

Work, Stress, and Health Conference 2023. Work and mental health – challenges and solutions in a changing world. Virtual, November 8–11, 2023. American Psychological Association. <https://www.apa.org/wsh> (Poster)

Title: The protective role of staff wellbeing centres for wellbeing and presenteeism in healthcare workers during the COVID-19 pandemic: secondary analysis of COVID-Well data.

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Late Breaking Poster Proposal

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Focus of Submission: workforce, wellbeing, presenteeism, healthcare workers, COVID-19, pandemic

Occupation/Industry Healthcare.

COVID-19 – Check the appropriate box to indicate the degree to which your proposal includes aspects related to COVID-19.

Organized Labor – Check the appropriate box(es) to indicate the ways your proposal relates to issues addressed by organized labor.

Conference Topics

Primary and secondary topics:

03: Interventions in the Workplace.

A: Best practices in creating healthy workplaces.

B. Health Services and Health / Productivity Management

08: Organization– and Job–Level Environments, and Practices

C. Social and Organizational Environment

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Structured Abstract – 400-800 words (not including references) and describes the proposed presentation. Use the stated headings.

Title – The protective role of staff wellbeing centres for wellbeing and presenteeism in healthcare workers during the COVID-19 pandemic: secondary analysis of COVID-Well data

Purpose/objectives:

The COVID-Well study (Blake et al, 2020; Blake et al, 2021) was, globally, the first evaluation of the implementation of supported employee wellbeing centres established during the COVID-19 pandemic and providing high quality rest spaces and access to peer-to-peer psychological first aid for healthcare workers (HCWs). The aim of this study is to explore the relationship between HCWs use of supported employee wellbeing centres, employee wellbeing and job-related factors (job stressfulness, job satisfaction, presenteeism, turnover intentions).

Background:

The COVID-19 pandemic had a significant, and negative impact on the mental wellbeing of HCWs across the world (Couper et al, 2021; Billings et al, 2021), with implications for patient safety and retention in the workforce. At the time of the study, a Cochrane review identified only four studies reporting on interventions aimed at improving the mental health and wellbeing of HCWs during the COVID-19 pandemic (Pollock et al, 2020), with only one study conducted in the UK (Blake et al, 2020) involving a remote intervention. Subsequently, the COVID-Well study was the first to report on an onsite intervention to support mental wellbeing in HCWs in an acute hospital environment. The intervention was two wellbeing centres, established during the first pandemic wave in the UK, providing physical rest spaces for HCWs and access to psychological first aid (PFA (WHO, 2011): focused on active listening, the provision of practical care and signposting to further support, hence 'supported' centres). The centres were highly accessed (14,934 facility visits over 17 weeks) (Blake et al, 2020) and valued by employees (Blake et al, 2021). However, the extent to which employee attendance at these centres influenced their wellbeing or other job-related factors had not been determined.

Methods:

This study involved secondary analysis of cross-sectional data from 819 HCWs at a multi-site acute hospital trust who participated in the COVID-Well study. HCWs refers to paid employees, bank staff and contracted volunteers from any occupational group. Data were collected using a web-based survey, in July–August 2020 which was immediately after the first surge of COVID-19 in the UK and followed 17 weeks availability of supported wellbeing centres to HCWs. The survey included demographic items and whether employees had accessed the wellbeing centres. Measures included the Warwick Edinburgh Mental Wellbeing Scale, and four single-item global measures of job stressfulness, job satisfaction, presenteeism and turnover intentions. Data analysis included moderation analyses, ANCOVA models and regression analysis.

Findings:

HCWs with lower wellbeing were less likely to have accessed wellbeing centres ($b = .12, p < .001$), had higher job stressfulness ($b = -.22, p < .001$), lower job satisfaction ($b = .39, p < .001$), higher presenteeism ($b = -.22, p < .001$) and were of younger age ($b = .09, p = .002$). Centre use was associated with wellbeing irrespective of job stressfulness. The relationship between job stressfulness and wellbeing was moderated by job satisfaction. Those reporting presenteeism and who accessed the centre ($M=3.30, SE=.04$) had higher wellbeing than those who accessed the centre but did not report presenteeism ($M=3.06, SE=.04$) ($F(1, 791) = 18.65, p < .001, \eta^2 = .02$).

Discussion

Improving HCWs wellbeing is high on the global agenda (Couper et al, 2021; Billings et al, 2021). This study builds on a very limited evidence-base surrounding the implementation of interventions to support HCW wellbeing, particularly in the UK (Pollock et al, 2020). While our prior work demonstrates that HCWs access supported wellbeing centres and value them (Blake et al, 2020; Blake et al, 2021), this secondary analysis moves forward to demonstrate an association between accessing this provision, and employee wellbeing. The study is limited to analysis of cross-sectional data obtained from HCWs at a single hospital trust in the UK. Longitudinal data would provide more insights into the predictive value of accessing wellbeing centres on individual and organisational outcomes.

Conclusion:

HCWs with lower wellbeing had higher job stress, lower job satisfaction, reported presenteeism and were more likely to be younger workers. We found that accessing wellbeing centres offering high quality rest spaces and psychological first aid, had a protective effect on wellbeing, irrespective of job stress, and particularly for those reporting presenteeism. Therefore, the centres may have provided greatest respite and restoration for those present at work but not in optimal health. Younger workers were disproportionately affected in terms of wellbeing, and targeted support for this population is needed. Job satisfaction predicted turnover intentions and buffered the impact of HCWs stress on wellbeing, irrespective of whether they accessed a centre. Strategies to decrease presenteeism and maximise job satisfaction (which buffers the impact of job stressfulness on wellbeing) are urgently required. This study has relevance beyond pandemic mitigation. We conclude that healthcare organisations should provide rest spaces and psychological support to HCWs for the long-term, as part of a systems-wide approach to improving workforce health and wellbeing.

References

- Billings J, Ching BCF, Gkofa V, Greene T, Bloomfield M. Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. *BMC Health Serv Res*. 2021 Sep 6;21(1):923.
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- Pollock A, Campbell P, Cheyne J, Cowie J, Davis B, McCallum J, McGill K, Elders A, Hagen S, McClurg D, Torrens C, Maxwell M. Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review. *Cochrane Database Syst Rev*. 2020 Nov 5;11(11):CD013779.
- World Health Organization Psychological First Aid - Guide for field workers. *Who*. 2011;44(8):813.

Brief Summary – The brief summary consists of 3-4 sentences that briefly describe the proposed presentation. It should summarize the purpose/objectives and the procedures, results, and conclusions, as appropriate, as well as describe the practical implications of your proposed presentation.

- We conducted secondary analysis of data from the COVID-Well study (Blake et al, 2020), which was, globally, the first evaluation of the implementation of supported employee wellbeing centres established during the COVID-19 pandemic and providing high quality rest spaces and access to peer-to-peer psychological first aid for healthcare workers.
- Analysis of data from 819 healthcare workers showed that accessing wellbeing centres offering high quality rest spaces and psychological first aid, had a protective effect on employee wellbeing, irrespective of job stress, and particularly for those reporting presenteeism.
- This has relevance beyond pandemic mitigation. We recommend that healthcare organisations provide rest spaces and psychological support to the healthcare workforce in the long-term, as part of a systems-wide approach to improving workforce health and wellbeing.