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# The abuse and wellbeing of long-term care workers in the COVID-19 era: Evidence from the UK

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Please contact the authors before citing

## Acknowledgements

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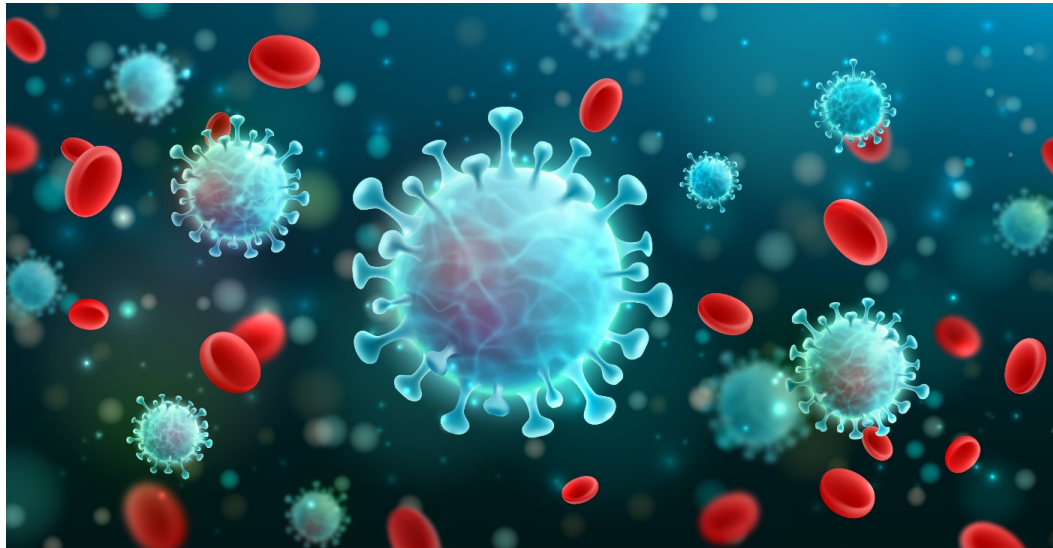
# Background: COVID-19 and UK social care workforce

- Government policy prioritised healthcare staff; risk for the social care sector unrecognised – fragmented guidance that came too late
  - Action plan published in April '20
  - May '20: Dedicated fund to support infection control in care homes
- In the meantime,
  - Personal Protective Equipment (PPE) + testing; additional tasks; higher workload; staff shortages
  - Negative experiences, incl. workplace violence (limited visitations; increased workload; lack of safety measures; inability to travel)
    - *'incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health' (ILO, 2002; p. 3). ... 'It includes verbal abuse, bullying/mobbing, harassment and threats' (ILO, 2002; p. 4).*

# Background: Workplace violence in social care

- Sector characteristics (Hussein, 2022; Hussein, 2017; NAO, 2021; ONS, 2021; Skills for Care, 2021)
  - workforce predominantly female (>80% in England and Scotland)
  - low-paid, with average pay close to statutory pay
  - minority workers and non-UK nationals overrepresented
- Existing evidence
  - Disproportionately gendered and racialised occupations particularly at risk (Funk et al., 2021)
  - Race and ethnicity can influence nature and frequency of abuse (e.g. Skills for Care, 2013)
  - Residential care workers more at risk of physical violence (e.g. Skills for Care, 2014)
  - Aggressive behaviours often **minimised** and **normalised** => 'part of the job' (Schnelli et al., 2020)
  - Growing concerns about mistreatment of staff during the pandemic (Towers and Collins, 2021)
  - **Impact on:** wellbeing, job satisfaction, absenteeism, turnover, retention + quality and efficiency of care

=> call for further research...



## Aim

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

## Data: Longitudinal staff workforce survey (UK)

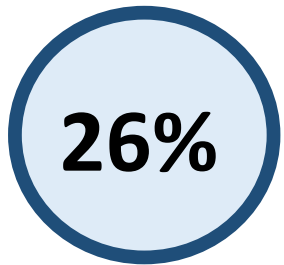
- Two waves: Online (Qualtrics), optimised for mobile devices
- No care workers' registry + many may be working in different settings
  - Recruitment via: steering group members, formal and informal groups of care workers through social media and newsletters + individuals/organisations previously engaged in social care workforce research
- Survey topics: demographics; job-related characteristics; COVID-specific (cases, vaccine uptake, vaccine mandate); job attitudes and satisfaction; abuse (prevalence, type, perpetrator, action taken); open-ended questions (e.g. abuse, wellbeing support received)
- Abuse types: verbal abuse, bullying, threat, physical violence (attack/assault)
  
- Wave 1 (Apr-June '21):  $N=1,037$
- Wave 2 (Nov '21-Jan '22) [follow-up + boost]:  $N=754$

	Wave 1 (mean)	Wave 2 (mean)	Diff.	Pooled (mean)
Female	0.839	0.823	**	0.853
Under 35 years	0.260	0.175	***	0.224
35-44 years	0.199	0.188	ns	0.194
45-54 years	0.290	0.320	ns	0.303
55+ years	0.251	0.317	***	0.279
Sector: Public	0.176	0.229	***	0.199
Sector: Private	0.537	0.605	***	0.566
Sector: Charity	0.128	0.114	ns	0.122
Care setting: Residential	0.362	0.280	***	0.327
Care setting: Domiciliary care/other	0.638	0.720	***	0.673
Service user: Older adults (incl. dementia)	0.584	0.611	ns	0.596
Service user: Adults with phy and/or sens disab	0.164	0.172	ns	0.168
Service user: Adults with mental health needs	0.139	0.156	ns	0.146
Role: Direct care	0.736	0.658	***	0.703
Tenure: <2 years	0.193	0.115	***	0.160
Tenure: 2-5 years	0.217	0.204	ns	0.212
Tenure: 6-10 years	0.187	0.199	ns	0.192
Tenure: >10 years	0.403	0.481	***	0.436
Contract type: Permanent	0.653	0.650	ns	0.652
Union member: Yes	0.447	0.383	***	0.420
Abuse: Yes	0.256	0.256	ns	0.256
Abuse (severity): Single	0.138	0.156	ns	0.146
Abuse (severity): Multiple	0.118	0.099	ns	0.110
Scale: Job satisfaction	0.650	0.627	**	0.640
Scale: Organisational commitment	0.581	0.567	ns	0.575
Scale: Feelings at work	0.510	0.482	**	0.498
Scale: Job supports	0.637	0.622	ns	0.631
Observations	1,037	754		1,791

Significance level:  
 \*\*\* p<0.01, \*\*  
 p<0.05, \* p<0.1, ns:  
 not significant.

## Descriptives

Experienced in relation to COVID-19:

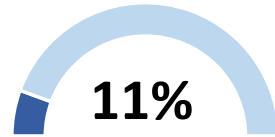


reported being abused  
(verbal abuse, bullying, threat  
or physical violence)

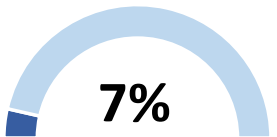
Experienced in relation to COVID-19:



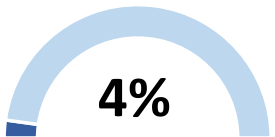
Verbal abuse



Bullying



Threat



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**

45% service user/client

37% service user's/client's family

26% general public

22% colleague/staff member

16% manager/supervisor

**Bullied by**

33% colleague/staff member

28% manager/supervisor

23% service user/client

18% service user's/client's family

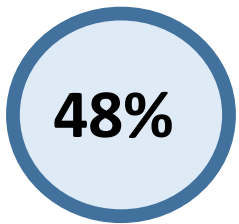
12% general public



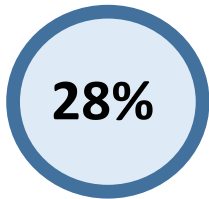
Experienced in relation to COVID-19:



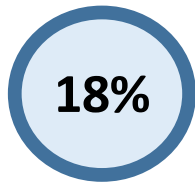
Verbally abused – action taken



reported it to a manager/supervisor

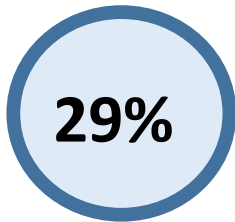


took no action

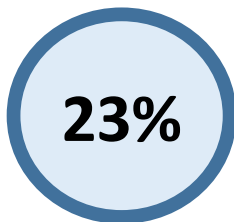


told a colleague/staff member

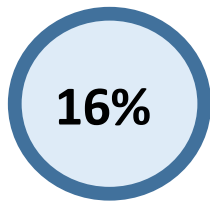
Bullied – action taken



reported it to a manager/supervisor



told a colleague/staff member



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

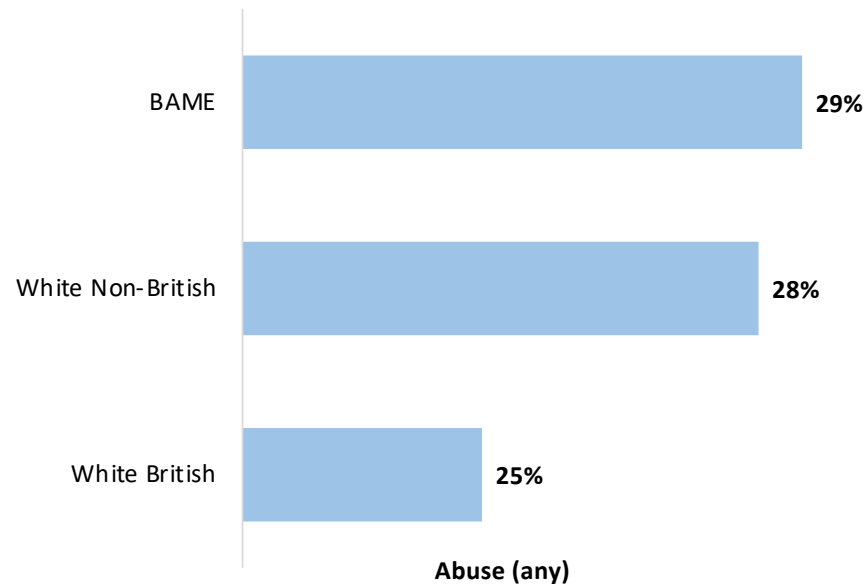
Direct care, adults with mental health needs, domiciliary care  
It was reported to police and management, but they did nothing because "can't do anything about it because of covid restrictions and tenancy agreements". So we had to take the abuse for almost a year...

It's not safe to get help.

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

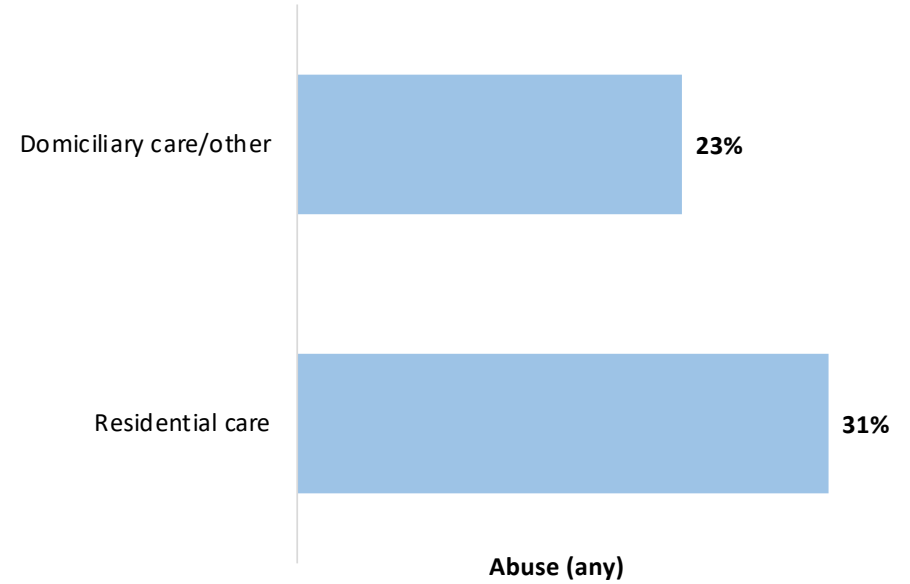
# Abuse (any): differential experience

## Nationality & ethnicity



\*No statistically significant differences between any of the groups.

## Care setting



\*Difference is statistically significant at 1%.

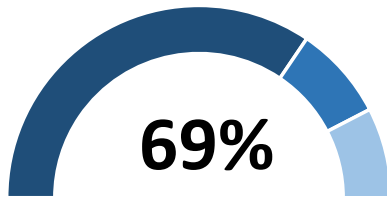
## Work-life Balance and Wellbeing



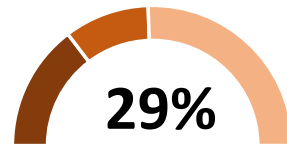
Linear regression	Wellbeing [proxy] <sup>+</sup>	Wellbeing [work-life balance]
	$\beta$	$\beta$
<b>Abuse</b>		
Yes	-0.032*** (0.008)	-0.096** (0.047)
<b>Abuse (count)</b>		
Single	-0.019** (0.009)	-0.035 <sup>ns</sup> (0.056)
Multiple	-0.050*** (0.011)	-0.188*** (0.062)
<b>Abuse (type)</b>		
Verbal abuse	-0.027*** (0.009)	-0.083 <sup>ns</sup> (0.052)
Bullying	-0.023* (0.012)	-0.116* (0.069)
Threat	-0.006 <sup>ns</sup> (0.016)	0.095 <sup>ns</sup> (0.086)
Physical violence	-0.010 <sup>ns</sup> (0.018)	-0.185* (0.101)

<sup>+</sup>Composite index created from feelings at work questions. All specifications include controls for age band, gender, ethnicity & nationality, regional COVID-19 cases & deaths, employer type, care setting, client group, job role, tenure, contract type, union membership, job-related scales, wave and north-south dummies. Clustered robust standard errors in parentheses. \*\*\*p<0.01, \*\*p<0.05, \*p<0.1, <sup>ns</sup> not significant.

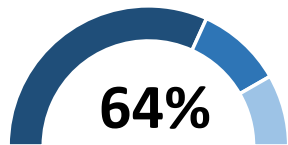
## Job Satisfaction and Intention to Quit (I)



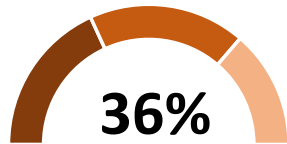
very satisfied/satisfied  
with job (overall)



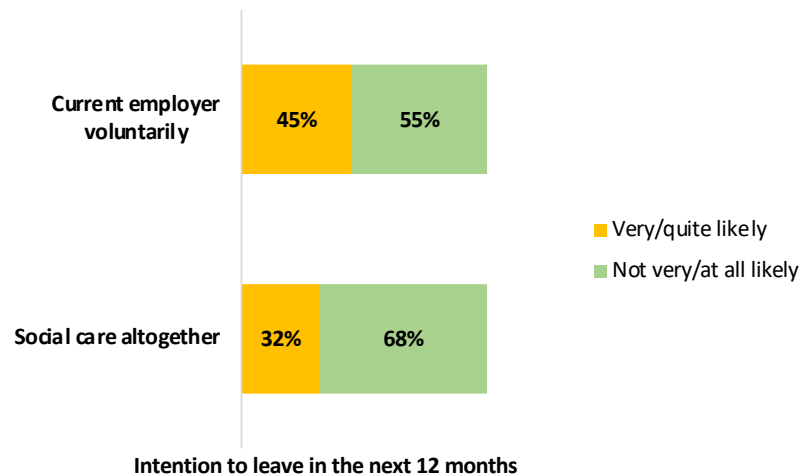
very satisfied/satisfied  
with amount of pay



very satisfied/satisfied  
with job security



very satisfied/satisfied  
with promotion prospects



The desperately low pay, zero hours & no paid travel time is, the killer for this job. It's the most fulfilling job I have had. But I am constantly angry with the unfairness of the wages, pretence that it is unskilled labour, and so on. Which is why I can't stay.

Direct care, older adults and adults with physical and/or sensory disability, domiciliary care

We were hung out to dry , we don't want clapping support we want fair wages for an extremely difficult job , appreciation in the pay packet not standing on front doors . Jobs stacking shelves in supermarkets pay better .... how is that right?

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

I feel undervalued, definitely under paid and have been looking for other jobs, not in care.

Management, care home w or w/o nursing

## 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
<b>Abuse</b>	ME	ME
Yes	0.111*** (3.25)	0.128*** (4.37)
<b>Abuse (count)</b>		
Single	0.108*** (2.72)	0.142*** (4.02)
Multiple	0.116** (2.32)	0.110*** (2.68)
<b>Abuse (type)</b>		
Verbal abuse	0.070* (1.80)	0.097*** (3.07)
Bullying	-0.002 <sup>ns</sup> (-0.04)	0.010 <sup>ns</sup> (0.23)
Threat	0.089 <sup>ns</sup> (1.36)	0.040 <sup>ns</sup> (0.71)
Physical violence	-0.056 <sup>ns</sup> (-0.68)	-0.040 <sup>ns</sup> (-0.61)

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

# Key findings and conclusion

- A quarter experienced abuse in relation to the pandemic (almost a third for BAME)
- Abuse incidents more common in residential care
- Experienced abuse (single or multiple) negatively impacts on
  - wellbeing; work-life balance
  - intention to quit
- Commitment to the sector
- Aftermath of Brexit and COVID-19
  - nature and structure of social care: retention; job support mechanisms; wellbeing
  - live-in care
  - migrant workers

Thank you!

Contact: [e.saloniki@ucl.ac.uk](mailto:e.saloniki@ucl.ac.uk)

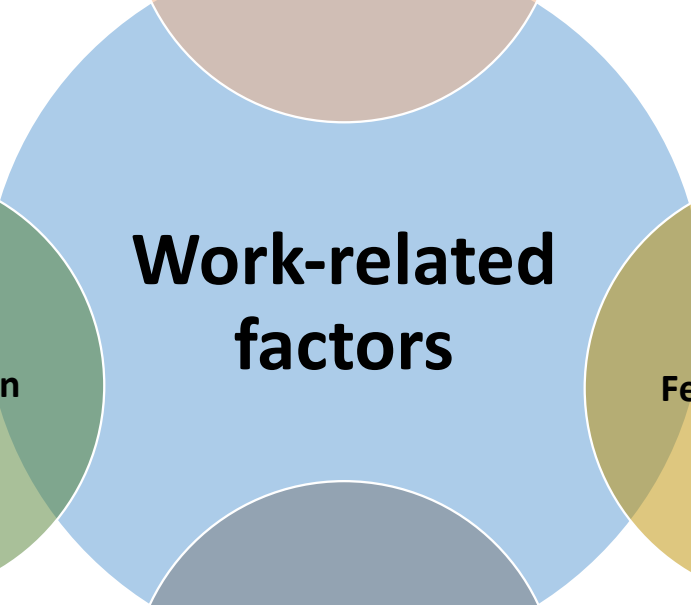
Retention and sustainability of social care workforce (RESSCW)  
project website: <https://www.pssru.ac.uk/resscw/frontpage/>

**Worker's perceptions**

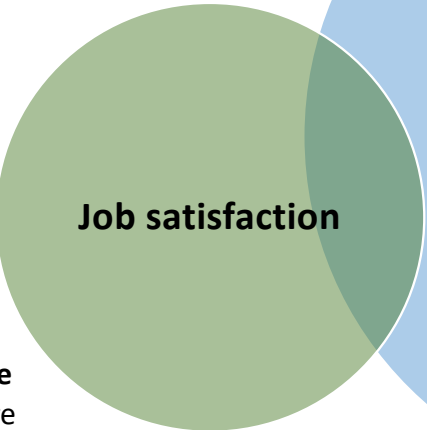


**Organisational commitment**

- How good the managers at the workplace are at:**
- Seeking the views of employees or employee representatives
  - Allowing employees or employee representatives to influence final decisions



**Work-related factors**



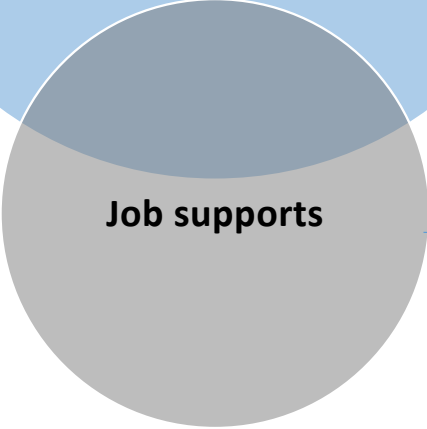
**Job satisfaction**

- Proud to tell people**
- I work in social care
- Feel loyal to my organisation**
- Job aspects**
  - workload
- promotion prospects



**Feelings at work**

- Thinking of the past few weeks, the amount of time that your job made you feel:**
- cheerful, enthusiastic, optimistic
  - tense, uneasy or worried



**Job supports**

- Immediate supervisor, line manager or boss:**
- Helps me perform well in my job
  - Treats me fairly
  - Respects me as a person