

# Social Service Employees' Wellbeing & the impact of the Pandemic: A case study of the UK

Shereen Hussein

Professor of Health & Social Care Policy

London School of Hygiene and Tropical Medicine

United Kingdom



# Structure of the presentation

- How workers' well-being is conceptually linked to the quality of services
- What is social services workers' well-being at work
  - Its dimensions and how it is shaped
  - Drawing from a recent study developing a scale specific to this type of work (Hussein et al., 2022)
- What additional pressures did the COVID-19 pandemic impose on the workforce
  - Drawing on a current study in the UK, RESSCW (e.g. Saloniki et al., 2022)
- Policy and practical implications

# The Links Between Workers' Well-being and Quality of Services

- ❖ Recruitment & retention
  - ❖ Attracting talents
  - ❖ Productivity
- ❖ Quality of relations & users' satisfaction



# STUDY 1: Developing a scale to measure care workers' wellbeing at work

Hussein, S., Towers, A-M., Palmer, S., Brookes, N., Silarova, B., Mäkelä, P. (2022). Developing a Scale of Care Work-Related Quality of Life (CWRQoL) for Long-Term Care Workers in England. *International Journal of Environmental Research and Public Health*. 19(2): 945. <https://doi.org/10.3390/ijerph19020945>

This project was funded by the National Institute for Health Research (NIHR) 2019-2021; (Grant Reference Number NIHR200070). PI: Shereen Hussein. Research Team: Ann-Marie Towers, Sinead Palmer, Nadia Brookes, Barbora Silarova (University of Kent) and and Petra Mäkelä (LSHTM)

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



EASPD Conference, Malta, Oct 22 @DrShereehussein; [shereen.hussein@LSHTM.ac.uk](mailto:shereen.hussein@LSHTM.ac.uk)

# Social Services Workers' Well-being at Work

- Have several dimensions
  - For example: emotional, physical and financial
- Affected by work-related factors that are similar to other work
  - For example, pay and working conditions
- Affected by a unique set of features related to care work
  - The relational nature of care work
  - How care work is organised and rewarded
  - How the society perceive the importance of such work

Societal recognition of care work

Professional identity

Valued

Care Organisation Characteristics

Staffing

Management & Supervision

Environment

Training & Development

Pay & Benefits

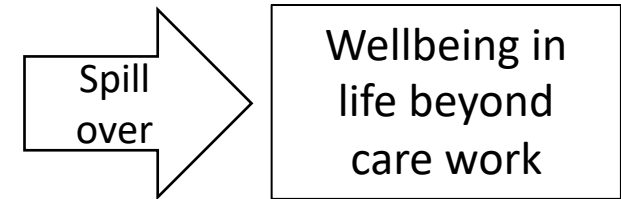
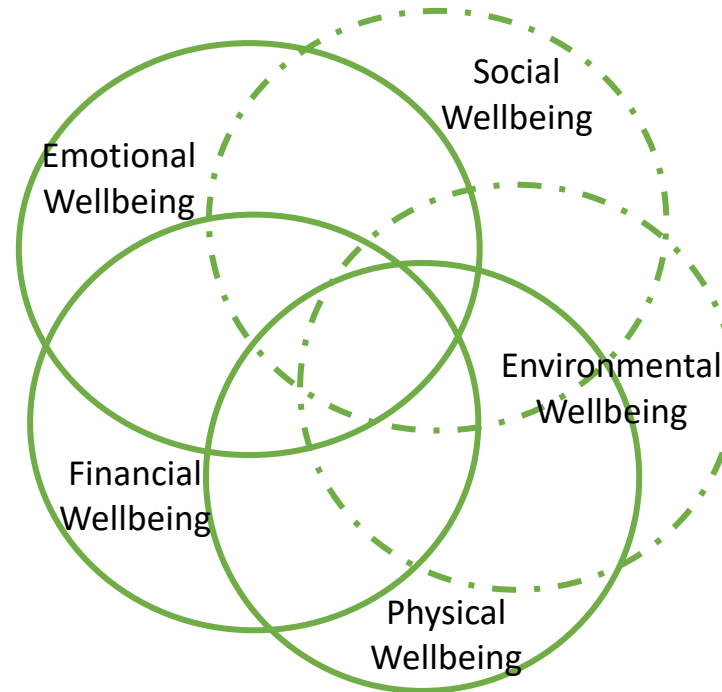
Nature of Care Work

Time

Relations

Tasks

Clients' needs



Source: Hussein et al. (2022)

# STUDY 2: The Impact of COVID19 Pandemic on the Care Workforce (RESSCW)

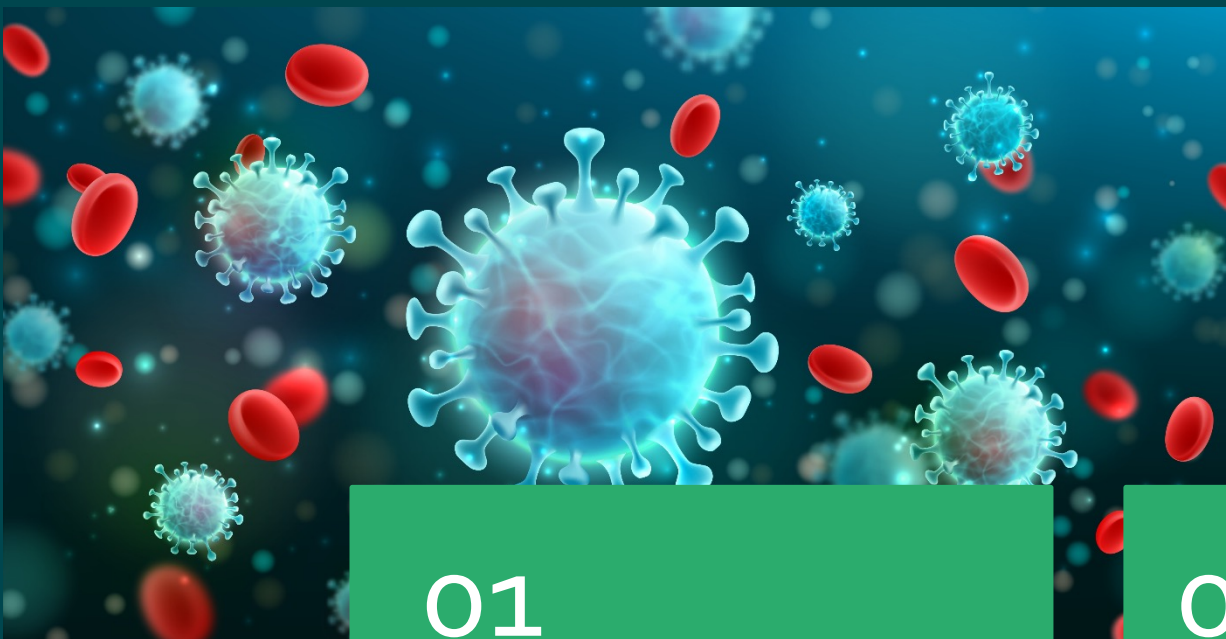
Saloniki, E.-C.; Turnpenny, A.; Collins, G.; Marchand, C.; Towers, A.-M.; Hussein, S. (2022). Abuse and Wellbeing of Long-Term Care Workers in the COVID-19 Era: Evidence from the UK. *Sustainability*, 14, 9620. <https://doi.org/10.3390/su14159620>

This project is part of the Retention and Sustainability of Social Care Workforce (RESSCW) study funded by Health Foundation (Efficiency Research Programme): 2019-2022. Project Team: F. Vadean & S. Hussein (Co-PIs), S. Allan, E. Saloniki, K. Gousia, A. Turnpenny, G. Collins, A.-M. Towers, A. Bryson, J. Forth, C. Marchand, D. Roland and H. Teo

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



EASPD Conference, Malta, Oct 22 @DrShereeHussein; shereen.hussein@LSHTM.ac.uk



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?

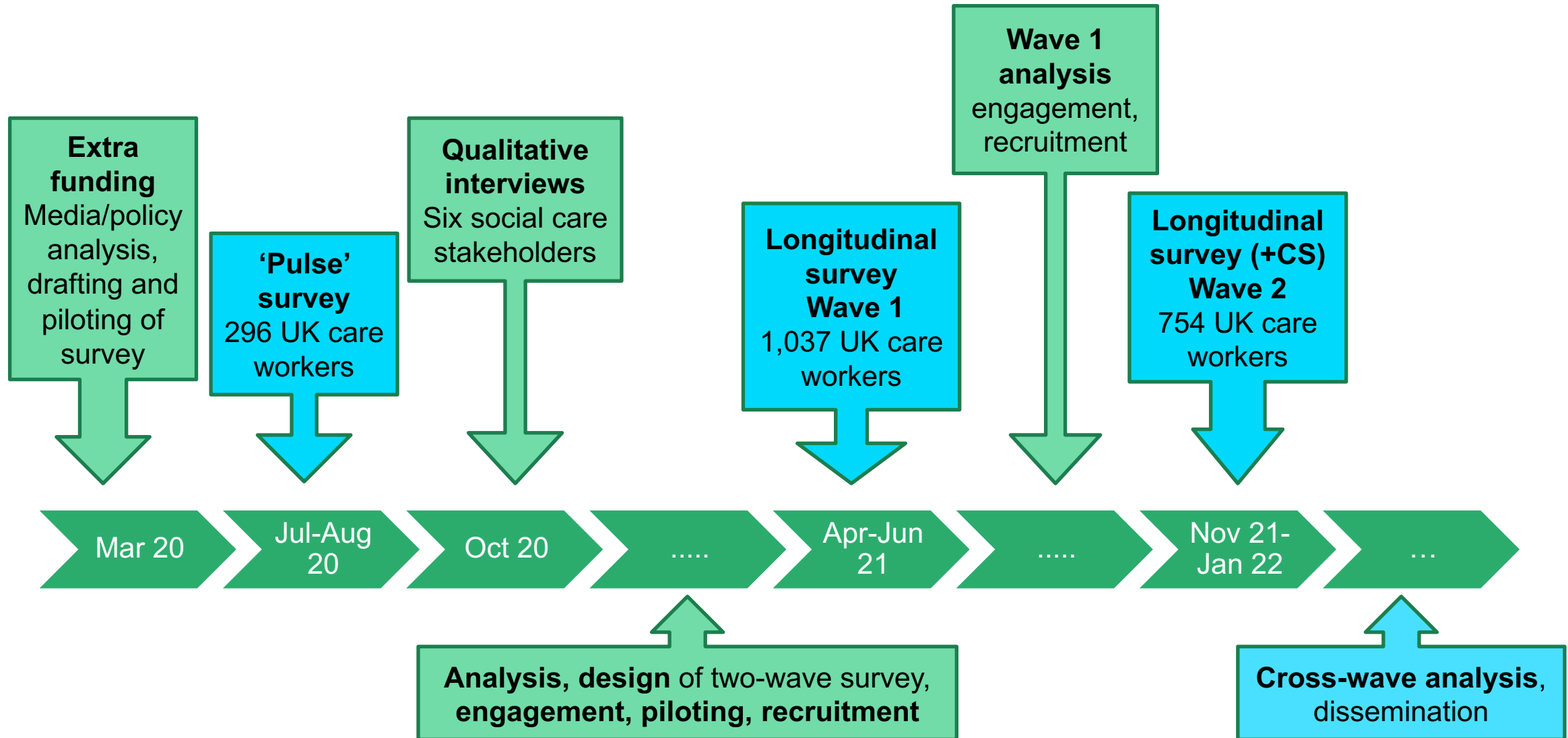
03

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





# COVID19 Sub-study timeline



# 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)

## Wave 1: April 21 – June 21

**1,047 participants**

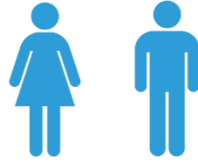
84% female

5% BAME

70% direct care

54% in private sector

40% with >10yrs of experience in social care



## Wave 2: November 21 – January 22

**754 participants**

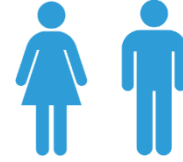
87% female

5% BAME

66% direct care

60% in private sector

48% with >10yrs of experience in social care



### 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% !

### Since July 2021:

#### Among the people they work with



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



Had first dose of **COVID-19** vaccine

93% ✓ 5% ✗ 2% !

Experienced in relation to COVID-19:

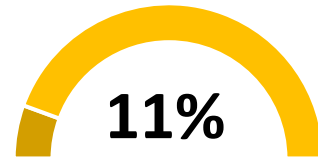


reported being abused  
(verbal abuse, bullying, threat  
or physical violence)

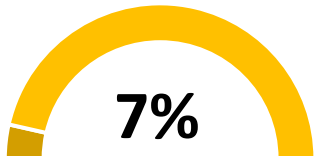
Experienced in relation to COVID-19:



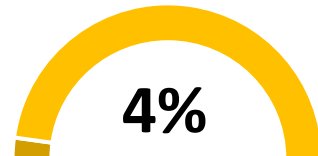
Verbal abuse



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

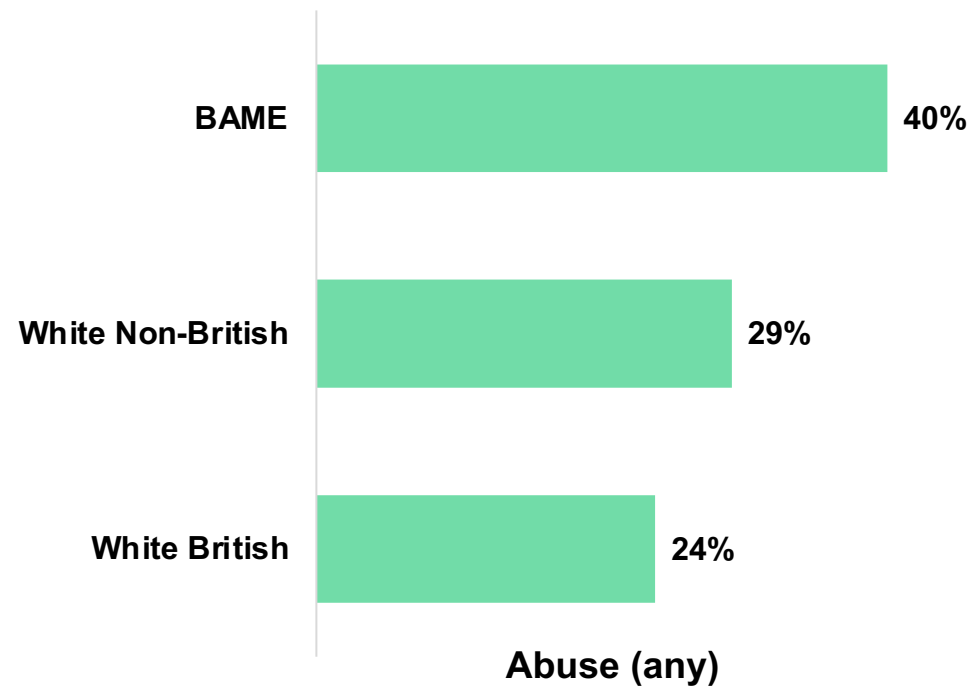


*“A huge amount of negative comments on social media, blaming carers for so many residents who died of covid, and blaming care homes of keeping residents hostage, unwilling to allow visits.”*

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

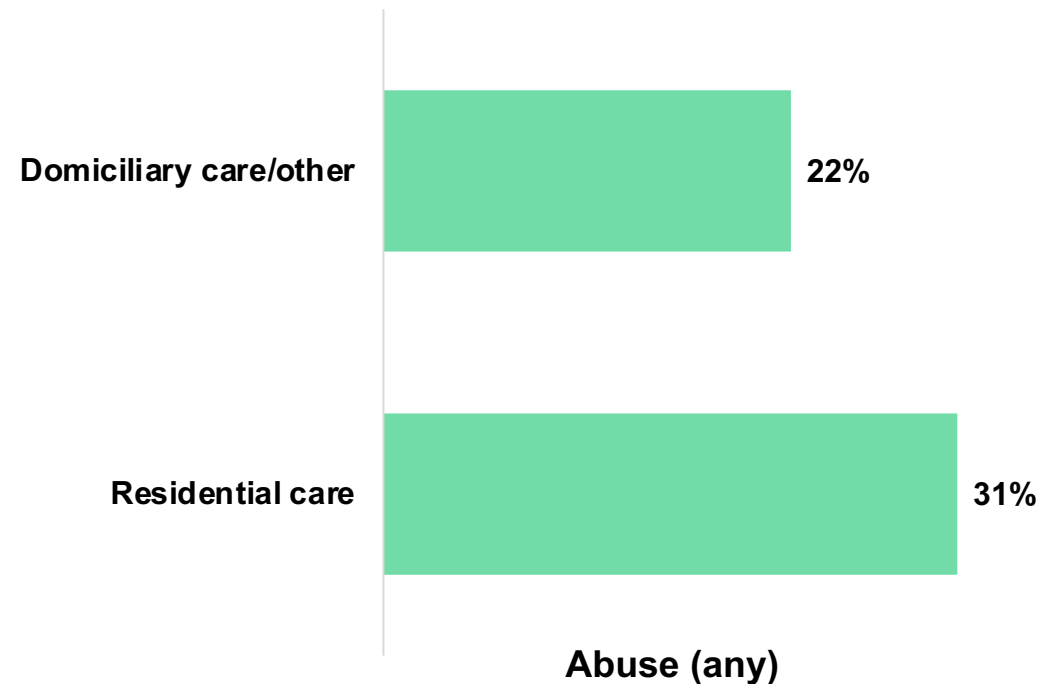
# Wave 1 (April-June 21) Abuse (any)

## Nationality & ethnicity



\*White British vs BAME statistically significant at 5%.  
Remaining differences not statistically significant.

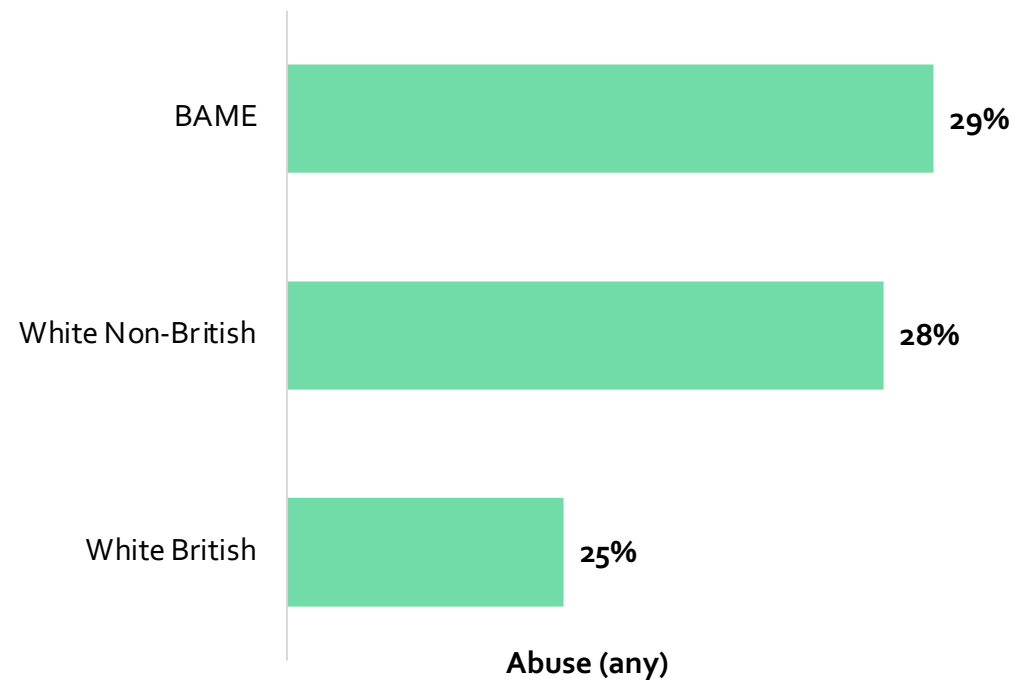
## Care setting



\*Difference is statistically significant at 5%.

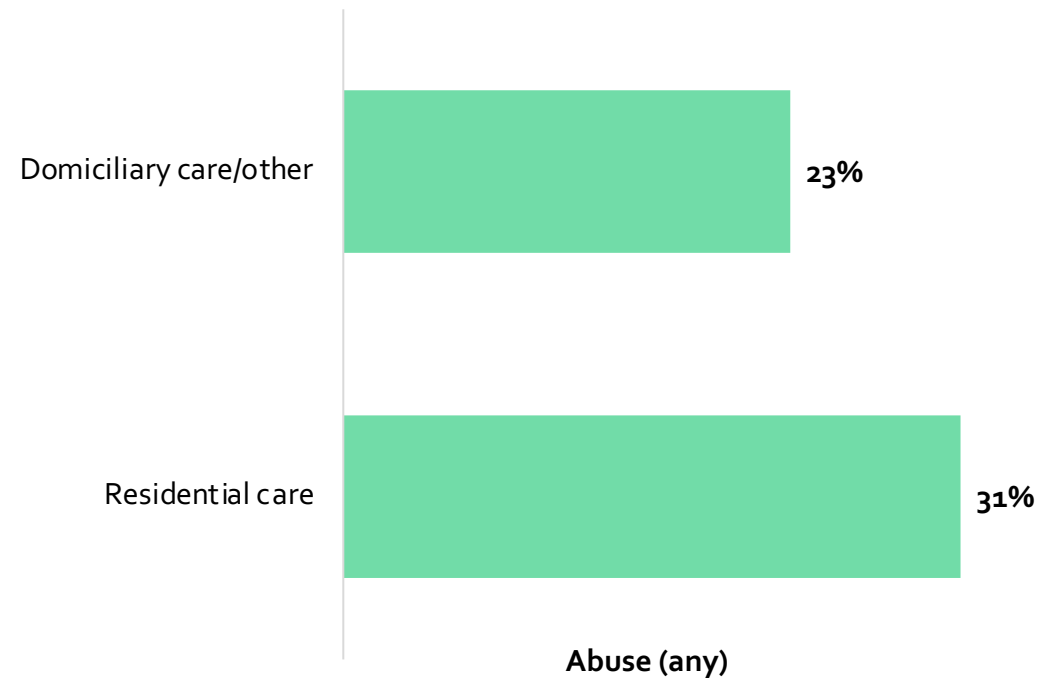
# Pooled Data: Abuse (any)

## Nationality & ethnicity



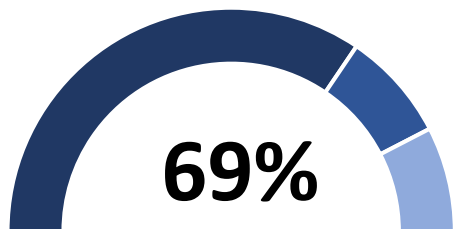
\*No statistically significant differences between any of the groups.

## Care setting

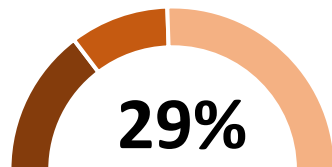


\*Difference is statistically significant at 1%.

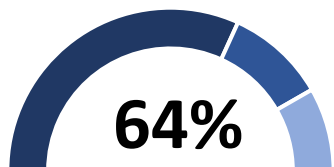
# Job Satisfaction and Intention to Quit (I)



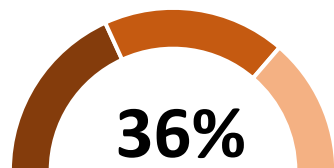
very satisfied/satisfied  
with **job (overall)**



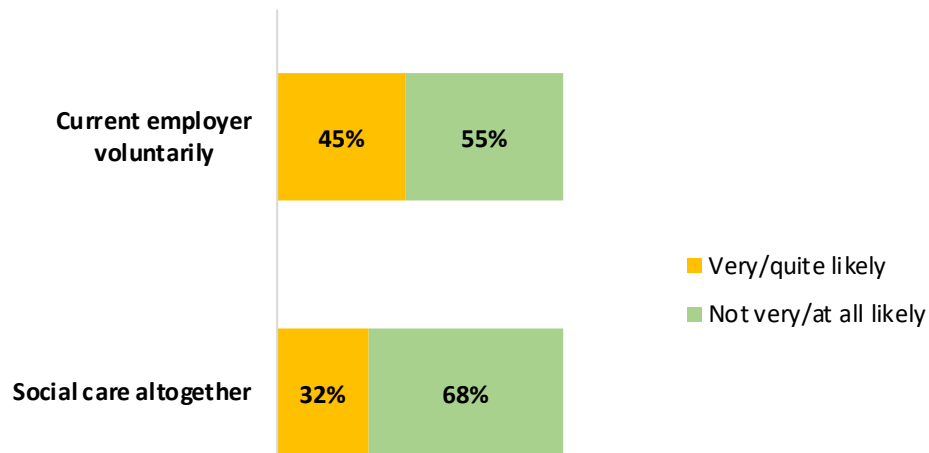
very satisfied/satisfied  
with **amount of pay**



very satisfied/satisfied  
with **job security**



very satisfied/satisfied  
with **promotion prospects**



Intention to leave in the next 12 months

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

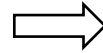
I feel undervalued, definitely under paid and have been looking for other jobs, not in care.

Management, care home w or w/o nursing

## Pulse survey – Jul-Aug 2020

- ❖ 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 – Oct-Nov 2020

- ❖ 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 (Wave 2) – Nov 21- Jan 22

- ❖ 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) – Apr-Jun 21

- ❖ 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



## Care workers' wellbeing

- **Work Structure**; job satisfaction; sense of responsibility
- **Wellbeing at work**: physical, mental and financial
- **Retention** issues

## COVID-19 combined with existing challenges

- Implications on workforce outcomes and workers' **wellbeing**?
- **Abuse**: impact on wellbeing and retention
- **Quality of care**

Thank you for listening  
Happy to respond to questions

[Shereen.Hussein@LSHTM.ac.uk](mailto:Shereen.Hussein@LSHTM.ac.uk)  
[@DrShereehussein](https://www.instagram.com/DrShereehussein)

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE

