Health & Care Women Leaders Network
Delivered by NHS Confederation

COVID-19 and the female health and care workforce

Survey of health and care staff for the Health and Care Women Leaders Network (April 2021)

NHS CONFEDERATION

Background

In August 2020 the Health and Care Women Leaders Network, delivered by the NHS Confederation, commissioned a survey to understand the impact of COVID-19 on female staff, and how the impact varied for different staff. For example, depending on ethnicity, salary and gender, the survey found that:

- many women working in health and care had substantial changes at work due to COVID-19.Impact on staff physical health and emotional wellbeing.
- many women working in health and care were working from home some/all of the time due to COVID-19.
- many women working in health and care had additional non-work caring responsibilities due to COVID-19 (e.g. home schooling).
- the pandemic had a negative impact on physical health and emotional wellbeing for the majority of health and social care staff who responded to the survey.

In February 2021 we commissioned an updated and extended survey designed to build on our previous findings and find out:

- how the pandemic has impacted on women working in health and social care during the lockdown starting on 6 January 2021.
- what has changed and what has stayed the same since the first survey, conducted in June 2020.

The survey was distributed widely by the Health and Care Women Leaders Network between 10 February and 5 March 2021. We have also reviewed relevant wellbeing questions from the NHS Staff Survey 2020 and included these findings in the final report.

Access the August 2020 **COVID-19 and the the female health and care workforce report.**

Survey topics

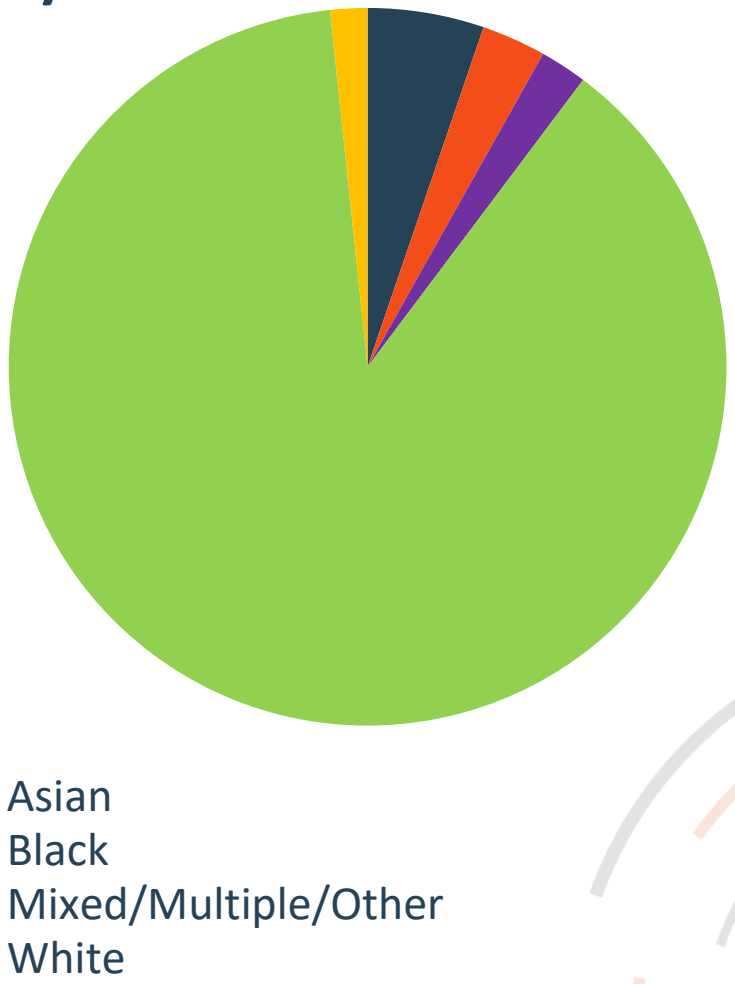
The staff survey looked at the following themes:

- Impact on staff physical health and emotional wellbeing of the Jan 2021 lockdown.
- Confidence in sharing personal concerns about the pandemic with managers.
- Time involved each week in non-work caring responsibilities.
- Additional unpaid hours per week since the pandemic started.
- Hours each week spent working remotely.
- Safety when working from home.
- PPE availability and training.
- Impact of the pandemic in relation to work and hopes and concerns for the future.

Demographic profile of respondents (female and male)

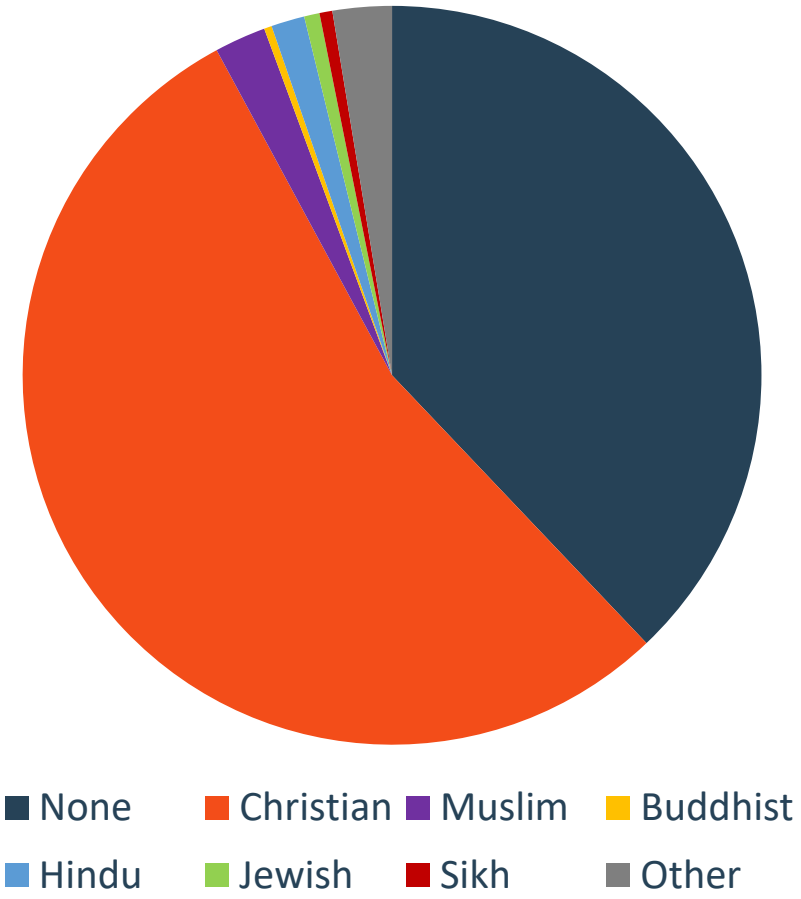
Respondents	809 women respondents 85 male respondents 10 prefer not to say / identify as another term
Mean age	46 years
Sexual orientation	59 identified as LGBT
Disability	192 identifies as having a long-term health condition
At least one child (<18 years)	567
At least one adult dependant	506
Contracted hours	605 full time 280 part time
Line manager	469

Ethnicity

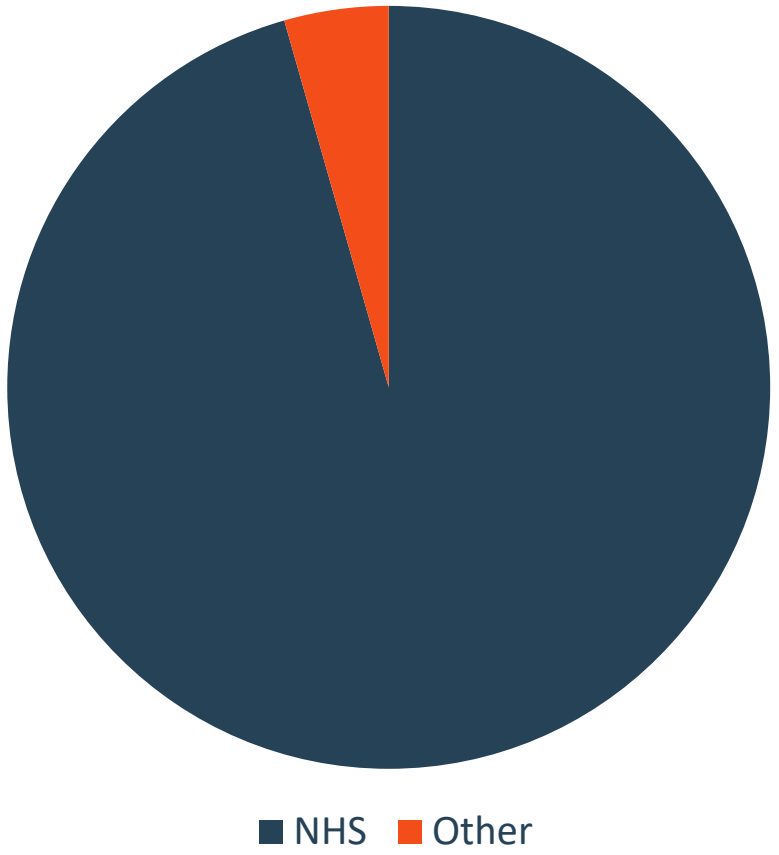


Demographic profile of respondents

Religion



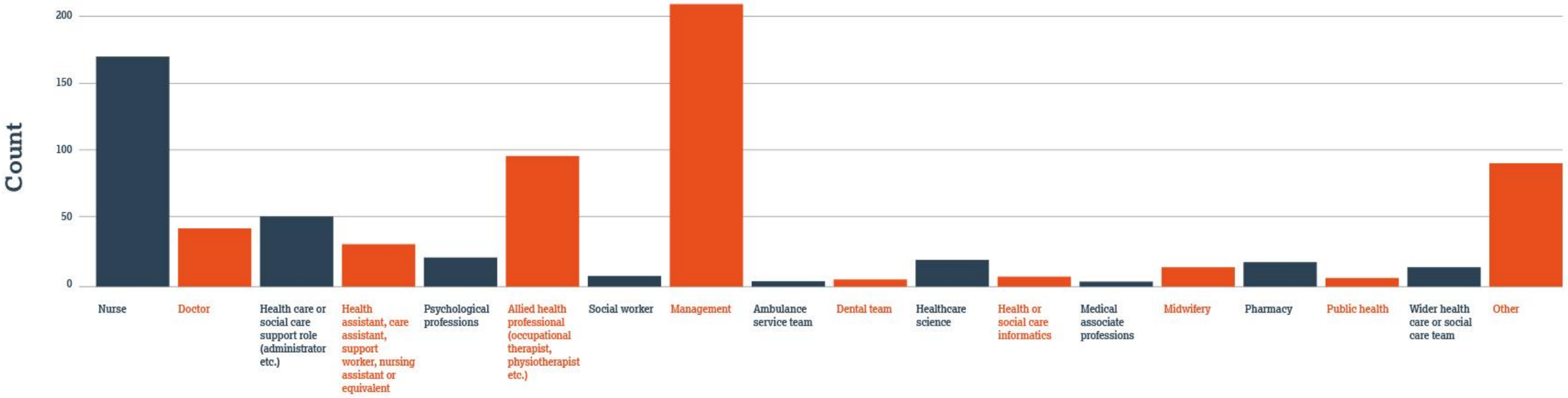
Sector



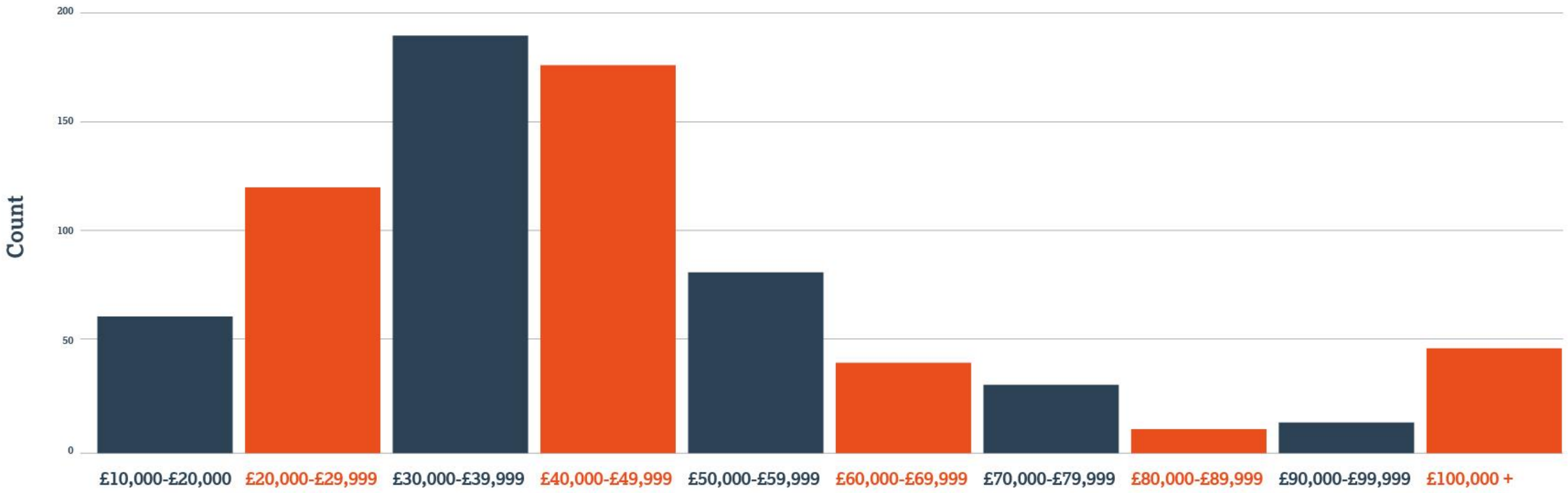
Survey findings (female respondents only)

- The following findings are shown for female respondents only. It was not possible to have a meaningful comparison between female and male respondents given the relatively small number of responses from male participants.
- Findings reflect responses from the 809 women who completed the survey and may not be representative of the entire health and social care workforce.
- The majority of the 809 female respondents answered all the questions, responses are shown for all answered questions.

Job role

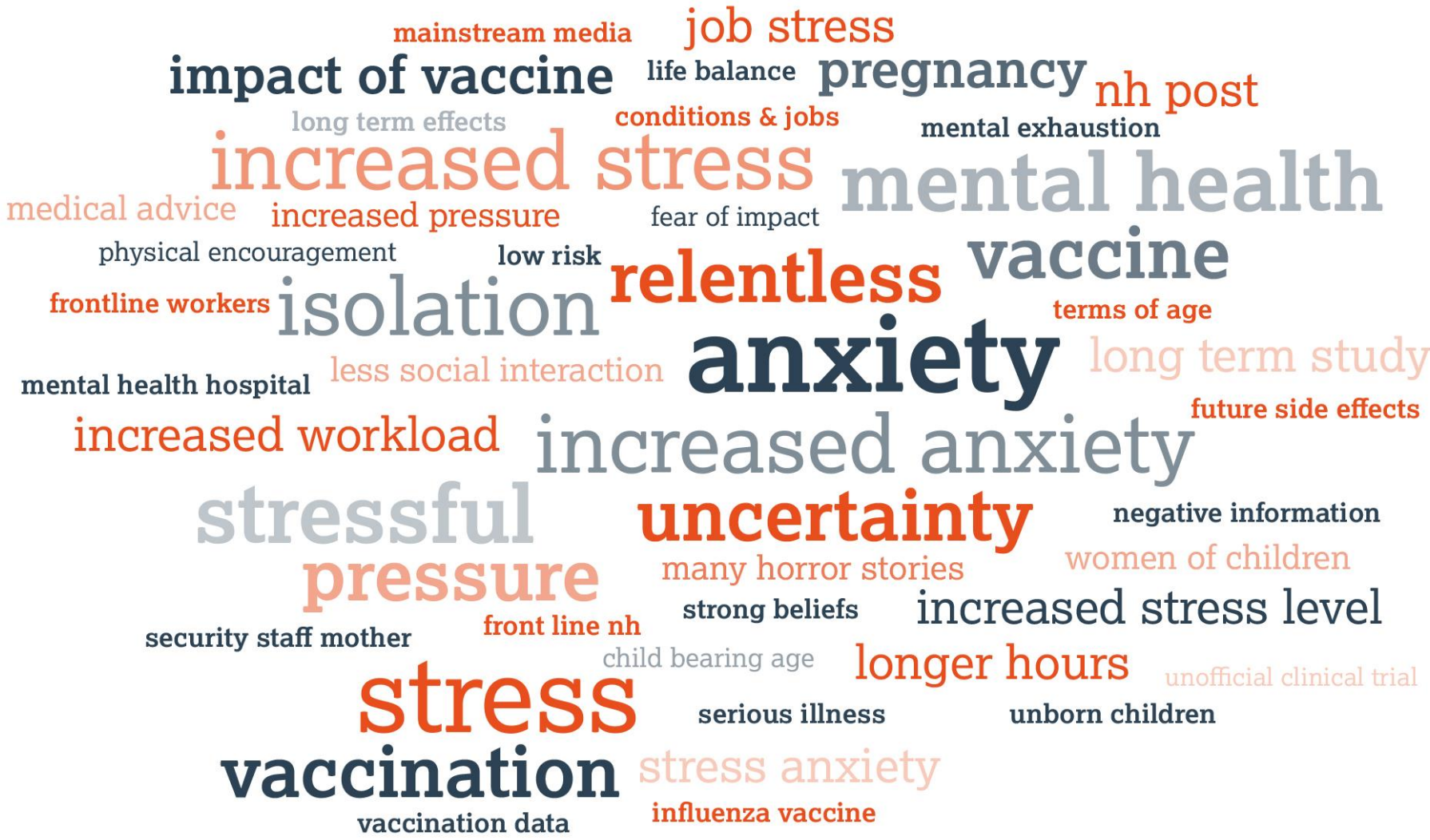

Count
200
150
100
50
0
Nurse
Doctor
Health care or social care support role (administrator etc.)
Health assistant, care assistant, support worker, nursing assistant or equivalent
Psychological professions
Allied health professional (occupational therapist, physiotherapist etc.)
Social worker
Management
Ambulance service team
Dental team
Healthcare science
Health or social care informatics
Medical associate professions
Midwifery
Pharmacy
Public health
Wider health care or social care team
Other

Pro-rata annual salary



How has your job affected you since the pandemic first started?

Word cloud of written responses



What has been the most difficult aspect of the pandemic in relation to your job?

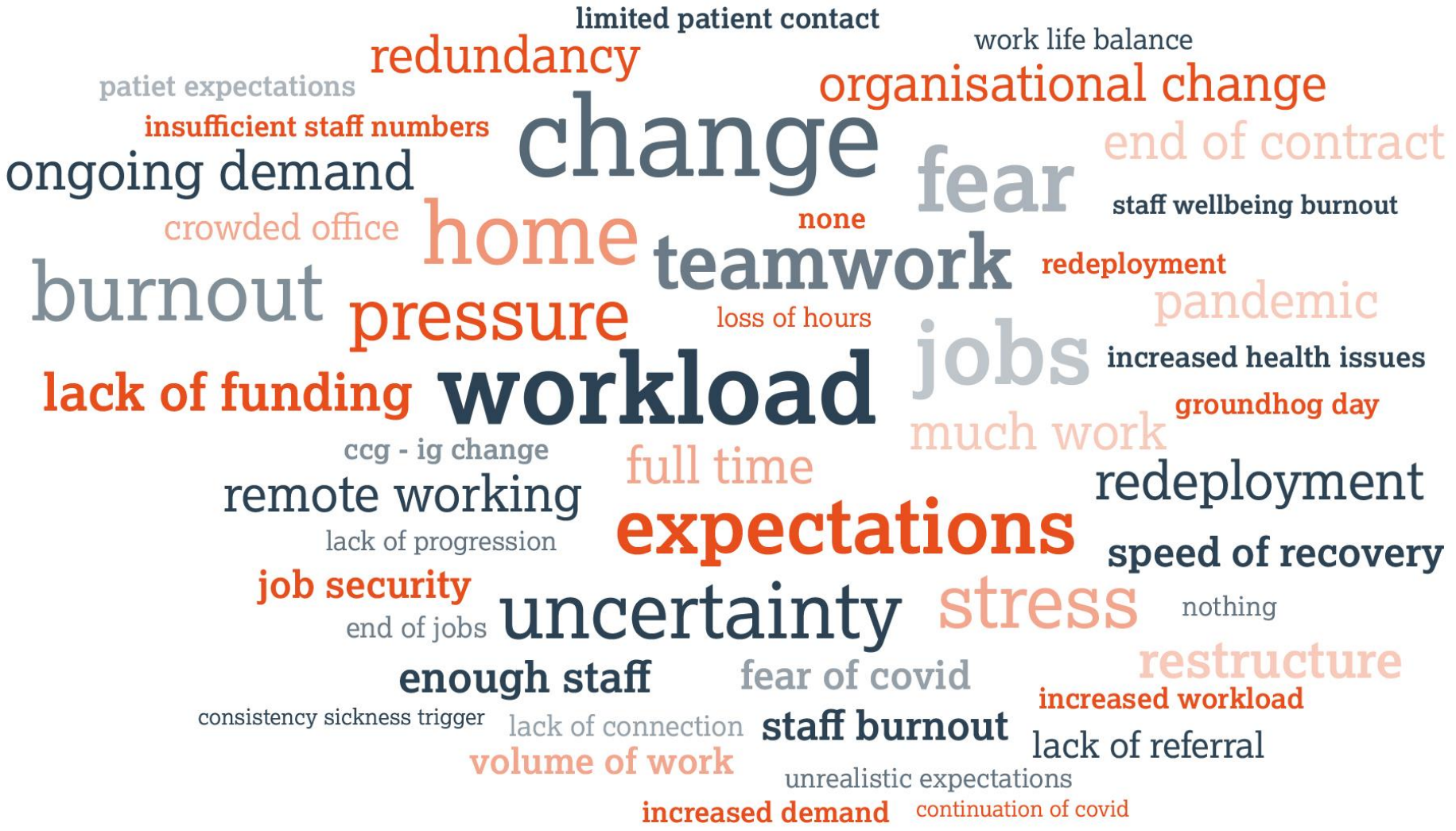
Word cloud of written responses

What has been the most positive aspect in relation to your job?

Word cloud of written responses

What are your fears or concerns for 2021 in relation to your job?

Word cloud of written responses

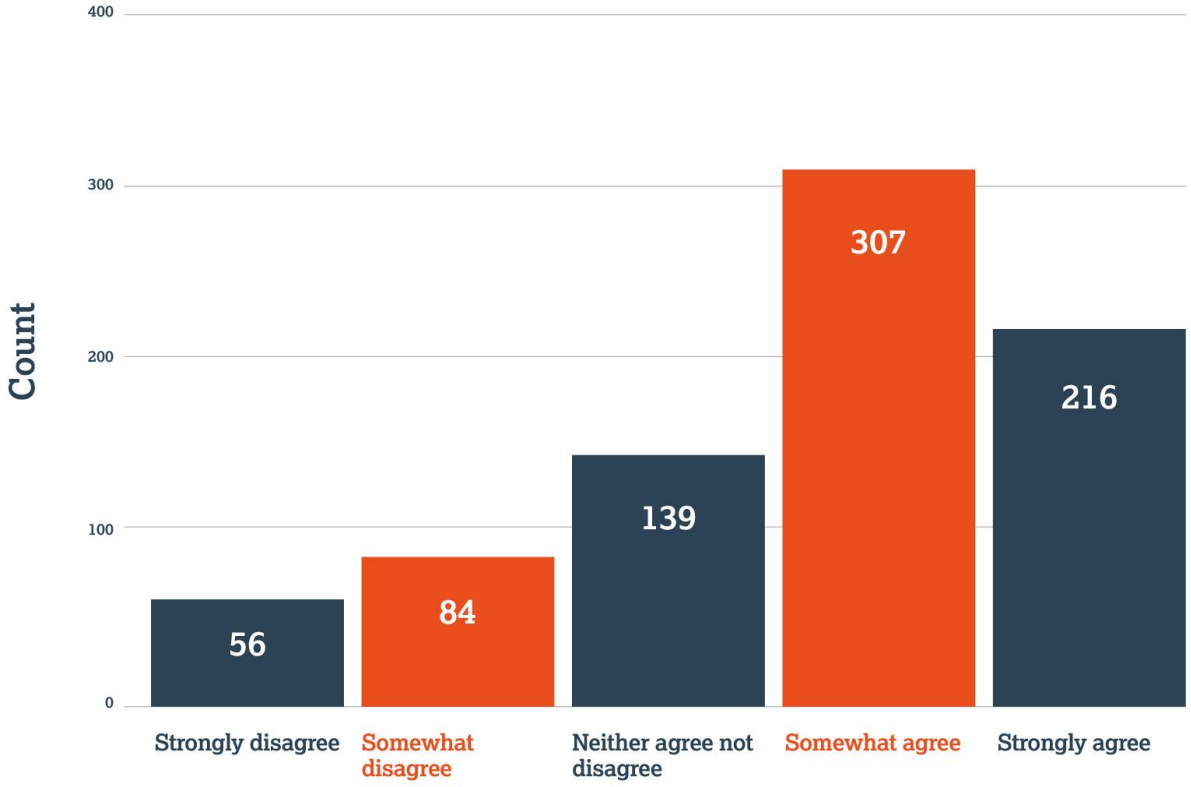


What are your hopes for 2021 in relation to your job?

Word cloud of written responses

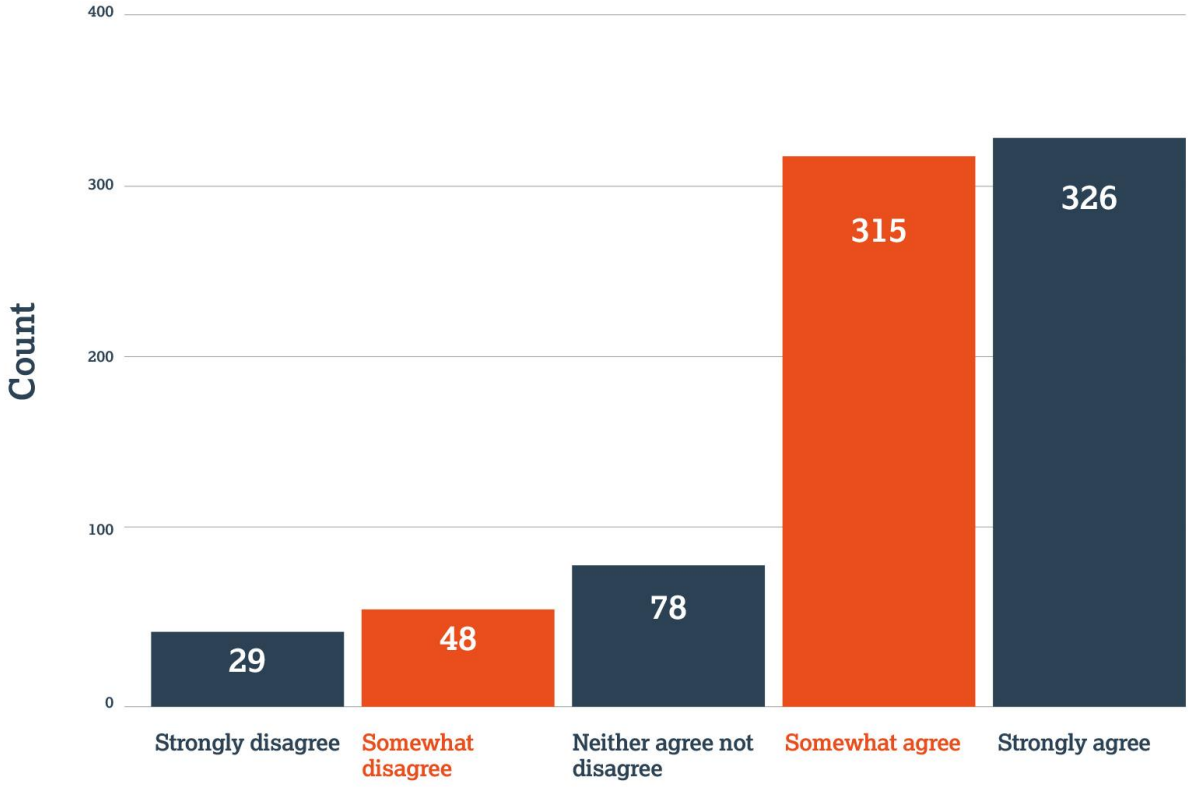
Impact on physical health and wellbeing

65% somewhat or strongly agree
(compared to 52% in June 2020)



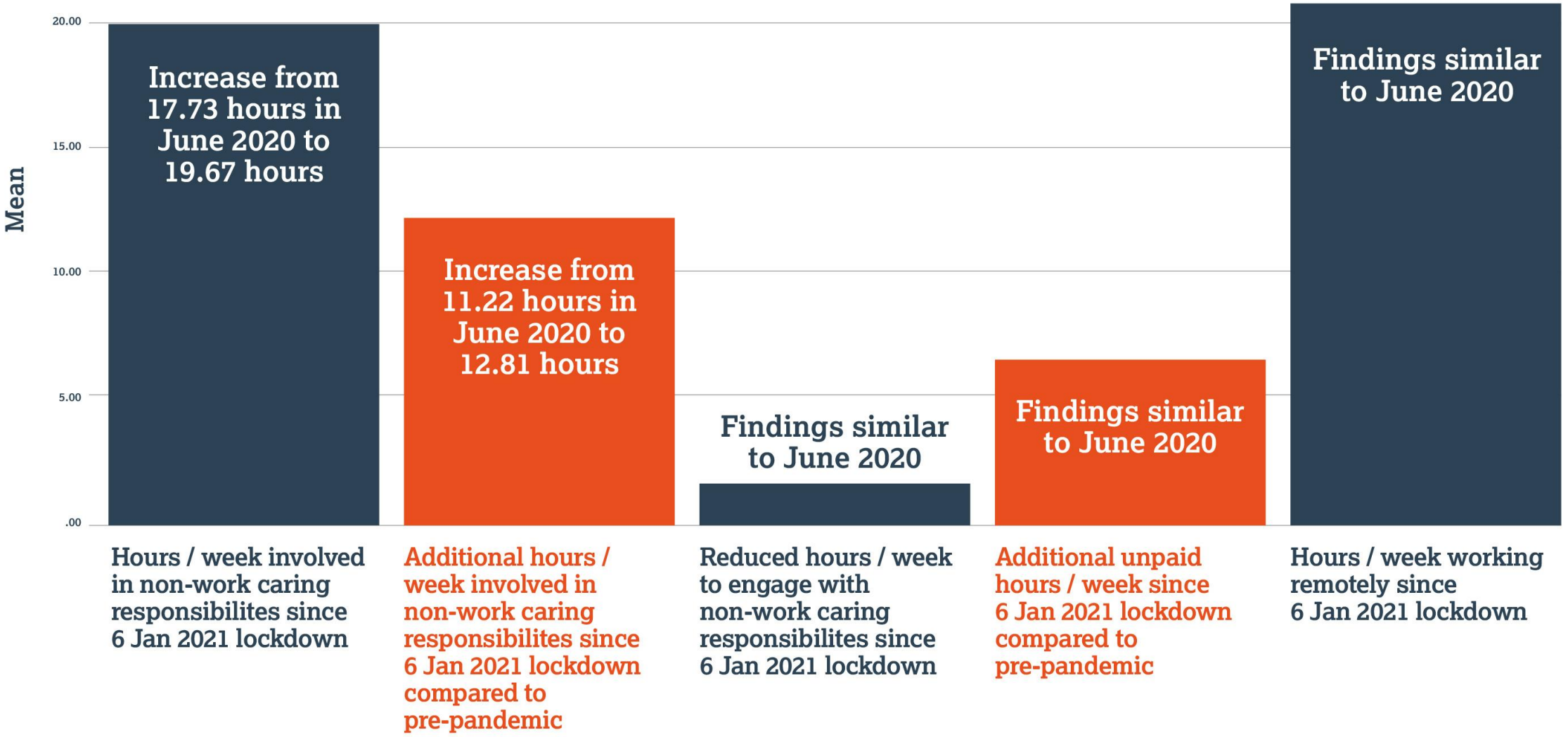
My job has had a greater negative impact than usual on my physical health since the COVID-19 pandemic started in March 2020

81% somewhat or strongly agree
(compared to 72% in June 2020)



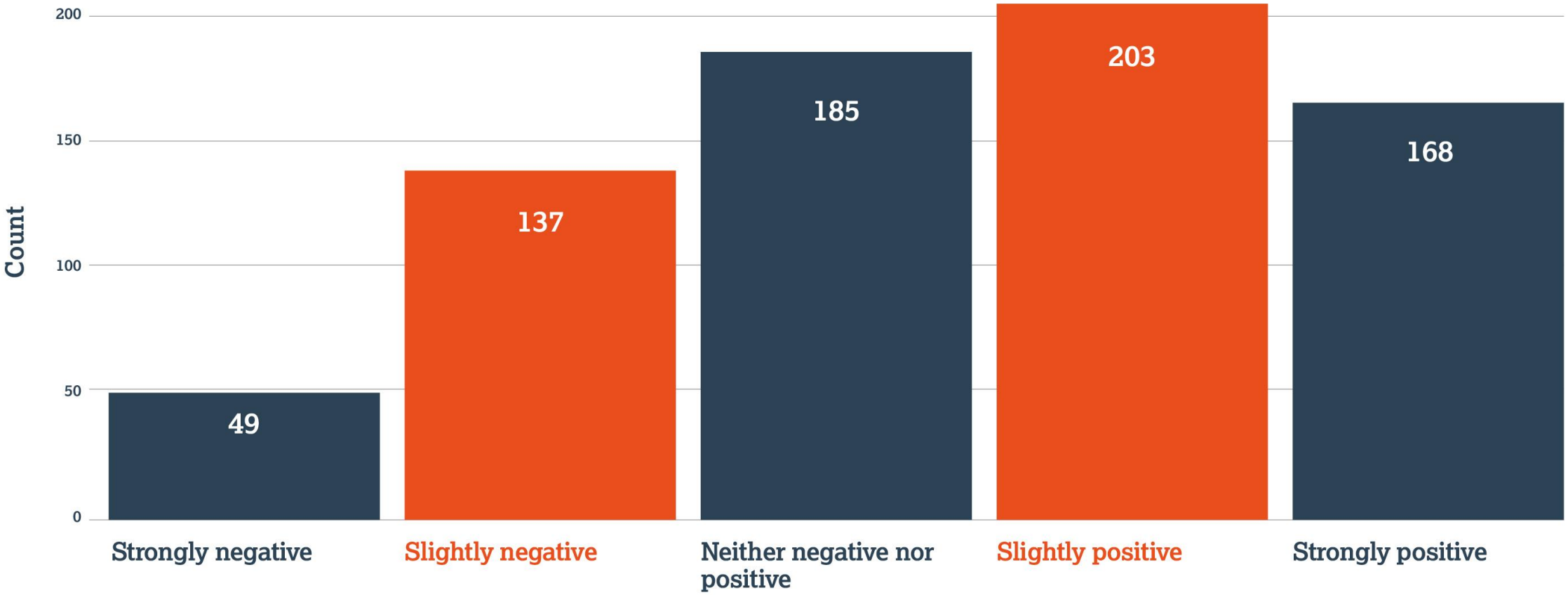
My job has had a greater negative impact than usual on my emotional wellbeing since the COVID-19 pandemic started in March 2020

Working and non-working hours



Experience of remote working

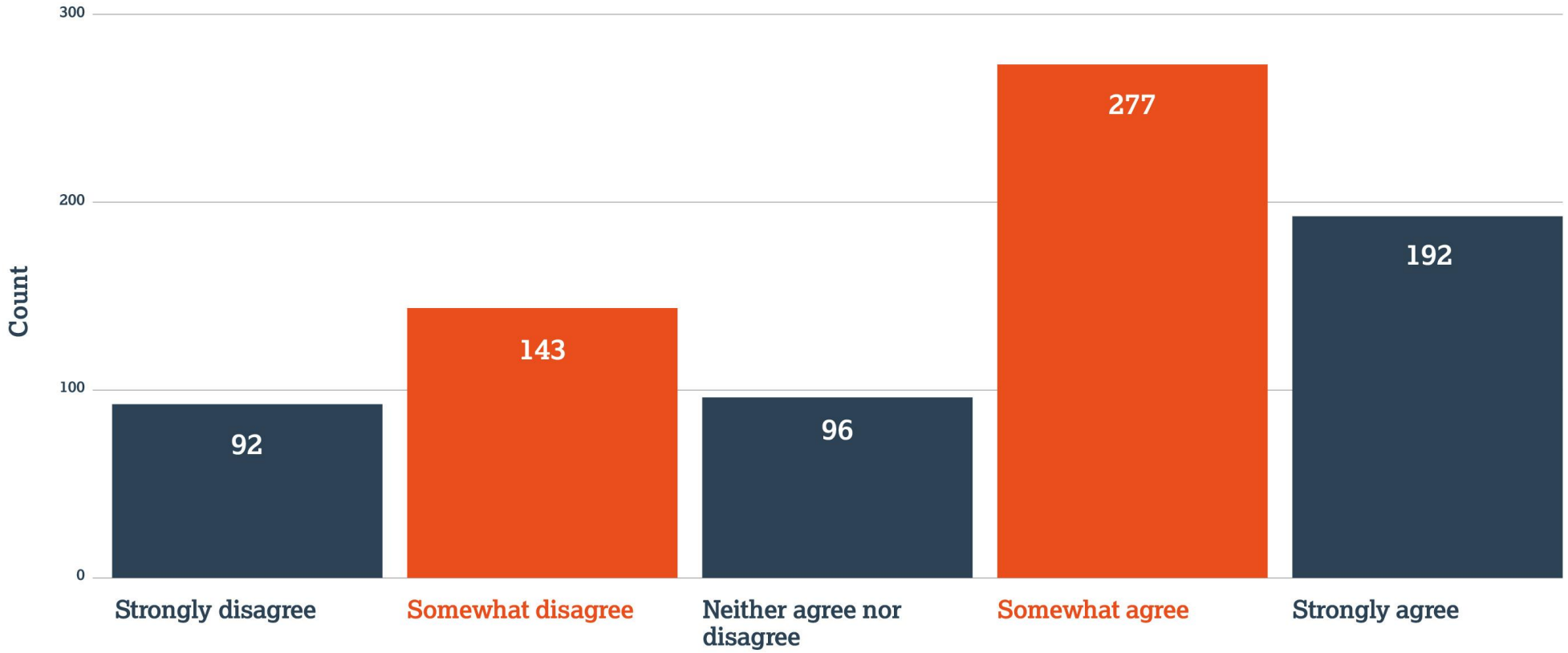
25% have had a slight or strong negative experience of remote working
(similar to 23% reported in June 2020)



What has been your experience of working remotely during COVID-19?

Safety sharing personal concerns

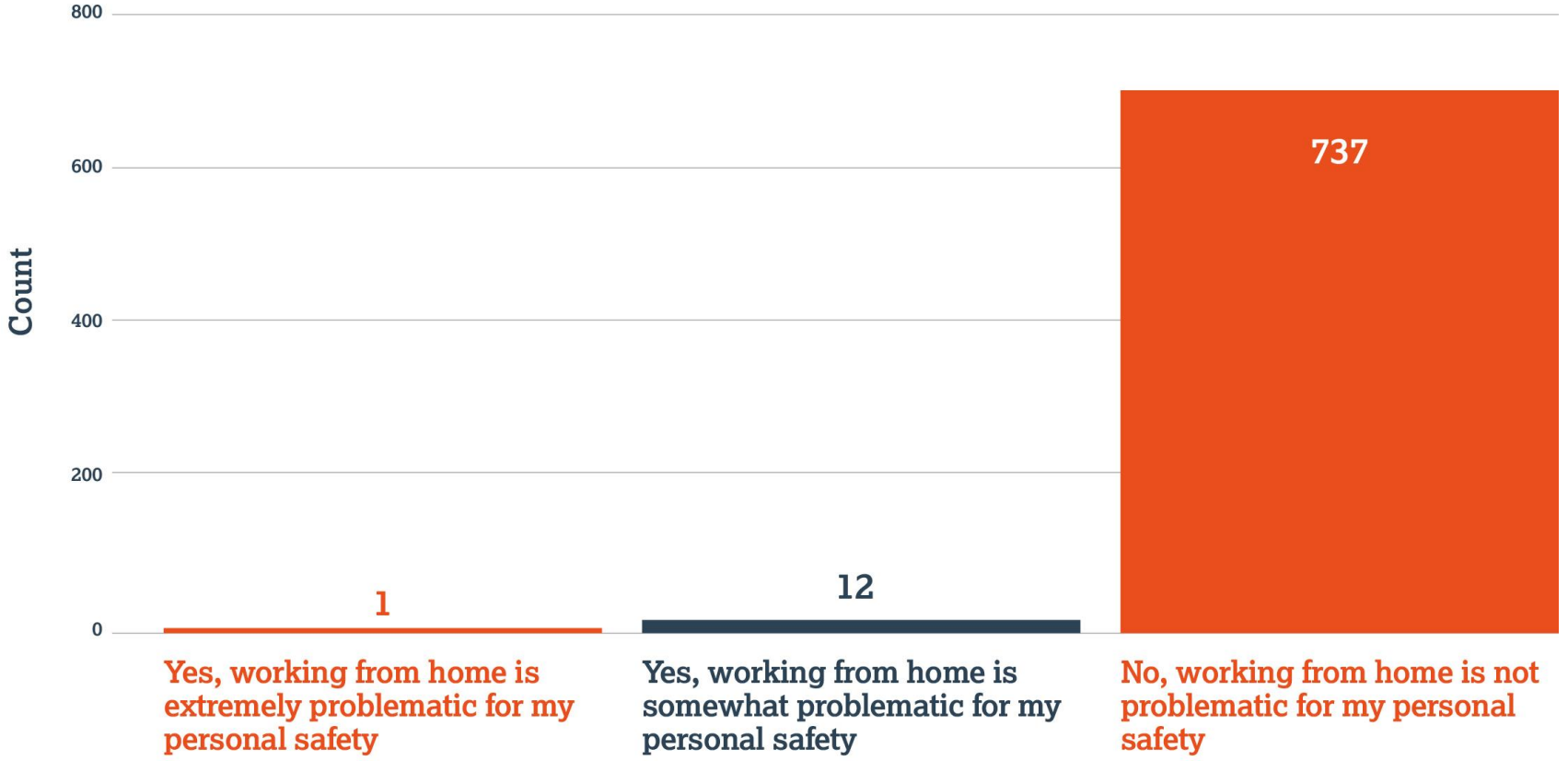
29.4% somewhat or strongly disagreed



I have felt safe sharing my personal concerns or needs with my manager in relation to the impact of the COVID-19 pandemic, first started in March 2020

Personal safety working from home

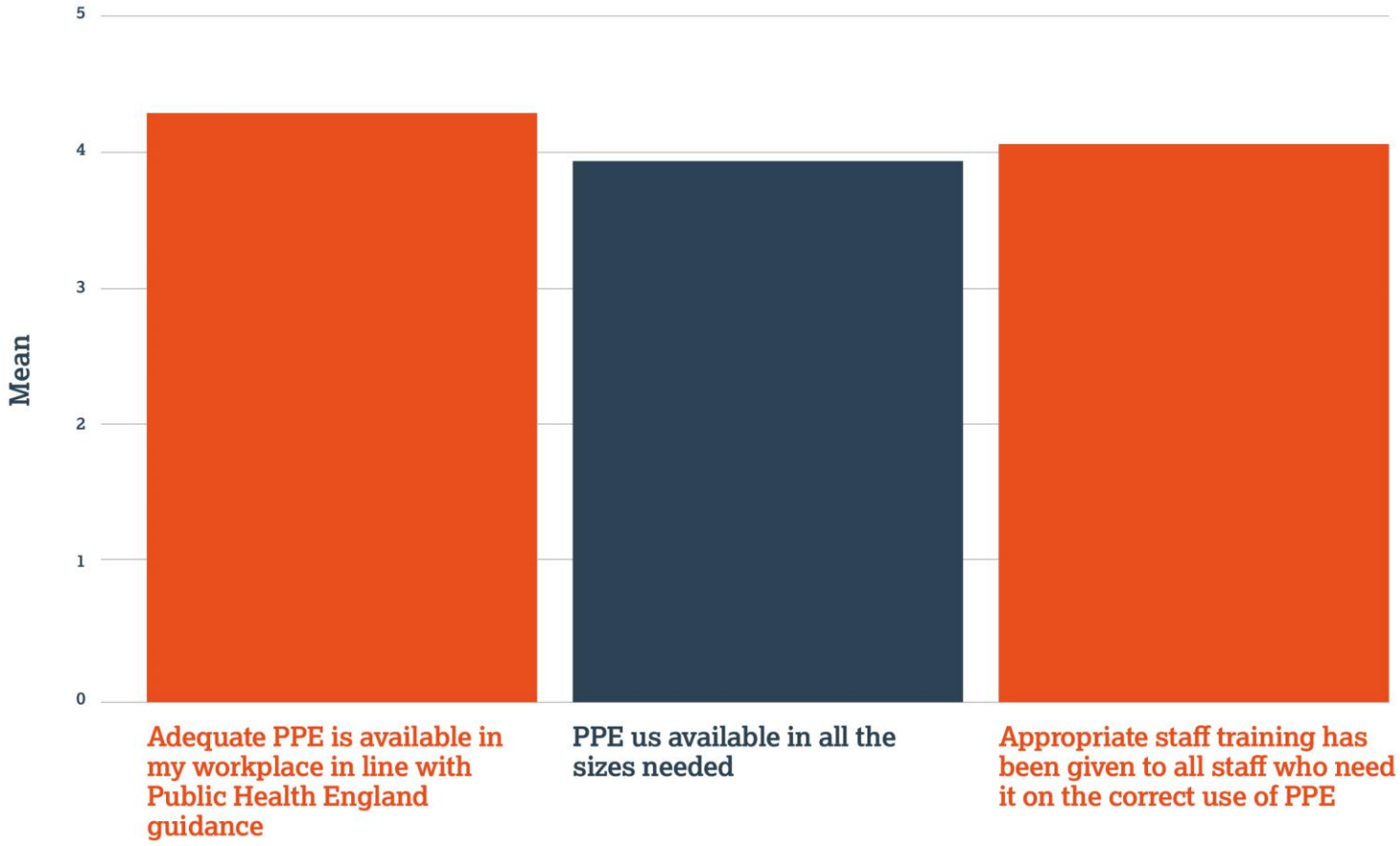
1.7% responded Yes
(2.6% in June 2020)



Are there any factors within your home that make working from home problematic for your personal safety? This includes physical, mental or emotional wellbeing

Personal protective equipment (PPE)

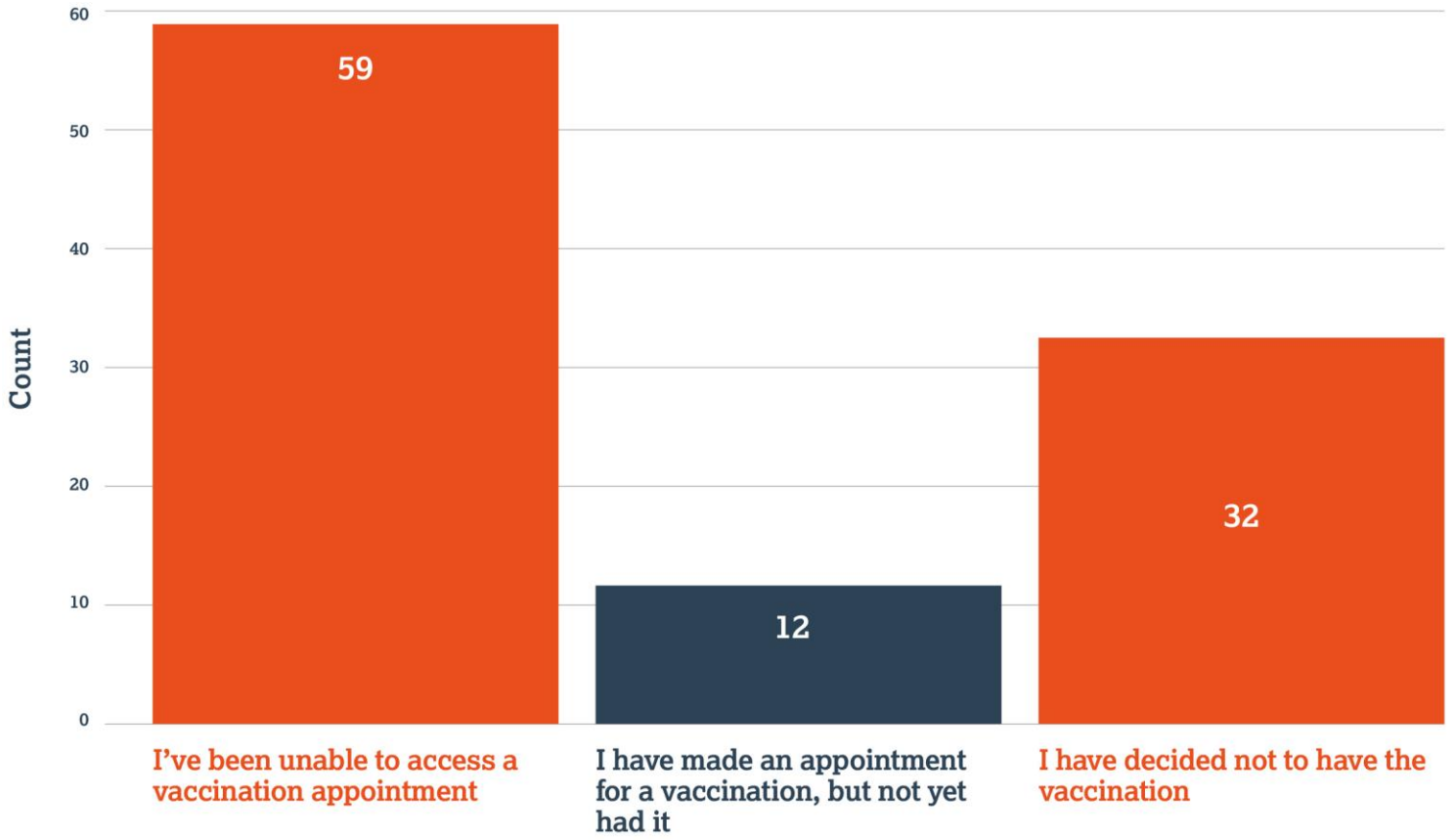
1 = strongly disagree; 5 = strongly agree



- 9% of respondents slightly or strongly disagree that adequate PPE is available in line with PHE guidance, this is much lower than the 21% recorded in June 2020
- 16% of respondents slightly or strongly disagree that PPE is available in all sizes needed, much lower than the 29% recorded in June 2020
- 13% of respondents slightly or strongly disagreed that appropriate staff training has been given, much lower than the 22% recorded in June 2020

Vaccination

85.4% of respondents reported having had at least one dose of a COVID-19 vaccine



Reasons given for not yet having the vaccine were (NB not all respondents gave a reason):

- **Fear of side effects: n=27**
- **Not yet offered/not eligible: n=26**
- **Other/not stated: n=4**

What are the reasons for not having had a COVID-19 vaccination yet?

Key differences for different demographic groups:

Long-term conditions (LTC)

In comparison to women not experiencing an LTC, women experiencing LTCs reported:

Key differences for different demographic groups:

Ethnicity

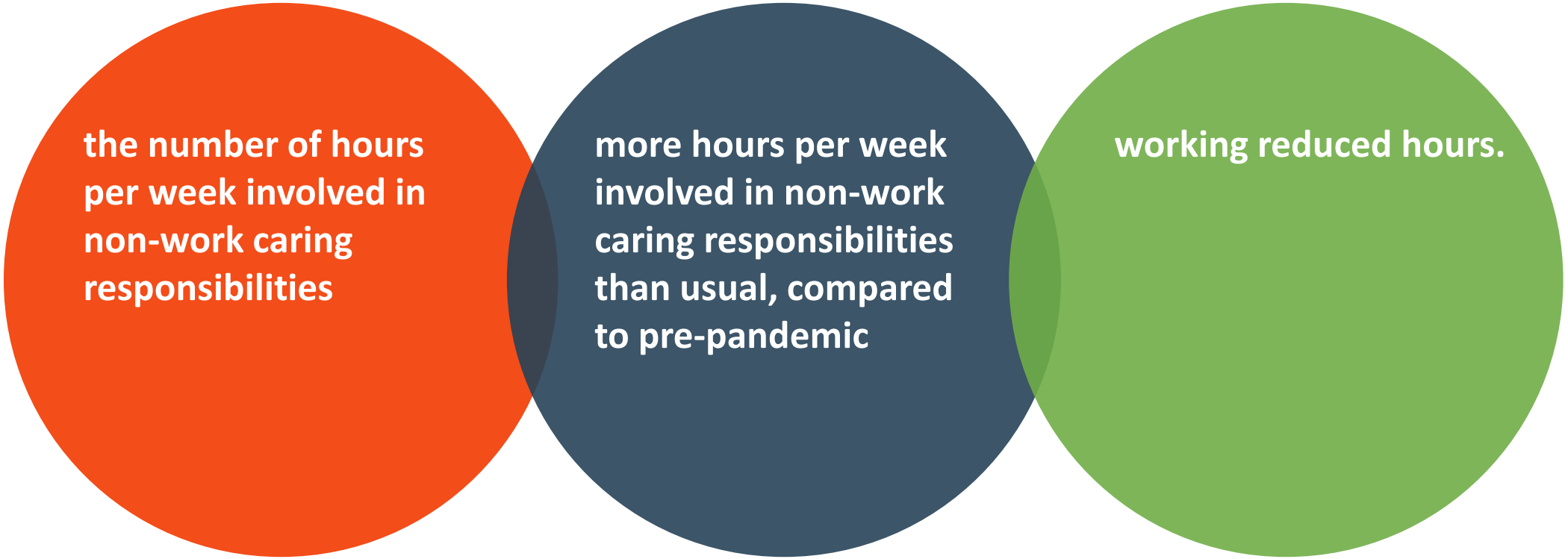
Compared to white women, women from Asian, black or minority ethic backgrounds*:

*Although it is best practice to consider different ethnic groups separately to recognise different cultural and social factors between different ethnic communities, the number of respondents were too low to allow for a meaningful comparison between respondents from different ethnic backgrounds.

Key differences for different demographic groups:

Child dependants

There was a statistically significant association between the number of children under 18 that female respondents had caring responsibilities for and:



Survey summary

Overall findings

- Written responses indicate that since the pandemic started, work in health and social care is associated with anxiety, stress, isolation and workload pressures, with fears of burnout in the future.
- On the other hand, there was appreciation of teams and colleagues and opportunities for flexible working with hopes that the future will bring a continued ability to work flexibly and greater opportunities at work.
- Since June 2020, more staff are reporting that their job is having a greater negative impact than usual on their physical health and on their emotional wellbeing, perhaps a sign that the ability to cope with the demands of the pandemic is waning now that we are a year into lockdown measures.
- The number of hours per week involved in non-work caring responsibilities has risen by 2 hours since June 2020, with staff on average involved almost 13 hours a week more than usual (compared to pre-pandemic).
- There were fewer reports of home being problematic for personal safety, although the 13 reports are 13 too many.
- There are much reduced reports of inadequate PPE availability and training.
- Rates of vaccination were high, at over 85 per cent.

Survey summary

Key differences between groups

- Female staff experiencing long-term health conditions reported greater impact of the pandemic on their physical health and emotional wellbeing, felt less safe sharing concerns with managers and had a poorer experience of remote working than women without long-term conditions.

- Female staff from black, Asian and minority ethnic backgrounds were more involved than usual (compared to pre-pandemic) in non-work caring responsibilities, had reduced their hours more and at the same time were working more unpaid hours than white women.

- Parents with children under 18 reported being involved more than usual (as compared to pre-pandemic) in non-work caring responsibilities and the number of children they had under 18 was associated with more hours spent in non-work caring responsibilities and reduced working hours.

Recommendations

The HCWLN therefore makes a call to action for the government and for all NHS, health and care organisations and integrated care systems to consider the findings in this report and make sure action is taken to address our recommendations:

1. Flexible working

- Provider organisations and integrated care systems must have a detailed plan to promote and enable greater flexible working practices, in particular to support staff with greater non-work caring responsibilities – who are almost exclusively women – to continue in their roles. Importantly, these plans must include details of how those who work flexibly can still be supported to progress in their careers.

2. Health and wellbeing

- The government must give specific focus to the impact of the pandemic on women working in health and care and target investment to address their needs, as they make up more than three-quarters of the workforce. This must include investment in ongoing tailored mental and physical health, and investment in recruitment to allow for flexible working and ease the burden on women.
- The findings of this survey show working through the pandemic is having a greater negative impact on staff now than earlier in the crisis. Health leaders and managers must be aware of staff's struggles through ongoing communication and must support where needed, including signposting to existing resources and introducing new measures as needed.
- Managers must work with female staff with long-term conditions to overcome the issues raised by these findings, making sure mental and physical health support is geared to their specific needs, as well as ensuring they feel safe to speak up, and that those who work remotely are fully supported to do so.
- The impact of childcare and other non-work caring responsibilities on working life for all female staff must be taken into account. Managers must be aware that these responsibilities may be greater for some female staff from black, Asian and minority ethnic backgrounds and accommodate them accordingly.

Recommendations continued

3. Career progression

- These findings suggest career progression may be hindered for female staff with children and other caring responsibilities. They must have equitable access to opportunities for progression, with an understanding of the vital contribution they make and of the additional demands on their time during the pandemic.

4. Home working

- While many women working in health and care will need to attend workplaces, managers and senior staff must also make sure staff feel able to share concerns about their personal safety at home and, where concerns are shared, staff must be proactively helped to seek support as appropriate.
- To reduce isolation and disconnection, which can worsen mental health issues, opportunities to connect for social support within teams should be encouraged.

NHS Staff Survey 2020

Summary of responses to key questions

We thought it was important to draw comparisons with the NHS Staff Survey results.

- The 2020 NHS Staff Survey was sent to over 1.2 million staff across 280 NHS organisations in England.
- 595,270 staff completed the survey, a response rate of 47 per cent.
- We explored responses to questions by gender and identified key questions where there were substantially different responses in relation to gender.

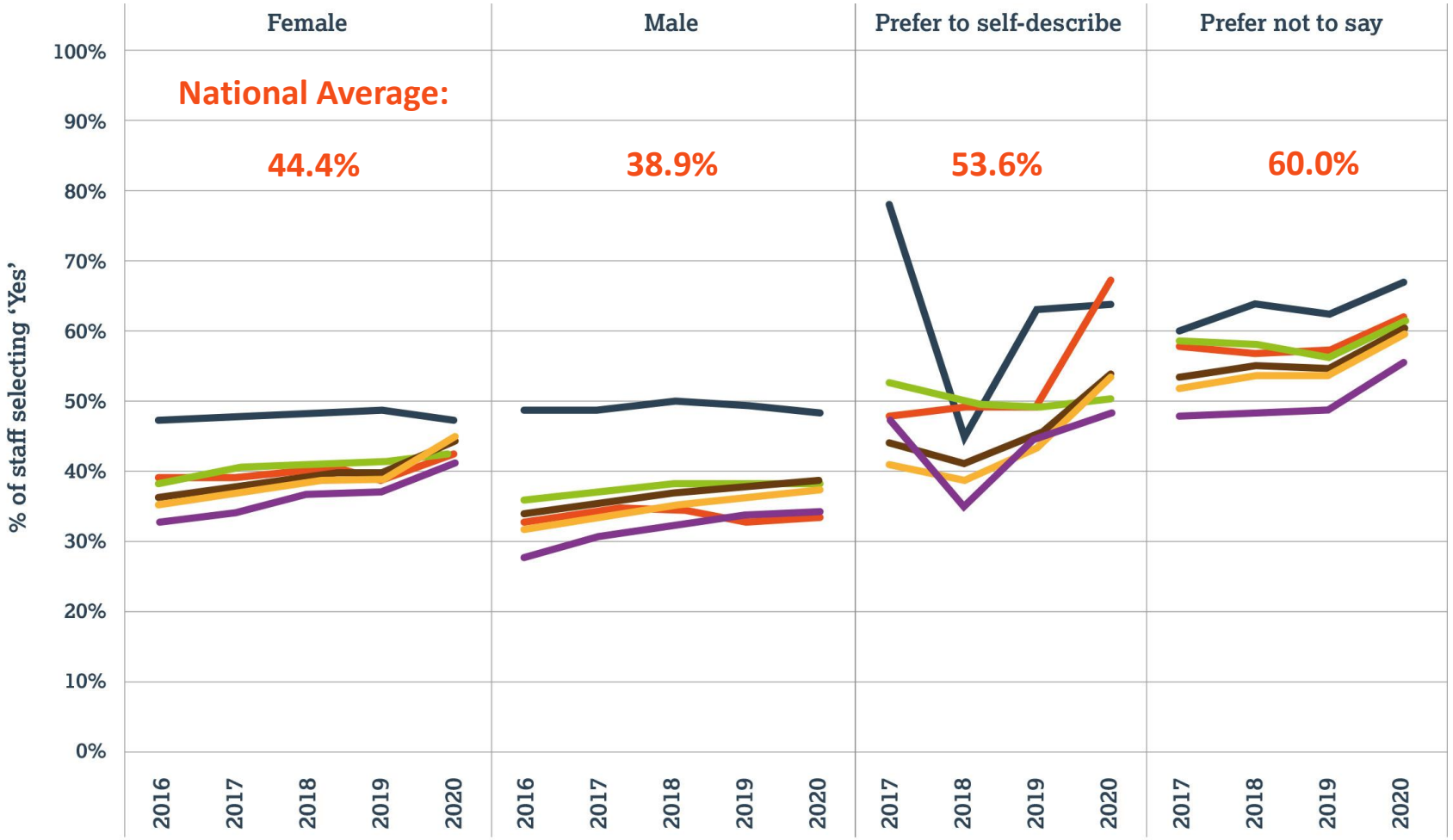
Key findings

- On most wellbeing questions, there were few differences in responses between women and men when looking at national averages.595,270 staff completed the survey, a response rate of 47 per cent.
- Exceptions to this were that women were substantially more likely than men to have felt unwell in the past year due to work related stress and to have gone to work in the past three months despite not feeling well enough.
- On almost all NHS Staff Survey 2020 questions, people who self-described or who preferred not to report their gender showed substantially poorer levels of wellbeing or lower satisfaction in relation to work.

Access a more detailed summary of the NHS Staff Survey 2020 findings on the NHS survey website.

NHS Staff Survey 2020

"During the last 12 months have you felt unwell as a result of work related stress?"



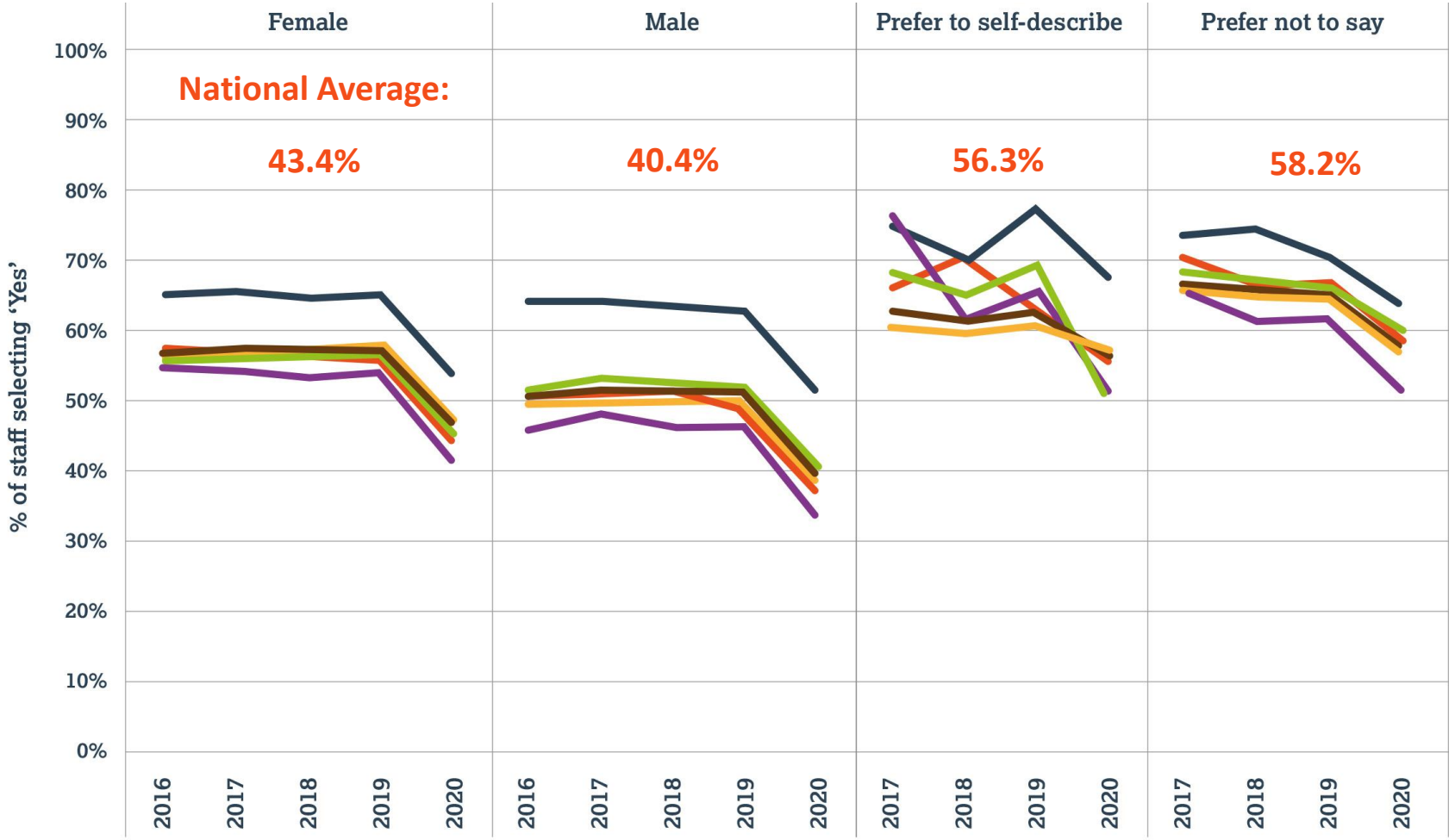
Overall, women were **14.1% more likely** to report having felt unwell as a result of work related stress compared to men.

People who self-described or preferred not to report their gender were particularly likely to felt have unwell as a result of work related stress in comparison to women and men.

Data and graphs taken from https://www.nhsstaffsurveyresults.com/homepage/national-results-2020/breakdowns-questions-2020/

NHS Staff Survey 2020

"In the last three months have you ever come to work despite not feeling well enough to perform your duties?"



Overall, women were **9.5% more likely** to report having come to work in the past three months despite not feeling well enough.

People who self-described or preferred not to report their gender were particularly likely to have come to work in the past three months despite not feeling well enough.

Data and graphs taken from https://www.nhsstaffsurveyresults.com/homepage/national-results-2020/breakdowns-questions-2020/

Implications of findings from the NHS Staff Survey 2020 in relation to gender:

- To take account of intersectionality, it would be important to explore differences in responses to questions within gender categories, e.g. exploring differences by gender in relation to ethnicity or in relation to caring for children.
- Work-related stress and working when unwell appears to affect women more than men. Reasons for this should be explored and addressed.
- Reasons why people who self-identify or who prefer not to report their gender showed particularly low levels of wellbeing at work and low job satisfaction. This should be explored and addressed.