

COVID-19 and the female health and care workforce survey update

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

About the Health & Care Women Leaders Network

The Health and Care Women Leaders Network (HCWLN) is delivered by the NHS Confederation. It is a free network for women working across health and care, connecting through events, masterclasses and tweet chats, and sharing learning through podcasts, blogs, videos and key reports. The network was established in 2015 and is made up of senior and aspiring women leaders. Its members are women with a range of roles, skills, and backgrounds. To be truly inclusive in our leadership across health and care services, our network embraces the multiple and intersectional identities that the word ‘woman’ speaks to. We see gender as a fluid term, reflecting those who identify as non-binary and trans.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems. To find out more, visit www.nhsconfed.org and follow us on Twitter [@NHSConfed](https://twitter.com/NHSConfed)

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Key points

- The latest survey found more than 80 per cent of the female respondents reported that their job had a greater negative impact than usual on their emotional wellbeing as a result of the pandemic. In terms of physical health, 65 per cent said their job has caused a greater negative impact on their physical health because of the pandemic. This deterioration suggests support may be either insufficient or absent, and also that the prolonged nature of the pandemic is taking a significant toll on care givers.
- While there is still some work to be done to make sure all staff across health and care have access to the right training and equipment to protect them from infection, there has been clear progress. However, it remains the case that staff working across the front lines are at extremely heightened risk and it is vital they are all properly protected and trained.
- This survey showed struggles with work-life balance continued. The average number of additional hours taken on each week of non-work caring responsibilities (compared with before the pandemic) rose by about 1.5 hours a week to an additional 12.81 hours. There was also an overall increase in the total number of hours spent each week on caring responsibilities outside of work, to 19.67.
- In the last survey, 2.6 per cent of respondents said there were factors in their home that made working from home problematic for their personal safety, and this fell to 1.7 per cent this time. Given the small numbers involved, it is not clear if this represents a true fall or not. This remains a cause for concern, as potentially unsafe situations may persist or worsen over time.
- In a new segment for this survey, we looked at how many women had been vaccinated since the programme was rolled out in December and found 85.4 per cent of respondents had received at least their first dose. This suggests a large proportion of the female workforce is now protected against the virus.
- The findings of the NHS Staff Survey 2020¹, published in March this year and covering the period from October to December 2020, highlighted similar issues to those raised in this survey, and help to make an even stronger case to make sure the female health and care workforce is properly supported.
- The findings of this survey show there have been improvements in some areas, including teamworking and increased feelings of camaraderie. But there has been marked deterioration in the key areas of physical and emotional wellbeing. This lends weight to fears that the health and care sector could see large numbers of staff choosing to leave their roles because of the untenable pressure under which they find themselves as a result of the pandemic.
- The government must commit to supporting the workforce not only through investment, but through initiatives tailored specifically to the needs of the female health and care workforce, given the impact COVID-19 has had on them.

¹ <https://www.nhsstaffsurveys.com/Page/1105/Latest-Results/NHS-Staff-Survey-Results/>



Introduction

As we pass the anniversary of the first national lockdown, the repercussions of the COVID-19 pandemic are still being felt and still being understood. The unprecedented pressure on health and care staff, right across the board, has yet to abate, especially as elective treatment backlogs continue to grow.

The HCWLN commissioned the new survey on which this report is based to follow up on its first survey (carried out in the summer of 2020)² and find out how the impact of the pandemic on women working across health and care services has changed as the crisis has progressed. In light of the findings from the latest survey, we also make new recommendations on what must be done to address key issues in this area.

The term ‘woman’, used throughout this report, should be viewed through an intersectional³ lens.

This report and accompanying slide deck show that, since our first survey last summer, the impact of the pandemic on the female workforce has demonstrably worsened. The struggles, pain and fears women working in the NHS and care services have faced during the pandemic are just as real as they were then, and more women are now reporting an even greater negative impact on their physical and emotional wellbeing.

Furthermore, there is a likely correlation between this and the gendered economic impact of the pandemic. A report published in February by the Women and Equalities Committee⁴ set out the unequal economic impact on women, who have had to balance work while carrying more of the burden of caring for families and others; a detrimental impact on physical and mental health is a logical corollary of this. The report also made it clear there is more to be done to support women to keep their jobs and progress in their careers, which will be a major part of our economic recovery. This also re-emphasises the importance of flexible working practices, which we cover in this report. It is in everyone’s interest to make sure the female health and care workforce is supported to stay in work, as demand for care is only likely to grow.

Caring responsibilities both in and outside of work are continuing to take a heavy toll, with the written responses to the survey drawing out some of the major challenges, fears and concerns the female workforce are experiencing, such as burnout, isolation and anxiety. However, this survey again highlights some of the positive experiences that have come from the COVID-19 crisis and also hopes for the future. These include increased opportunities for flexible working, improved teamwork, improved technology, career progression, and improved work-life balance.

The questions in this second survey replicated those in the original survey and additional questions were included to expand on and reflect the changing backdrop over the course of the last several months. The aim was to find out how the pandemic has impacted on women working in health and social care during the lockdown starting on 6 January this year. It also looks at what has changed and what has stayed the same since the first survey was conducted in June 2020. The second survey was open from 10 February to 5 March 2021 and received more than 1,000 responses. The vast majority were from staff identifying as women.

The survey was distributed through all NHS Confederation channels, including networks and NHS Employers channels, as well as to external stakeholders, including Royal Colleges. This report forms part of the HCWLN Year of Action for 2021/22, in which we work towards true gender equality across the NHS, including through equal representation in the boardroom.

The aim of this survey and report is to amplify the voices of the people who make up the greatest proportion of the NHS workforce, so that their experiences can be used to rebuild and recover the health service in a way that is fairer for all.

² <https://www.nhsconfed.org/resources/2020/08/covid19-and-the-female-health-and-care-workforce>

³ The Oxford English dictionary defines [intersectionality](#) as: ‘The interconnected nature of social categorisations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise.’

⁴ <https://publications.parliament.uk/pa/cm5801/cmselect/cmwomeq/385/38502.htm>



Demographics

A total of 1,188 staff started the survey, 1,002 responded to at least 25 per cent of the questions, and 903 completed the survey. Of the staff who responded to the gender question, 809 identified as female, 85 identified as male, and 10 preferred not to say or identified as another term.

This compares with a total of 1,308 responses from staff identifying as women in the first survey, and 121 identifying as men, with 13 preferring not to disclose their gender or identifying as another term.

The majority of respondents to the survey were white (790 responses), with 47 responses from staff identifying as Asian, 26 responses from staff identifying as black, 19 responses from staff identifying as mixed/multiple/other ethnicity and 15 responses from staff preferring not to say. This means that 88.1 per cent of respondents were white, which is higher than in the NHS workforce as a whole (77.9 per cent)⁵.

Black, Asian and minority ethnic staff remain underrepresented in the findings. This is a significant issue and must be addressed not only in future iterations of this survey but across the NHS, to make sure everyone has an equal chance to voice their opinions and concerns.

Similar to last time, most respondents worked in the NHS, with the greatest number in management roles, followed by nursing roles. After nurses, the next largest groups represented were allied health professionals, support/admin staff and doctors.

A total of 59 respondents identified as LGBTQ+ (7 per cent of those responding to the question), compared with 74 previously (6.8 per cent), with 789 identifying as heterosexual. This time, 15 respondents said they identified as another term or preferred not to say, which compares with 82 respondents in the original survey.

Again, most respondents were in full-time roles, and the biggest salary bracket represented was £30,000 to £40,000 a year, followed by £40,000-50,000.

In the summer survey, 48.9 per cent of respondents had at least one child under 18 and 43.3 per cent said they had at least one adult dependant. In the latest survey far more respondents had dependants, with 75.1 per cent reporting at least one adult dependant and 73.7 per cent reporting having at least one child under 18.

Disability was not captured within the first survey, but in the second survey, a total of 192 respondents (21.4 per cent of those answering the question) said they had a long-term health condition, helping to provide insight into the experience of disabled staff.

⁵ <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest>

Findings – in depth

A meaningful comparison cannot be made between male and female respondents, and the findings below therefore reflect only the 809 female-identifying respondents who completed the survey.

1. Negative impact on physical health and emotional wellbeing worsens

The latest survey found more than 80 per cent of the female respondents – up from 72 per cent in June 2020 – reported that their job had a greater negative impact than usual on their emotional wellbeing as a result of the pandemic. In terms of physical health, 65 per cent said their job has caused a greater negative impact on their physical health because of the pandemic, compared with 52 per cent previously. This deterioration is cause for significant concern and suggests support may be either insufficient or absent. It may also be linked to the prolonged nature of the pandemic and the impact of the second wave of infections.

In our latest survey, we included a question on long-term health conditions. The female staff with long-term health conditions reported a greater negative 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 compared with those without long-term conditions. This suggests the pandemic is having a disproportionate impact on those with long-term conditions.

This re-emphasises just how important it is to work with women in the health and care workforce to make sure they are fully supported in caring for their physical and emotional wellbeing. It is all too easy to regard health and social care workers as providers of care, without recognising they, too, are human. The pressure and expectation of self-sacrifice created by the pandemic has gone on for too long and cannot continue at the same level. Investment will be needed in wellbeing support for the health and social care workforce well beyond the pandemic, especially as the mental health impact may not manifest until much later, including post-traumatic stress disorder and depression.

Although workforce shortages in both health and social care have lessened somewhat since the beginning of the pandemic (falling from about 100,000 to about 89,000⁶ and from about 122,000 to 112,000⁷ respectively), they are still extremely high. Numerous studies in the intervening time have shown large numbers of staff⁸ considering leaving as a result of the crisis⁹.

We also asked respondents to express in their own words how their job has affected them since the pandemic started. Stress, anxiety and pressure were the key terms used to describe the toll the pandemic has taken, with fears highlighted around burnout, isolation and persistently heavy workloads.

However, there have been positive experiences, with respondents highlighting teamwork, flexibility and improved work-life balance. They also reported looking forward to a return to normality.

The NHS Confederation has continued to emphasise the importance of looking after workforce wellbeing, flagging the risk that thousands of staff could leave their roles¹⁰ unless they have adequate opportunity to recover from the trauma of working through the pandemic. These findings show staff must have access to evidence-based support in a timely fashion, including in the longer term; it cannot be a short-term offer. This is especially important as staff face the continuing pressure of restoring services and tackling huge backlogs of treatment, alongside caring for COVID-19 patients, treating those with long COVID and tackling the expected rise in demand for mental health services.

⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015--december-2020>

⁷ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁸ <https://www.nhsconfed.org/resources/2021/03/putting-people-first-nhs-staff-aftermath-covid19>

⁹ <https://www.theguardian.com/society/2020/sep/05/more-than-1000-doctors-want-to-quit-nhs-over-handling-of-pandemic>

¹⁰ <https://www.nhsconfed.org/news/2021/03/real-risk-that-thousands-of-nhs-staff-will-leave-unless-they-are-allowed-to-recover>



2. PPE availability and training improving

There were improvements across the board in the responses around personal protective equipment (PPE). In the last survey, 21 per cent of respondents said they did not agree that adequate PPE was available, falling to 9 per cent this time. Previously, 29 per cent did not agree PPE was available in all sizes needed, falling to 16 per cent in this survey, and 22 per cent did not agree that appropriate training had been given to all staff, falling to 13 per cent.

This suggests that while there is still some work to be done to make sure all staff across health and care have access to the right training and equipment to protect them from infection, there has been clear progress. However, it remains the case that staff working across the front lines are at extremely heightened risk and it is vital that 100 per cent of them feel they are properly protected and trained.

3. Struggles with work-life balance continue

The first survey found the pandemic had caused major shifts in both working patterns and caring responsibilities outside work, and this survey showed struggles with work-life balance had continued. In the summer of 2020, respondents took on an average of 11.22 additional hours each week of non-work caring responsibilities (compared with before the pandemic), rising by about 1.5 hours a week to an additional 12.81 hours in the latest survey. This time, there was also an overall increase in the total number of hours spent each week on non-work caring responsibilities, from an average of 17.73 to 19.67.

In particular, respondents with children under 18 reported being far more involved than usual in non-work caring responsibilities, compared with the period before the pandemic. Having children was linked to more hours spent in non-work caring responsibilities, likely related to the prolonged closure of schools and reduced working hours. There are serious implications for career progression opportunities on this basis¹¹

There was a statistically significant association between the number of children that respondents had caring responsibilities for and the total number of hours per week involved in non-work caring responsibilities; increased hours per week involved in non-work caring responsibilities beyond pre-pandemic levels; and working reduced hours.

Female staff from black, Asian and minority ethnic backgrounds were more involved than others in non-work caring responsibilities; saw greater reductions in their working hours; and at the same time, were working more unpaid hours than white women. This suggests a disparity in demands on women outside of work in relation to ethnicity, and implies the detrimental impact on working life and opportunities for earnings and career progression may be worse for women from BME backgrounds.

In the previous survey, respondents reduced their working hours to take account of these responsibilities by 1.44 hours each week, and this time, they reduced them by 2.53 hours a week. In the last survey, there were increases in unpaid working hours, rising by an average of 7.14 additional hours each week. In this survey, the figure was 8.46 additional hours a week.

Managers should be aware of competing demands on staff time, particularly staff with children and/or other dependants, and, wherever possible, offer opportunities for flexible or part-time working, as well as ensuring opportunities for career progression are available to all. For example, this could include proactively supporting job sharing and flexible working for more senior roles.

Although many female health and care staff continue to attend workplaces, of those working from home, most respondents again reported a positive experience. However, a marked proportion reported a negative experience. Last time, 23 per cent said they had had a negative experience, rising to 25 per cent this time. Issues highlighted included feelings of isolation and a lack of connection with colleagues.

¹¹ <https://yougov.co.uk/topics/economy/articles-reports/2020/03/06/two-five-mothers-say-having-kids-was-bad-their-car>



Staff working from home have continued to do their best to do so where possible as the crisis continues. However, it is clear that consideration needs to be given not only to practicalities such as risk assessment and adequate resources, but to the physical and emotional toll of prolonged isolation, lack of interaction and increased responsibilities outside work.

At the same time, many staff appreciated opportunities for flexible working. Beyond the pandemic, the flexible ways of working that emerged of necessity should continue, to accommodate staff preferences where practical, whether working from home, in the workplace, or a combination of the two.

In the 2021 survey, 29.4 per cent of respondents said they did not feel safe sharing their personal concerns about the pandemic with their manager, marking a slight increase from 26.3 per cent in June 2020. While it is reassuring that the majority of female staff feel able to share concerns with their managers, it is concerning that more than a quarter do not. This suggests that managers should proactively ask people they manage about their personal concerns, foster psychological safety, and ensure all staff have someone in the workplace, other than their manager, they can talk to in confidence.

4. Safety concerns when working from home

In the last survey, 2.6 per cent of respondents said there were factors in their home that made working from home problematic for their personal safety, and this fell to 1.7 per cent this time. Given the small numbers involved, it is not clear if this represents a true fall or not. This remains a cause for concern, as potentially unsafe situations may persist or worsen over time; even 13 staff reporting feeling unsafe at home is 13 too many. It may be that those who face such situations at home feel unable to be open about them, which must be addressed.

Domestic violence increased significantly during the first lockdown¹² and continued to present significant dangers in subsequent lockdowns. In March, the charity Refuge published a report stating that in the period from April 2020 to February 2021, average calls to its helpline and contacts logged on its database per month were 61 per cent above the January-March 2020 baseline¹³. Managers must continue to be aware of the safety issues associated with home working and information on how to access support for domestic violence must be available to all staff.

5. Vaccination

In a new segment for this survey, we looked at how many women had been vaccinated since the programme was rolled out in December and found 85.4 per cent of respondents had received at least their first dose. This is extremely reassuring and suggests a large proportion of the female workforce – and therefore a large proportion of the workforce as a whole – is now protected against the virus.

Meanwhile, of those who have not yet been vaccinated, 12 said they had made an appointment but not had it yet, 59 said they had not been able to access an appointment, and 32 said they had decided not to have it at all, with 27 citing fear of side effects.

Those saying they have decided not to have it represent 4 per cent of respondents suggesting there may still be some work to do to improve vaccine confidence among female staff.

¹² <https://www.theguardian.com/society/2020/aug/17/domestic-abuse-surged-in-lockdown-panorama-investigation-finds-coronavirus>

¹³ <https://www.refuge.org.uk/wp-content/uploads/2021/03/Refuge-Covid-Service-Report.pdf>



NHS Staff Survey findings

The findings of the NHS Staff Survey 2020¹⁴, published in March this year and covering the period from October to December 2020, highlighted similar issues to those raised in this survey, and help to make an even stronger case to make sure the female health and care workforce is properly supported.

For example, the NHS Staff Survey found women were 14.1 per cent more likely than men to report having felt unwell as a result of work-related stress in the previous 12 months, and women were 9.5 per cent more likely to report having come to work in the past three months despite not feeling well enough. The reasons for this should be explored and addressed further, but our own survey results suggest the greater non-work caring burden that falls to women may be at least part of the cause.

At the same time, on almost all questions in the NHS Staff Survey, people who self-described or who preferred not to report their gender showed much worse levels of wellbeing and lower satisfaction in relation to work. This highlights the need to make improvements in NHS workplaces so that people of all genders have an equally positive experience, improving retention and reducing the risk of burnout. The reasons for this should also be further explored.

In summary, areas to explore and address, highlighted by the NHS Staff Survey 2020, include:

- to take account of intersectionality, examining differences in responses within gender categories, for example exploring differences by gender in relation to ethnicity or in relation to caring for children
- reasons why work-related stress and working when too unwell to do so appear to affect woman more than men
- 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.

¹⁴ <https://www.nhsstaffsurveys.com/Page/1105/Latest-Results/NHS-Staff-Survey-Results/>



Conclusion

The findings of this survey show there have been improvements in some areas, but in the key areas of physical and emotional wellbeing, there has been marked deterioration, lending weight to fears that the health and care sector could see large numbers of staff choosing to leave roles they love because of the untenable pressure under which they find themselves as a result of the pandemic.

Although there are some positives, in areas such as teamworking and increased feelings of camaraderie, it is quite clear that there is a long way to go before the situation improves, and the government must commit to supporting the workforce not only through investment but through initiatives tailored specifically to the needs of the female health and care workforce, given the impact COVID-19 has had on them.

Recently published figures, such as the weekly urgent and emergency care updates published by NHS England and NHS Improvement, have shown there has been a slight reduction in pressure in some areas, for example as adult critical care bed occupancy declines, but there are still many mountains to climb. This includes tackling the growing issue of long COVID, meeting increased demand for mental health services¹⁵, continuing to deliver the largest vaccination programme the UK has ever seen, and addressing a backlog of treatment that could extend to nearly 7 million people by the end of 2021¹⁶. As 78 per cent of the health and care workforce is female, the burden of overcoming these gargantuan challenges will mostly fall on the shoulders of women. The findings of this survey, and the NHS Staff Survey, must therefore drive real and lasting change.

As the crisis continues and, following the early strong uptake of the vaccination programme, as we begin to look more and more towards the restoration of services and providing staff with much-needed respite, the centre must do all it can to address the concerns outlined here. That means minimising the risk of burnout, and making sure staff, whatever their gender, are mentally and physically healthy enough to continue to care for and support our communities.

Support for the provision of mental health services nationally will be incredibly important, as demand surges not only from the general population but from those working on the front lines specifically, and those working in health and social care more broadly, who have faced so much pressure and distress.

While the phase 4 planning guidance¹⁷ makes welcome noises about looking after staff and helping them to recover, it also calls for the accelerated restoration of elective and cancer care, alongside delivering the vaccination programme on schedule, and continuing to meet the needs of COVID patients. The NHS is in a very precarious position, as it continues to face huge workforce shortages, with nearly 90,000 vacancies across the service¹⁸, and the people that make up the largest proportion of its workforce reporting worsening mental and physical health.

¹⁵ <https://www.centreformentalhealth.org.uk/news/10-million-people-england-may-need-support-their-mental-health-result-pandemic-says-centre-mental-health>

¹⁶ <https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Building-back-elective-care.pdf>

¹⁷ <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf>

¹⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2020>

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.

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.

