respondents)*

❖ One in six reported not having clear guidance to be safe at work; no access to PPE

*small number of cases for BAME respondents

Interviews with stakeholders – blog available

❖ High levels of anxiety amongst the social care workforce

❖ Social care sector felt to be abandoned in the early months of the pandemic

❖ Lack of understanding of the social care sector by central government

❖ Growing concerns about abuse of workers during the pandemic

Longitudinal survey (Pooled analysis) – papers in progress

❖ Evidence of lower job satisfaction, job supports and worse feelings at work during 'Omicron' wave

❖ Overall, males more likely to quit than females

❖ No significant differences in quits by care setting

❖ BAME respondents significantly more likely to quit current employer; weaker effect for quitting the sector

❖ Experienced abuse (single or multiple) negatively impacts on intention to quit

Longitudinal survey (Wave 1) – early findings (paper under review)

❖ Evidence of increased workload since start of 2021 (in most cases without extra pay)

❖ Over a third felt tense, uneasy, depressed and gloomy because of their job

❖ A quarter experienced abuse in relation to the pandemic (over a third for BAME)

❖ Abuse incidents more common in residential care

❖ Negative association between abuse and work-life balance; abuse and intention to quit

Implications

Care workers feel neglected and undervalued

- **Workload**; job satisfaction; sense of responsibility
- **Wellbeing**: physical, mental and financial
- Further **retention** issues

Brexit & COVID-19

- The nature and structure of **social care provision**?
- **Live-in care**
- **Migrant workers**: who will fill the gaps?

Sector-wide changes

+ Better **pay** & better jobs
+ Funding & reforms
+ Pool of recruits
+ Sector wide support mechanisms
- Geographical disparities
- Impact on **users** and their **informal carers**

Wellbeing?

Thank you for listening

Happy to respond to questions

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@DrShereeHussein

https://www.pssru.ac.uk/resscw/frontpage/