UNDERSTANDING HEALTH AND SOCIAL CARE MANAGERS' EXPERIENCE OF WORKING DURING THE

COVID-19 PANDEMIC

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Background

- COVID-19 had a significant emotional and physical impact on frontline healthcare staff and managers, with many findings themselves facing unique and ethically challenging situations in a system which was already under significant strain.
- Clinically high rates of depression, anxiety, post-traumatic stress, and insomnia has been found in healthcare workers in Northern Ireland across different phases of the pandemic.
- In response, evidence-based guidance on the implementation of psychological support for those healthcare staff managing teams at the frontline was devised.

Objective

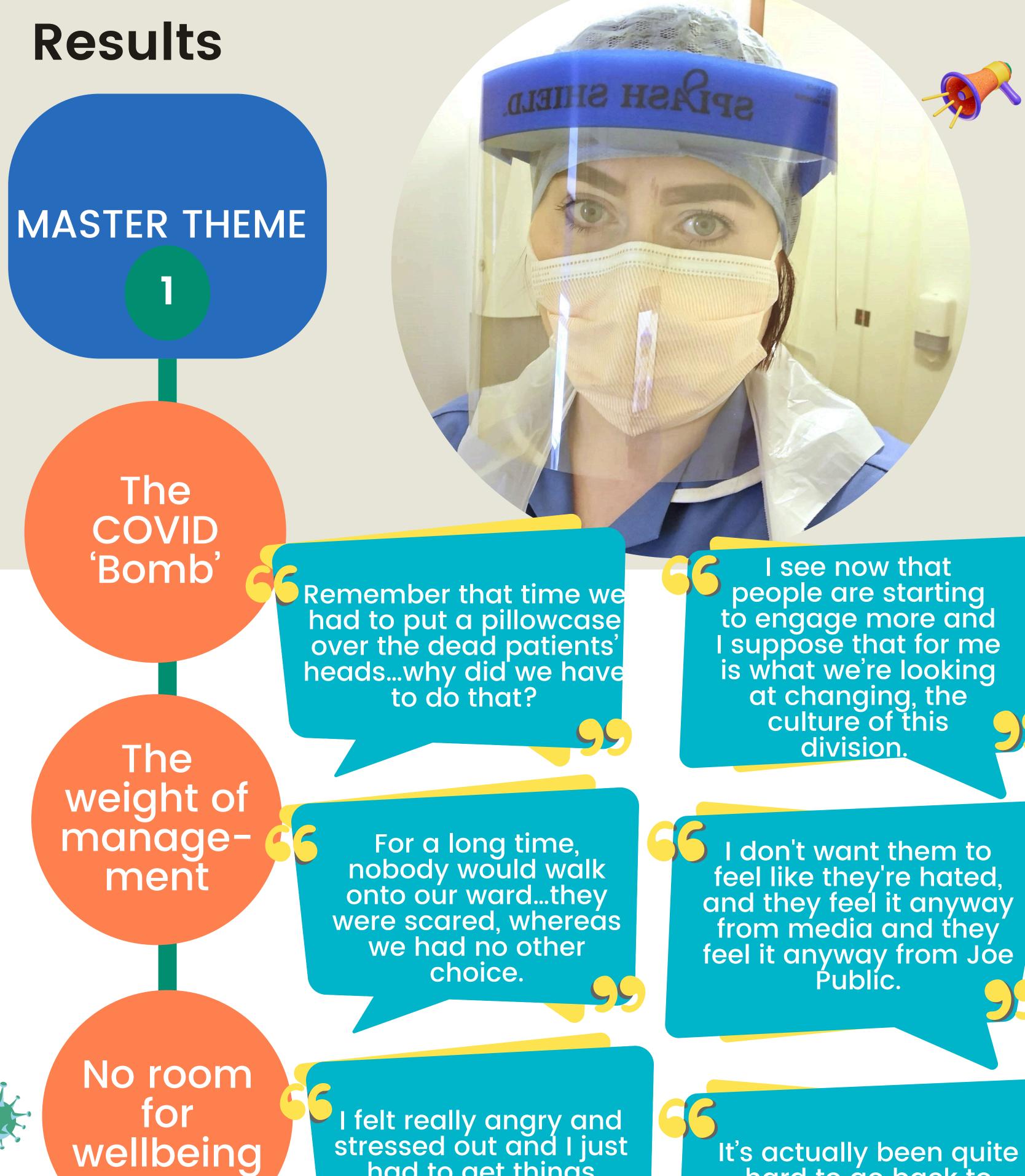
During and after COVID-19, much of the research has focused on impact on staff, but not specifically on the impact on managers tasked with supporting and supervising staff through these challenges. Therefore, this research aims to address this gap.

Research Questions

1) How did frontline service managers experience working during the 'peak' and immediate post-pandemic phases of the COVID-19 pandemic? 2) How did frontline service managers experience receiving psychological support during the COVID-19 pandemic?

Methodology

A novel longitudinal qualitative approach across two phases of the pandemic was adopted. Data was gathered from 20 semi-structured interviews with frontline health and social care managers, working during the COVID-19 pandemic. Data was analysed using reflexive thematic analysis.



had to get things

It's actually been quite hard to go back to nursing patients who don't have COVID.

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Summary of findings

Insights from the study revealed the pressures faced by frontline managers and their teams during the pandemic. There was an initial caution with engaging in psychological support, and staff prioritised patient care over their own wellbeing. As the pandemic continued, moral injury was evident and the emergence of burnout. However, at the 'post-pandemic' phase, there was an evident shift towards open communication, valuing psychological therapy and an endeavour to prioritise staff well-being, despite the continuing challenges of a post-pandemic healthcare system.

Conclusion

These findings contribute towards the understanding of the experience of working and managing teams during COVID-19. The impact of the pandemic on frontline healthcare staff has been vast. Organisational efforts which focus on supporting managers to support staff may help to maintain and develop the beginnings of a culture shift towards valuing staff wellbeing. The findings are helpful in aiding the understanding of what could be expected in healthcare crises which may arise in the future, and the potential importance of supporting staff to engage in moral repair, following their experiences of working during the pandemic.