

Assessing Staff Experience during the Covid-19 Pandemic Survey

# HSE COVID-19 Pulse Staff Survey

## Assessing Staff Experience During the Covid-19 Pandemic

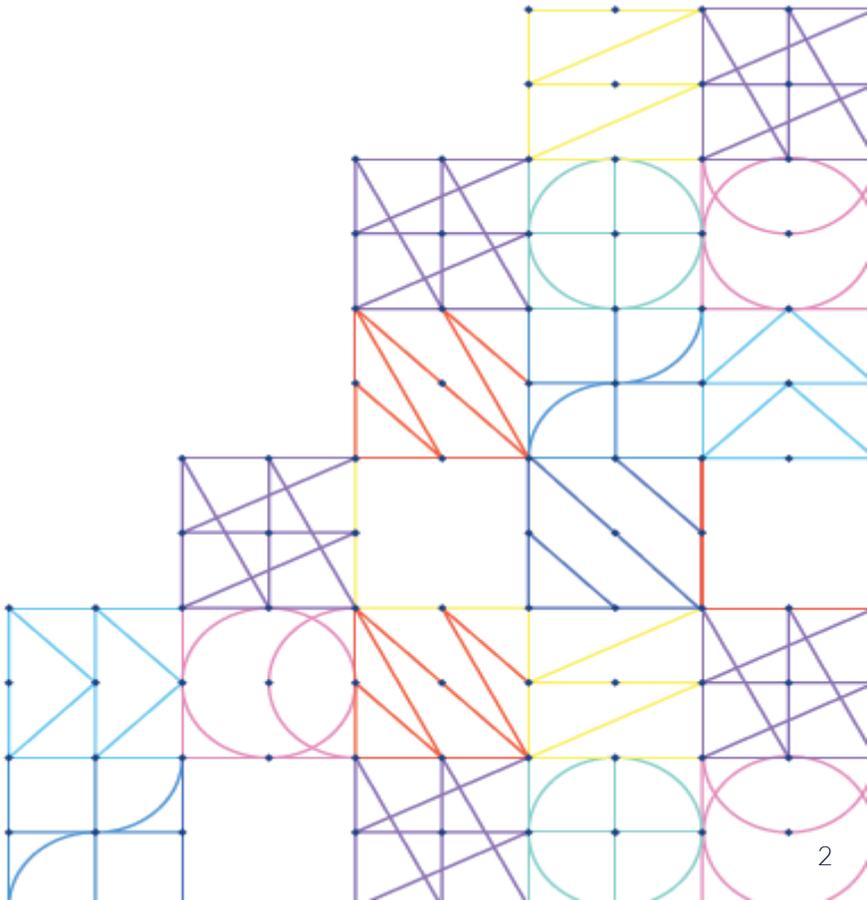
Report prepared for Vera Kelly, Denise O'Shea and Ann Marie Hoey

20<sup>th</sup> August 2020



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# The Context

Covid-19 has had a significant impact on the global population, impacting how we live our lives, how we interact with each other, how we work, and how we maintain our health and safety.

This global health pandemic has had a major impact on the HSE in terms of how the organisation operates, and how all members of staff complete their work. Measures have had to be taken to protect all staff, their families, and service users of the HSE, which has resulted in radical and fast-paced change to how the organisation operates.

As the HSE move towards recovery and service continuity in a Covid-19 environment, it is important for the HSE to engage and listen to staff.

**The aim of this research programme is to learn about health service staff experiences, how they adapted, the challenges faced, what worked well and what are the evolving needs.**

The HSE HR department are committed to act on the findings to improve and adapt the ways of working into the future. This research will inform Recovery Planning, the redesign of services and new ways of working that will take place over the months ahead.

# The Central Question

*Which practices and processes should the HSE retain as a result of the Covid-19 pandemic, and how should they evolve services and ways of working over the months ahead?*

# A Phased Approach

This project is about starting broad with quantitative research, defining key challenges, and opportunities. Then we will delve deeper with qualitative, and then prepare for action.

LISTEN

Before the HSE act, we needed to listen to staff. We started with a quantitative survey to understand and explore the staff experience to date.

This took the form of a short and concise Covid-19 specific online staff survey across staff categories, services and locations.

ANALYSE

At this stage we will analyse the data, identify areas for improvement, and what can be leveraged.

DEEP DIVE

ACT &  
IMPLEMENT

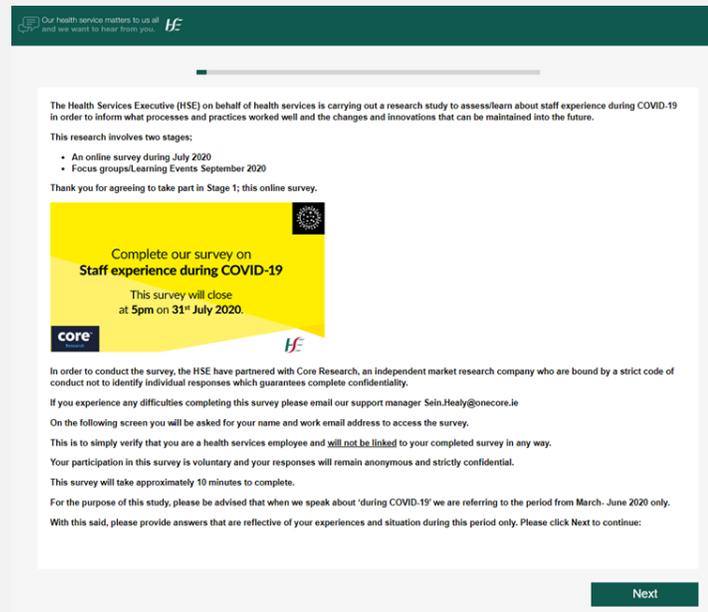
# Information about this Survey

## HOW WAS THE SURVEY CONDUCTED?

- Core Research and the HSE National Human Resources Department collaborated to develop the questionnaire.
- Core Research supplied the HSE with an online survey link built within a 'Mobile First' environment which was compatible with all major browsers and devices (desktop, laptop & smartphones). This link was embedded in broadcast emails, social media, and intranet (wherever it was promoted).
- When the participant clicked on the survey link, they were asked to verify their identity. The system asked for the participants first name, last name and work email address. This was to verify that they were a health services employee. The system was built to identify health service email domain names only.
- If the participant did not have a health service email address, they were instructed to call a HSE representative to be verified over the phone and were then provided with a unique password to gain access to the survey.
- Core Research provided daily updates on the number of completes and tracked the number of completes for each of the 4 sectors and 6 staff categories.

## Survey about your experience of COVID-19

Tell us about your experience during COVID-19 by completing our online survey. It will take 10 minutes to complete. The survey will close at 5 pm, on 31 July 2020.



Our health service matters to us all and we want to hear from you. **HSE**

The Health Services Executive (HSE) on behalf of health services is carrying out a research study to assess/learn about staff experience during COVID-19 in order to inform what processes and practices worked well and the changes and innovations that can be maintained into the future.

This research involves two stages:

- An online survey during July 2020
- Focus groups/Learning Events September 2020

Thank you for agreeing to take part in Stage 1; this online survey.

**Complete our survey on Staff experience during COVID-19**

This survey will close at 5pm on 31<sup>st</sup> July 2020.

**core** **HSE**

In order to conduct the survey, the HSE have partnered with Core Research, an independent market research company who are bound by a strict code of conduct not to identify individual responses which guarantees complete confidentiality.

If you experience any difficulties completing this survey please email our support manager [Sein.Healy@onecore.ie](mailto:Sein.Healy@onecore.ie)

On the following screen you will be asked for your name and work email address to access the survey.

This is to simply verify that you are a health services employee and **will not be linked** to your completed survey in any way.

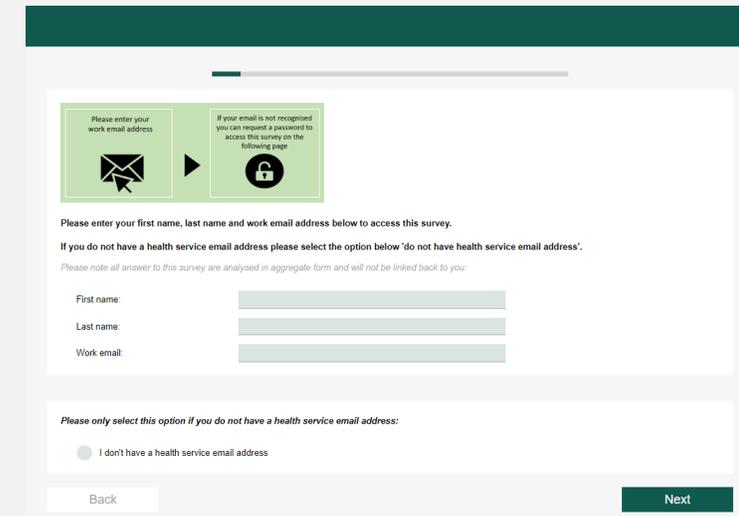
Your participation in this survey is voluntary and your responses will remain anonymous and strictly confidential.

This survey will take approximately 10 minutes to complete.

For the purpose of this study, please be advised that when we speak about 'during COVID-19' we are referring to the period from March - June 2020 only.

With this said, please provide answers that are reflective of your experiences and situation during this period only. Please click Next to continue:

Next



Please enter your work email address

If your email is not recognised you can request a password to access this survey on the following page.

Please enter your first name, last name and work email address below to access this survey.

If you do not have a health service email address please select the option below 'do not have health service email address'.

Please note all answers to this survey are analysed in aggregate form and will not be linked back to you.

First name:

Last name:

Work email:

Please only select this option if you do not have a health service email address:

I don't have a health service email address

Back Next

# Information about this Survey

## WHAT WERE PARTICIPANTS ASKED?

- Participants were asked approximately 20 questions, about their experiences during COVID-19. For the purposes of this survey, this was defined as the period March – June 2020 only
- Participants were asked about the changes they have seen in their workplace, what worked well and should be maintained, and what didn't work as well and how this could be addressed in the future.
- Given that this was a Covid-19 Pulse survey and the results analysed at a total level and by the 4 sectors and 6 staff categories, questions remained the same for each staff grouping,
- Using an online methodology meant respondents could complete the questions in their own time and allowed for considerate and honest responses to be given.

## WHO DID WE SPEAK TO?

- This sample was a Voluntary Response Sample, meaning that the HSE invited health staff workers to complete the survey, and staff decided whether to be in the sample or not.
- The HSE team (National Human Resources and HSE internal communications) promoted the survey across the different channels (broadcast email, staff news page, LinkedIn, twitter and the CEO Staff Video). Key leaders across the HSE promoted and encouraged active participation.
- Given the nature of this COVID-19 Pulse Survey, we set out to achieve a target sample was 4,000 completes, with a margin of error of 1.4% at a 95% confidence level.
- **We achieved a total of 7,057 survey responses. This is a 77% increase on the target of 4,000. The margin of error\* is 1.14% at a 95% confidence level, meaning the results are accurate and statistically robust.**

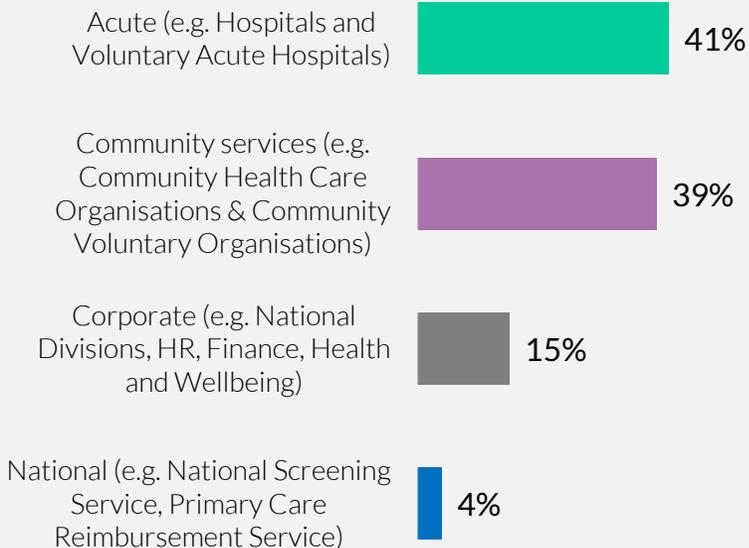
## WHEN WAS IT CONDUCTED?

- Fieldwork took place between the 16<sup>th</sup> -31<sup>st</sup> July.
- For the purpose of this study, participants were advised within the survey that when we referenced 'during COVID-19' we were referring to the period from March- June 2020 only. We requested that participants provide answers that are reflective of their experiences and situation during this period.

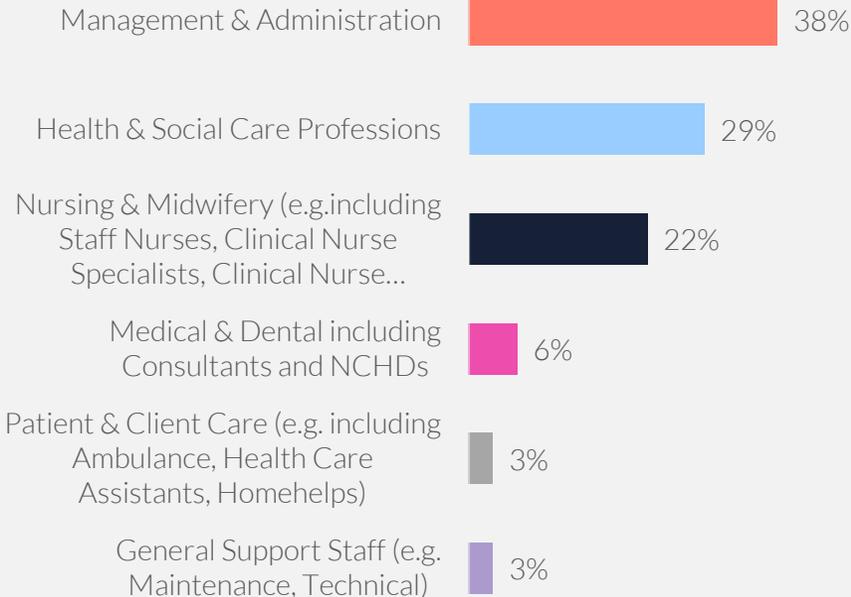
\* A margin of error tells you how many percentage points your results will differ from the real population value. For example, a 95% confidence interval with a 1.14 percent margin of error means that your statistic will be within 1.14 percentage points of the real population value 95% of the time.

# Who We Spoke To

## The Sectors



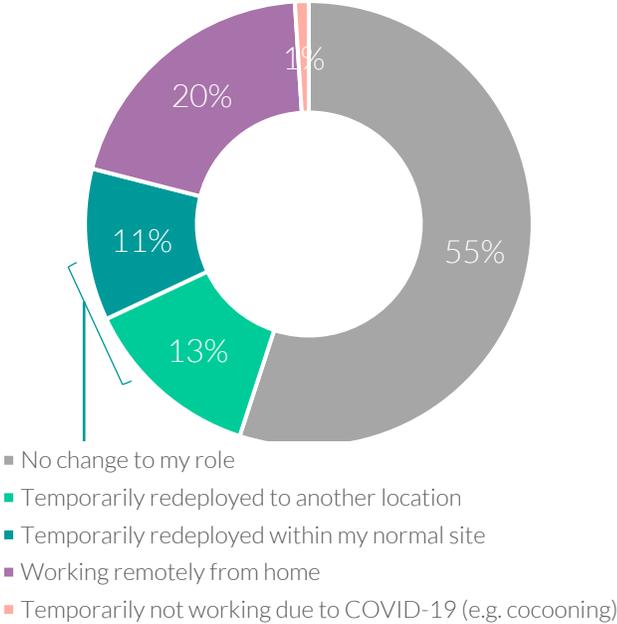
## The Staff Categories



# Sample Breakdown

## Working Arrangement during COVID-19

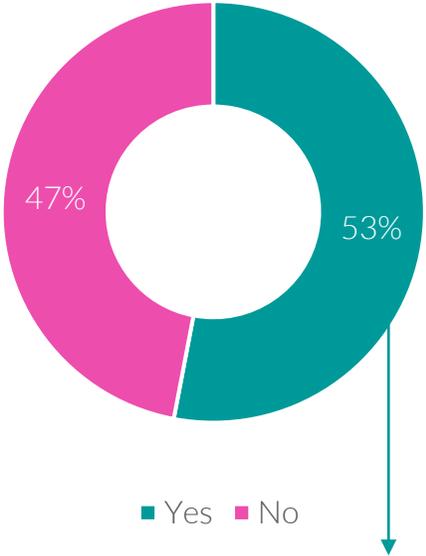
1 in 4 were temporarily re-deployed.



Patient & Client Care	17%
Nursing & Midwifery	31%
Medical & Dental	35%
Health & Social Care	28%
General Support Staff	6%
Management & Administration	18%

## Face to face interactions with patients / members of the public as part of their role

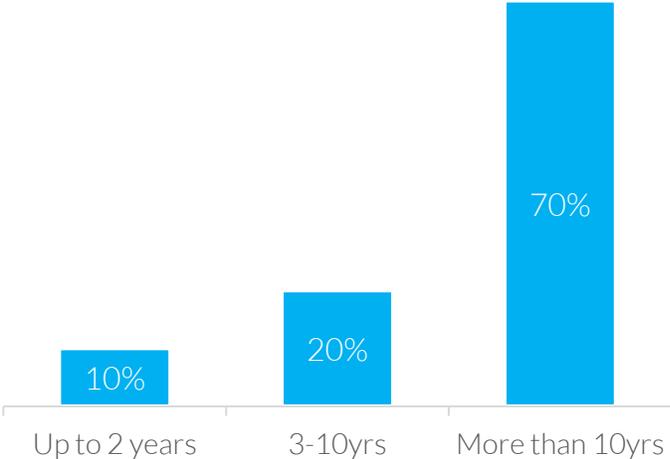
1 in 2 had f2f interactions with the public



Patient & Client Care	89%
Nursing & Midwifery	86%
Medical & Dental	80%
Health & Social Care	59%
General Support Staff	41%
Management & Administration	24%

## Length of service in the health sector in Ireland

7 in 10 have been working in the sector for over 10yrs



# Questions Areas

Participants were asked questions relating to the following areas:

## Information Sharing

- Where they accessed information regarding COVID-19.
- The level of information received.
- Their satisfaction with the level of communication received.

## Involvement & Contribution

- The extent to which staff took on extra responsibilities during the COVID-19 period.
- The level of involvement and opportunity to contribute to decision making & planning during the period.

## Support & Direction

- The level of agreement among staff regarding feeling supported, safe and in control in the workplace.
- The level of clarity they had in their role.

## Culture

- The level of change to the internal workplace culture during the period.

## Areas for future focus

- What worked well and should be maintained, and what didn't work as well and how this could be addressed in the future.

# Overview of Key Findings

## 01. Satisfaction with communication and information sharing, but room for improvement

- Overall, staff were positive towards the amount of information they received during COVID-19 from the HSE.
- Within the workplace, the majority were in agreement that they were satisfied with communication from colleagues and their manager. However, staff were more positive about the level of colleague communications compared to the manager communications.

## 02. Culture shifts during COVID-19 – a mixed experience

- Staff had contrasting experience of changes in workplace culture during COVID-19. While 3 in 10 saw positive changes, 4 in 10 felt their work place culture had changed for the worse.
- Culture can have different meanings to different staff and the results indicate how some can perceive their experiences differently to others.

## 03. Positive views of HSE's management of COVID-19 and a change in opinion

- Staff have a positive attitude towards the HSE in terms of their management of the COVID-19 pandemic to date, with this confidence continuing into the future (and in line with the general public's perception).
- The HSE management of the crisis has meant over half of staff now have a more positive view of the organisation. Highlighting how positive HSE actions, can impact staff attitudes.

## 04. Staff 'stepped up' to help the fight against COVID-19

- Across all sectors and categories, we saw staff 'step up' in their role and take on additional responsibilities, with many taking on 'a lot', but questions around if this is a long-term solution are being asked.
- Taking on extra responsibilities and with many being involved in decision making and planning in their workplace, meant staff were satisfied about their own contribution – but there is a careful balance to be struck. It will be important to meaningfully acknowledge and thank staff for their contribution to date.

# Information Sharing

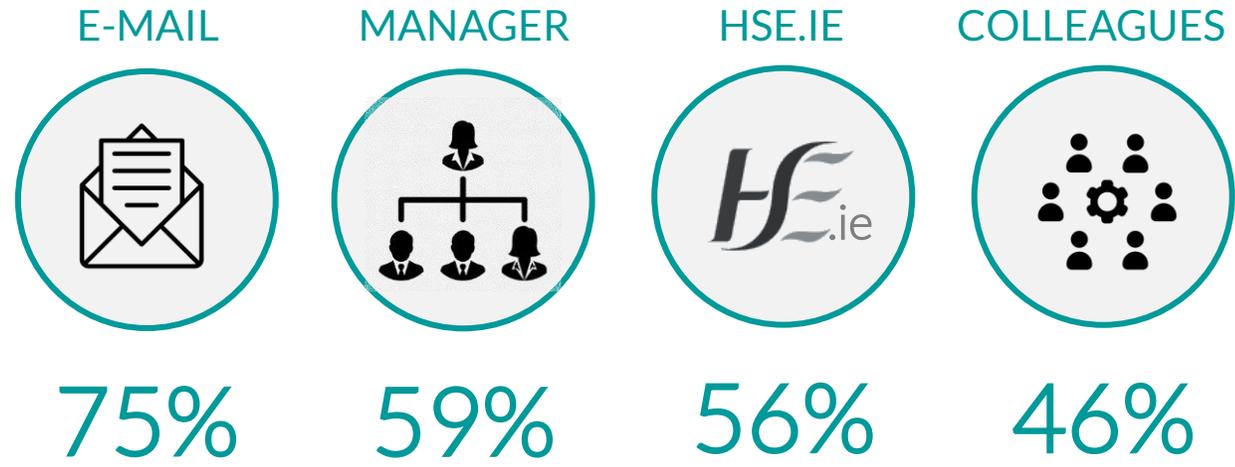
The majority of staff felt they received sufficient information from the HSE during COVID-19.

# Frequently Accessed Sources of Info

Email was the primary channel for information on COVID-19 in the workplace.

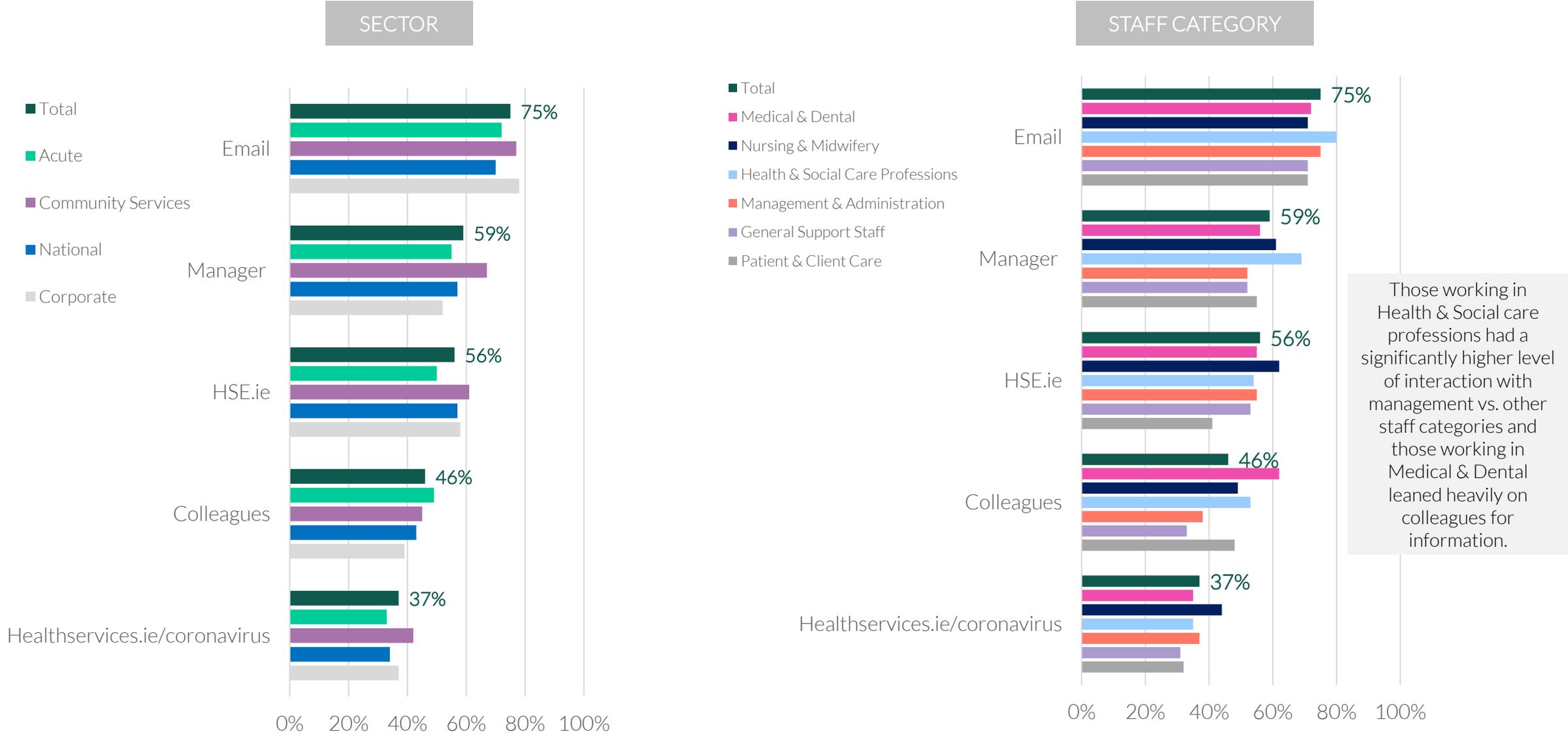
This is across all sectors and staff categories.

## SOURCE OF INFORMATION MOST FREQUENTLY ACCESSED DURING COVID-19



Other Sources	
Healthservices.ie/ coronavirus	38%
Twitter	11%
Facebook	6%
General News and Media	3%
Health Protection Surveillance Centre	2%
LinkedIn	1%
Other internal channels (e.g. intranet, posters, internal memos, HR)	1%
National Industry Bodies & Resources (e.g. Children's Health Ireland)	1%
International Industry Bodies and Resources (e.g. WHO, ECDC)	1%
Gov.ie / Government	1%

# Frequently Accessed Sources of Info x Sector and Staff Category



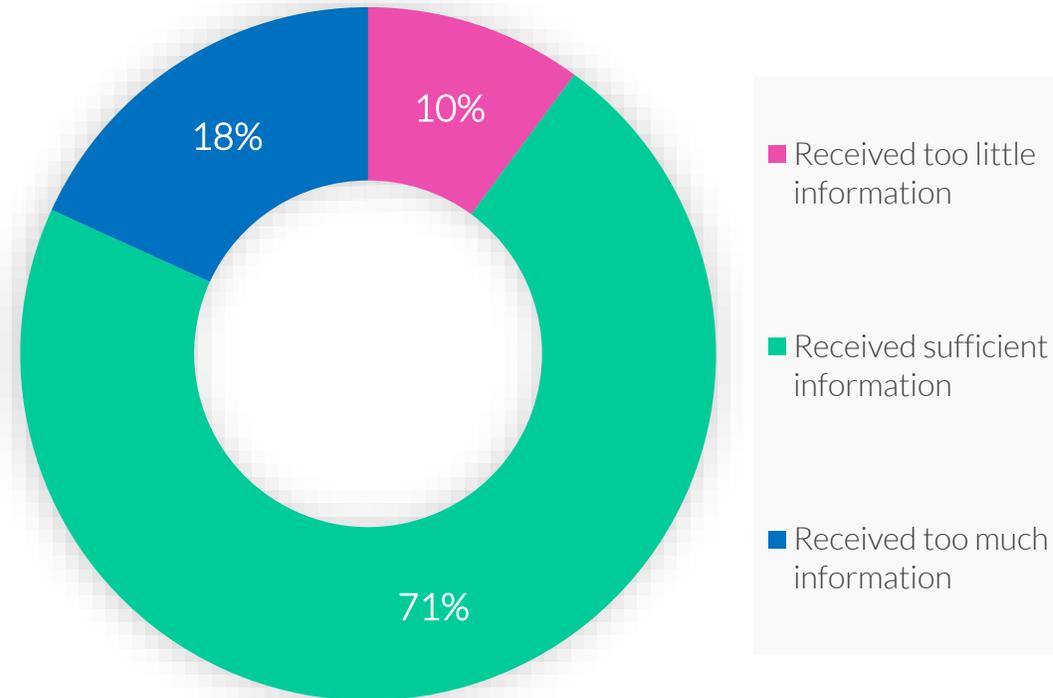
Q. From what sources did you most frequently access information on COVID-19 in your workplace from in March-June 2020?  
 Base: All staff n= 7,057

# Level of Information Received

7 in 10 staff felt they received sufficient information from the HSE during COVID-19.

While only 1 in 10 felt they received too little information.

Level of Information Received x all staff



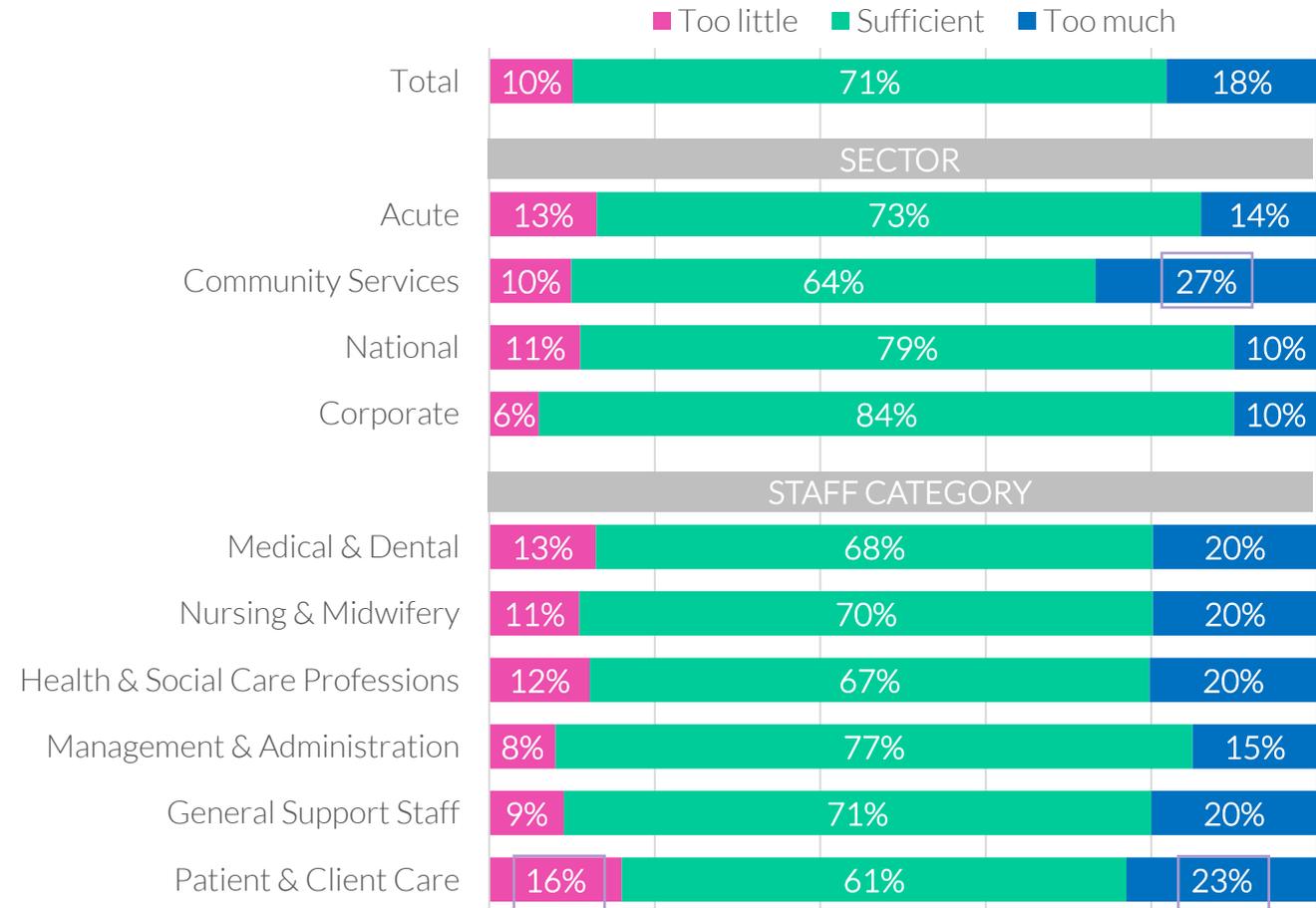
# Level of Information Received

Across the sectors and staff categories the majority felt they had received the appropriate level of information.

Those working within the Community Service sector were more likely to report they received too much information (they had the highest level of engagement with information sources).

While there are similarities across all staff groups, with the vast majority reporting that they received sufficient information, those working in Patient and Client Care (predominantly those within the Acute sector) were most likely to indicate that they received too little and too much information.

Level of Information x sector & category

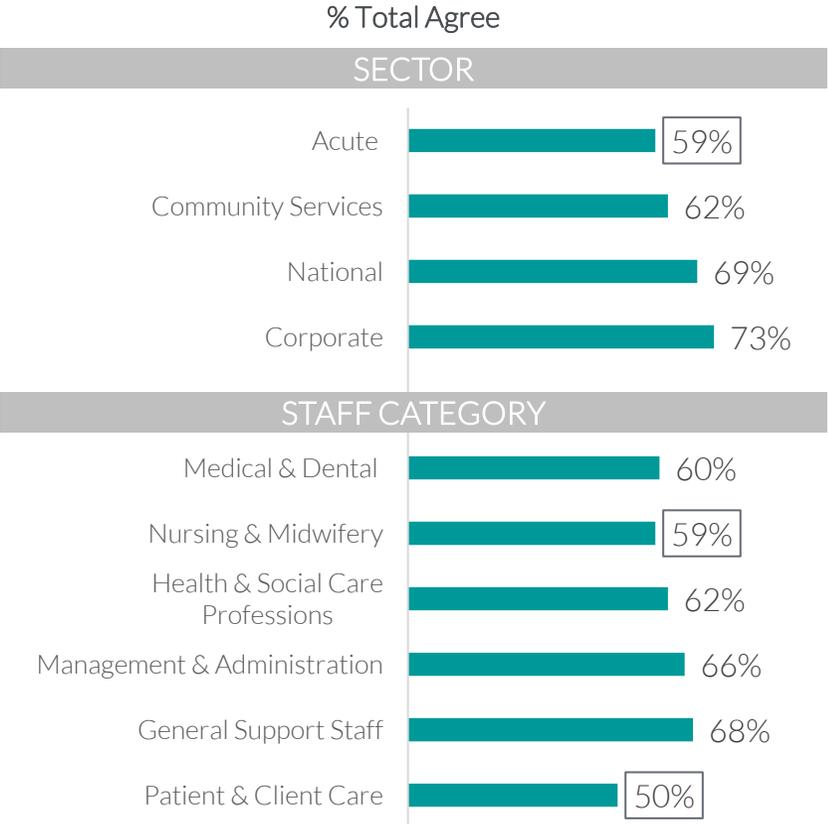
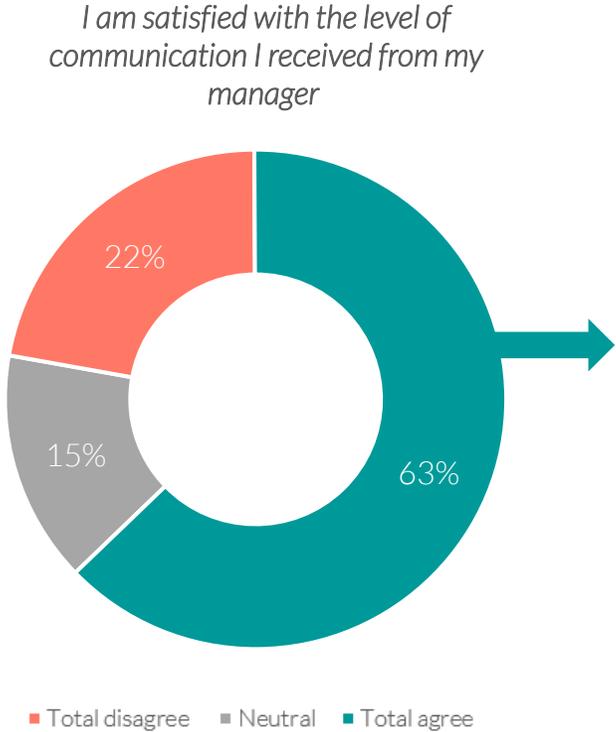


# Satisfaction with the level of Communication - Manager

Nearly two thirds of staff agree that they were satisfied with the level of communication they received from their manager.

Corporate groups are most satisfied with manager communications throughout COVID-19.

Those working within Acute, Nurses and Midwives and those in Patient & Client care had the lowest levels of agreement.

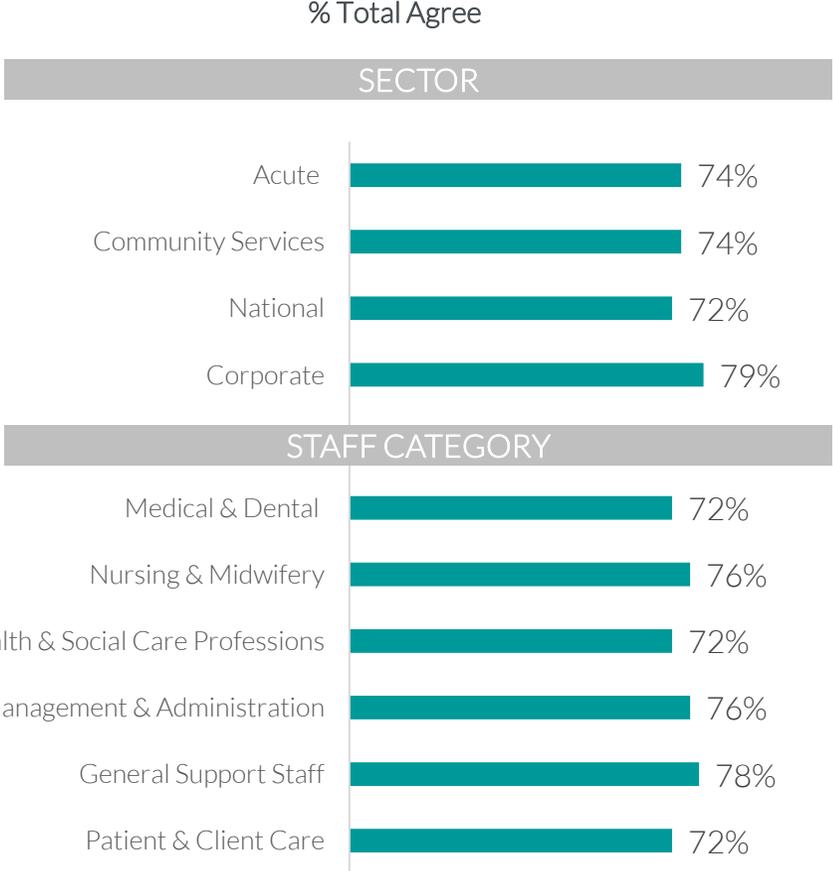
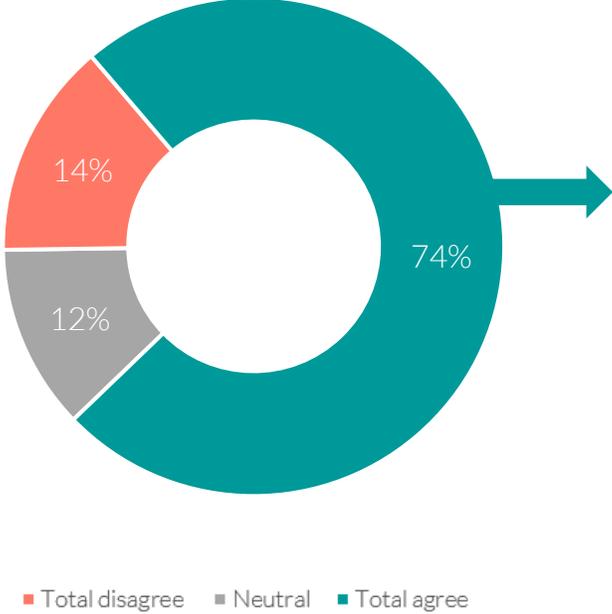


# Satisfaction with the level of Communication - Colleagues

Three in four staff agree that they were satisfied with the level of communication received from their colleagues.

Strong levels of agreement across all sectors and staff categories that they were satisfied with colleague communications.

*I am satisfied with the level of communication I received from my colleagues*



## What worked well

The majority of staff felt they received sufficient information from the HSE during COVID-19.

The vast majority of staff were satisfied with the level of communication with their colleagues and their manager (albeit to a lesser extent).

## Where do we need to focus

Those working in Patient and Client Care (predominantly those within the Acute sector) were slightly more likely than other groups to report they received either too little or too much information. This group were also least satisfied with the level of communication from their manager – there is room for investigation and improvement here.

# Involvement & Contribution

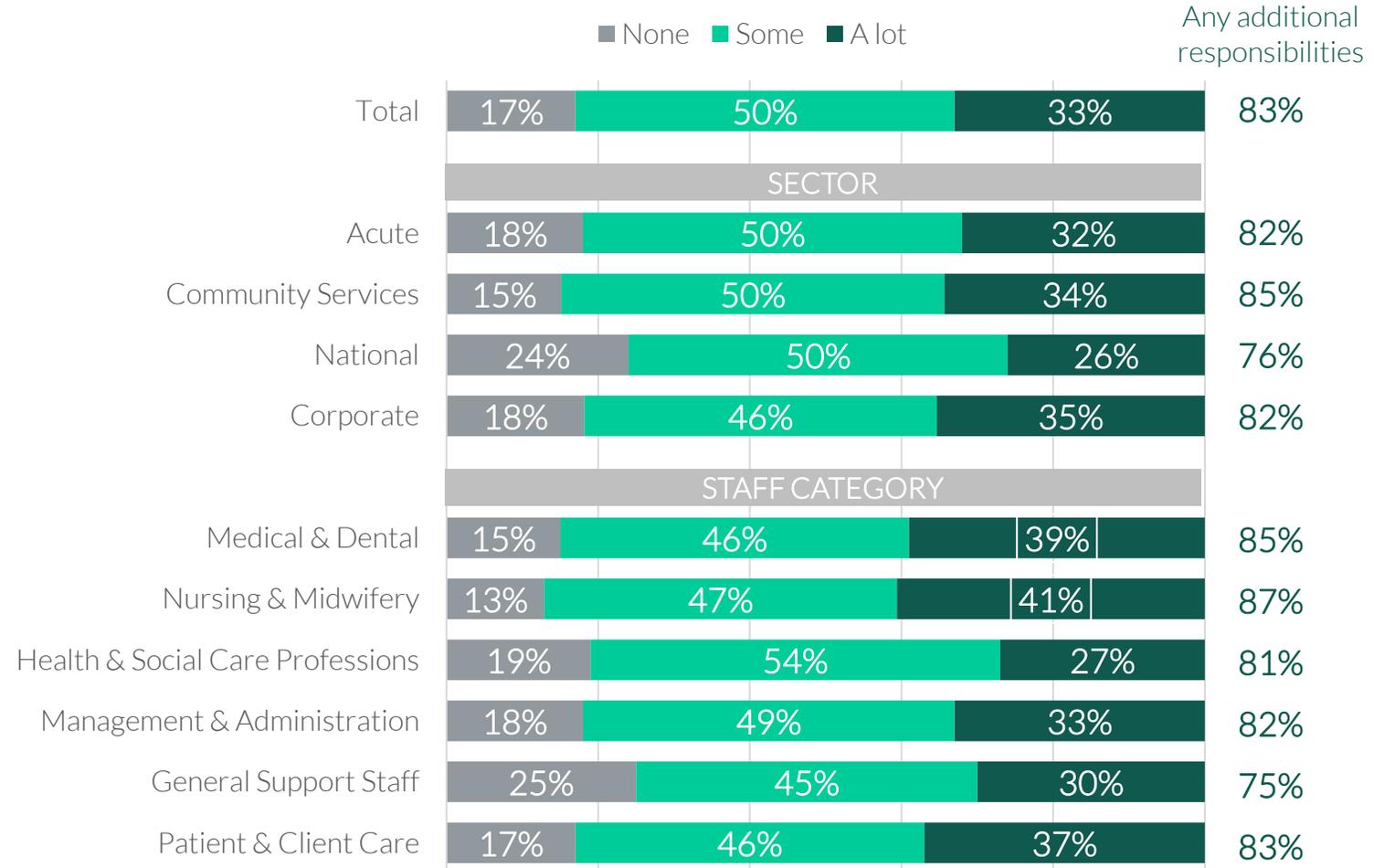
Nearly all staff (84%) are satisfied with their contributions made in the workplace during the COVID-19 period.

# Taking on Additional Responsibilities During COVID-19

The majority of all staff groups report taking on additional responsibilities in their workplace during COVID19, with 1 in 3 taking on 'a lot' more responsibilities.

Nursing & Midwifery staff and Medical and Dental staff were the most likely to have taken on 'a lot' of additional responsibilities - 2 in 5 doing such.

Taking on additional responsibilities x sector & category

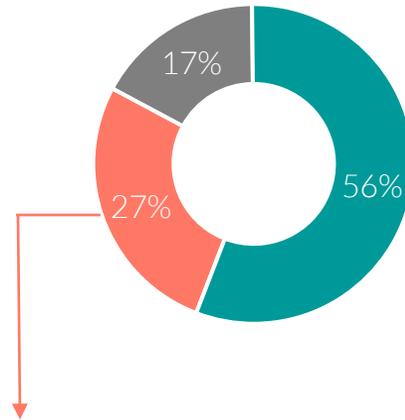


Over half of staff reported that they were involved in decision making and planning.

However, over a quarter of staff stated that they were not involved. This is highest among those who were re-deployed to another location and among those who are working in the Health Sector <10years.

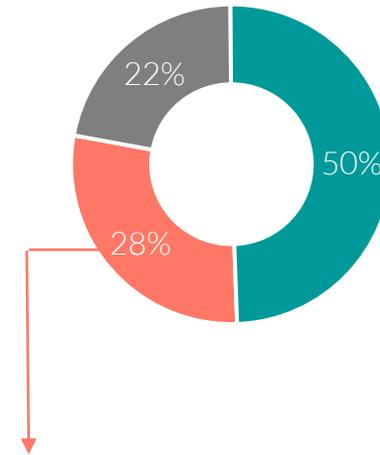
## Involvement in Decision Making

*I was involved in decisions that affected me in my work*



Total disagree	
Temporarily redeployed another location	36%
Temporarily redeployed within my normal site	27%
Working remotely from home	16%
Working in the Health Sector - up to 2yrs	28%
<b>Working in the Health Sector - 3-10yrs</b>	<b>33%</b>
Working in the Health Sector - 10yrs+	24%

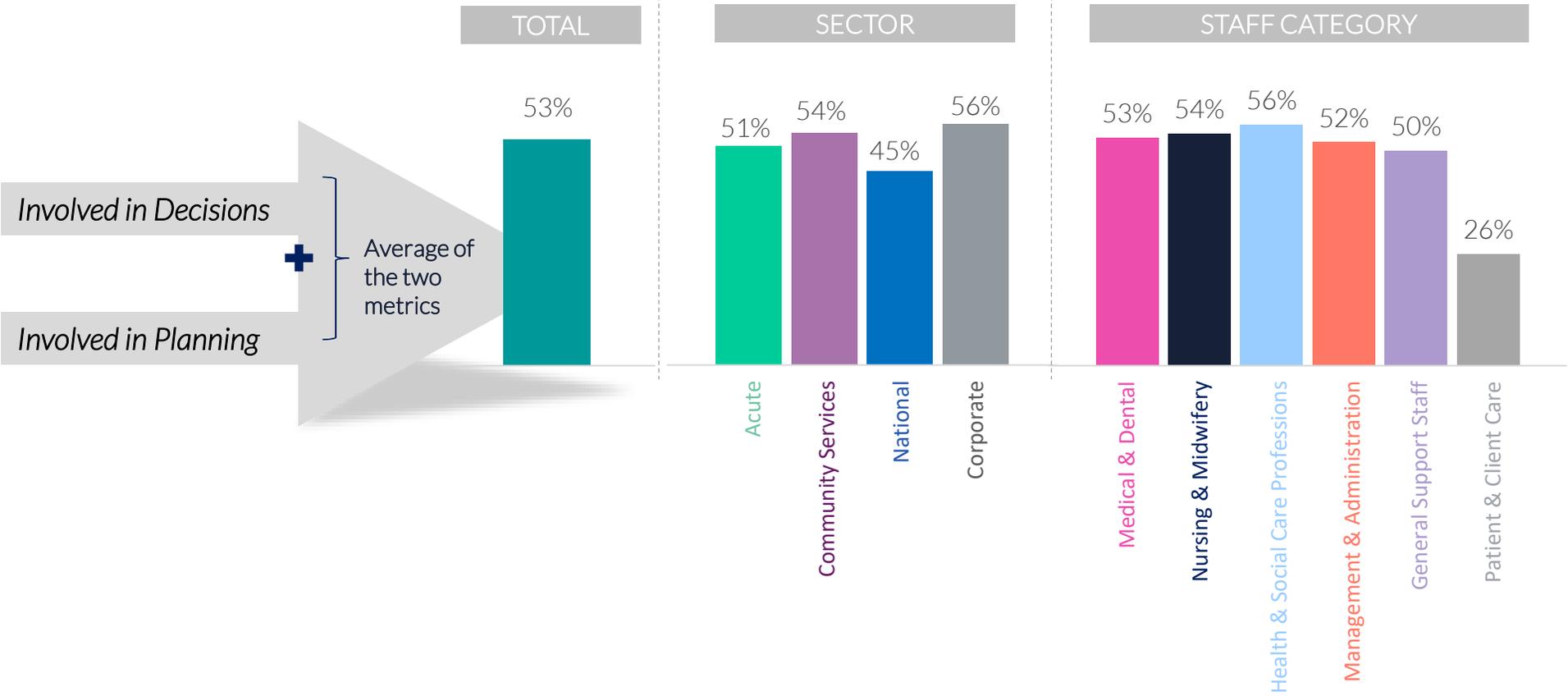
*I was involved in the planning of new services in my role*



Total disagree	
Temporarily redeployed another location	34%
Temporarily redeployed within my normal site	28%
Working remotely from home	22%
<b>Working in the Health Sector - up to 2yrs</b>	<b>33%</b>
<b>Working in the Health Sector - 3-10yrs</b>	<b>34%</b>
Working in the Health Sector - 10yrs+	27%

# Involvement in Decision Making & Planning x Sector and Category

Patient & Client Care and those in the National Sector were less likely to state they were involved in decision and planning in their role.

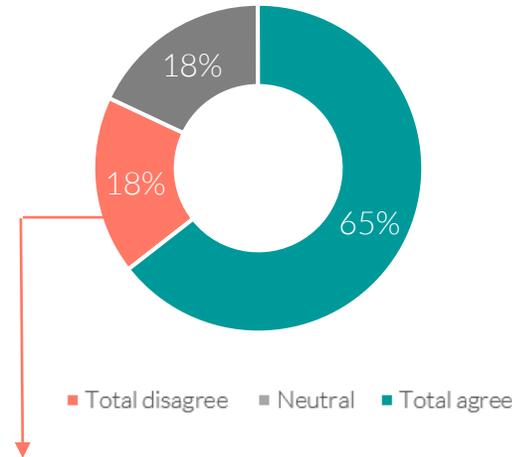


## Opportunity to Contribute

Nearly two thirds of staff reported that they had the opportunity to contribute as much as they wanted to.

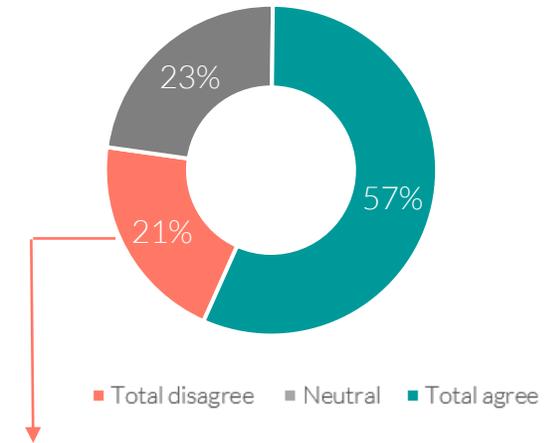
1 in 5 staff reported that they did not have an opportunity to contribute as much as they wanted to. This is highest among those working in the health service 3-10yrs tenure.

*I was able to make suggestions to improve the working of my team/ department*



Total disagree	
Temporarily redeployed another location	21%
Temporarily redeployed within my normal site	19%
Working remotely from home	12%
Working in the Health Sector - up to 2yrs	17%
<b>Working in the Health Sector - 3-10yrs</b>	<b>22%</b>
Working in the Health Sector - 10yrs+	17%

*I was given the opportunity to make as much of a contribution as I wanted to during the COVID-19 response effort*



Total disagree	
Temporarily redeployed another location	23%
Temporarily redeployed within my normal site	20%
Working remotely from home	14%
Working in the Health Sector - up to 2yrs	19%
<b>Working in the Health Sector - 3-10yrs</b>	<b>24%</b>
Working in the Health Sector - 10yrs+	20%

# Opportunity to Contribute x Sector and Category

Patient & Client Care and those in the National Sector were less likely to have had the opportunity to contribute as much as they wanted to during the COVID-19 period.

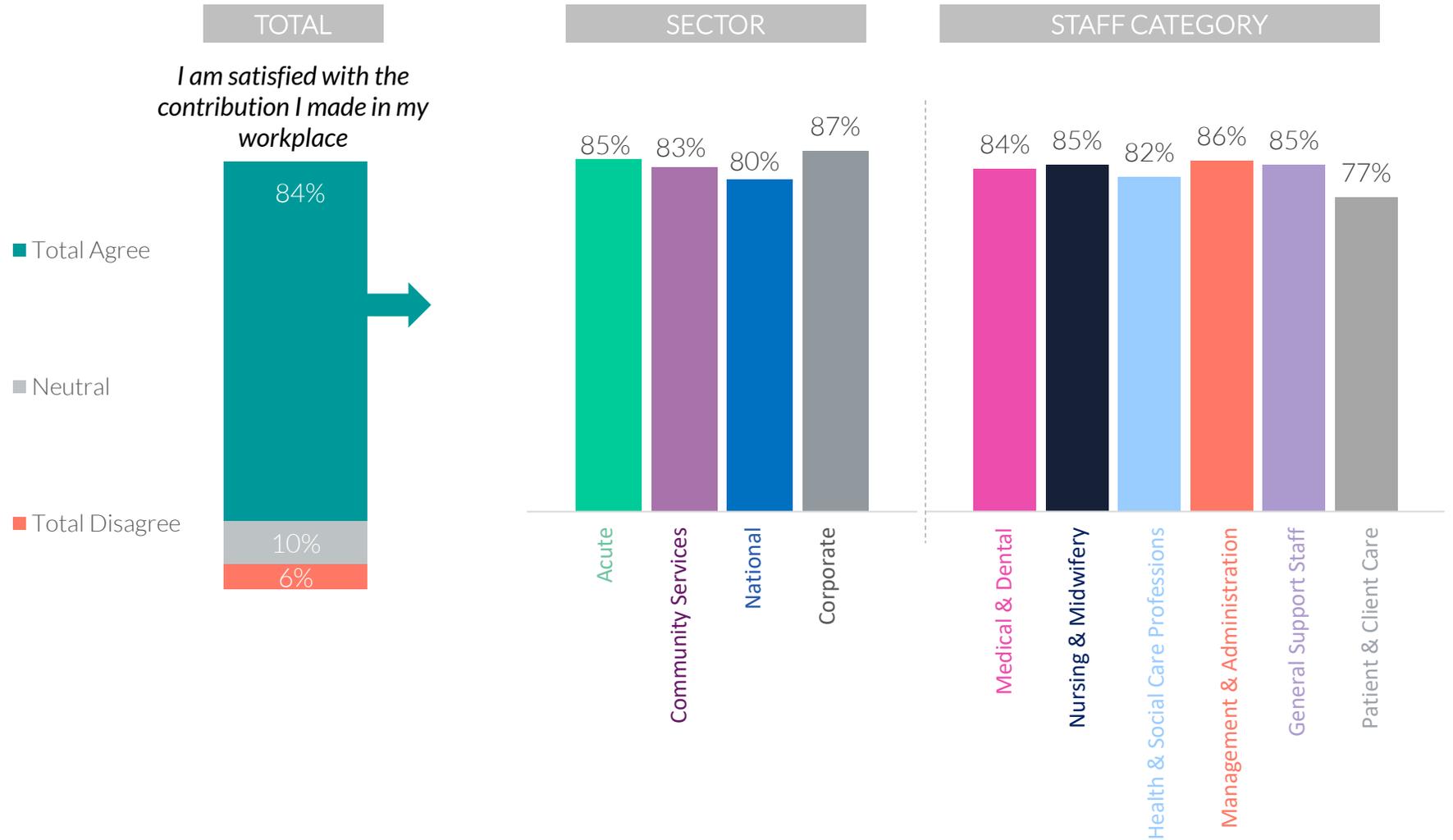
The Corporate sector feel most positive about their ability to contribute during COVID-19.



# Satisfaction with the level of contribution made

Despite the differing levels of responsibility, involvement and opportunity to contribute, nearly all staff (84%) agree that they are satisfied with their contributions made in the workplace during the COVID-19 period.

Recognition for this would be appreciated.



# Involvement & Contribution - Summary

## What worked well

There was a clear willingness to take on extra responsibility. Get involved in decision making and contribute

## Where do we need to focus

Going forward, there is a balance to be struck to ensure that staff are aware they can and motivated to take on more (to feel involved, trusted etc) but that controls and processes are in place to ensure staff are recognised and not overburdened.

# Support and Direction

Over half of staff reported that they felt supported, safe and in control in the workplace

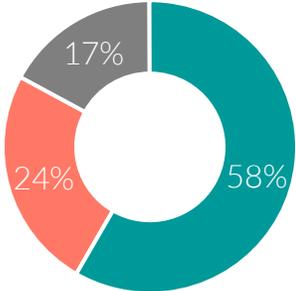
# Feeling Supported, Safe & In Control in the Workplace During COVID-19

Over half of staff reported that they felt supported, safe and in control in the workplace.

But over a quarter disagree. Those who had f2f interactions with the public have significantly lower levels of agreement (vs. those who had no f2f contact with the public).

## Feel Supported

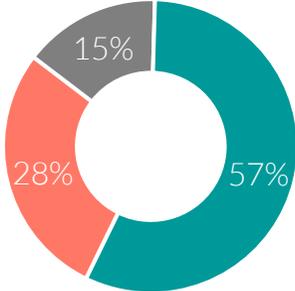
*I am satisfied with the support I have received from my manager in relation to my general health and wellbeing*



■ Total disagree ■ Neutral ■ Total agree

## Feel Safe

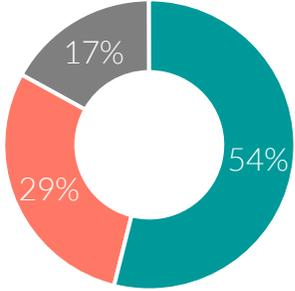
*I am satisfied with the implementation of safety measures and processes to prevent the spread of COVID-19 in my workplace*



■ Total disagree ■ Neutral ■ Total agree

## Feel in Control

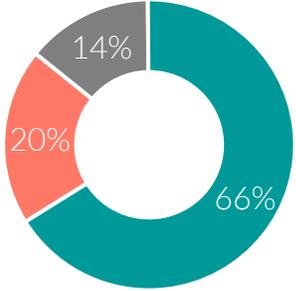
*I was able to manage the balance of my work and personal responsibilities*



■ Total disagree ■ Neutral ■ Total agree

## Have Clarity

*I was clear on what was expected of me in my role*



■ Total disagree ■ Neutral ■ Total agree

# Feeling Supported, Safe & In Control in the Workplace x Sector (% total agree)

The Corporate sector generally had the highest levels of positive opinion, Acute and the community sector have the lowest.

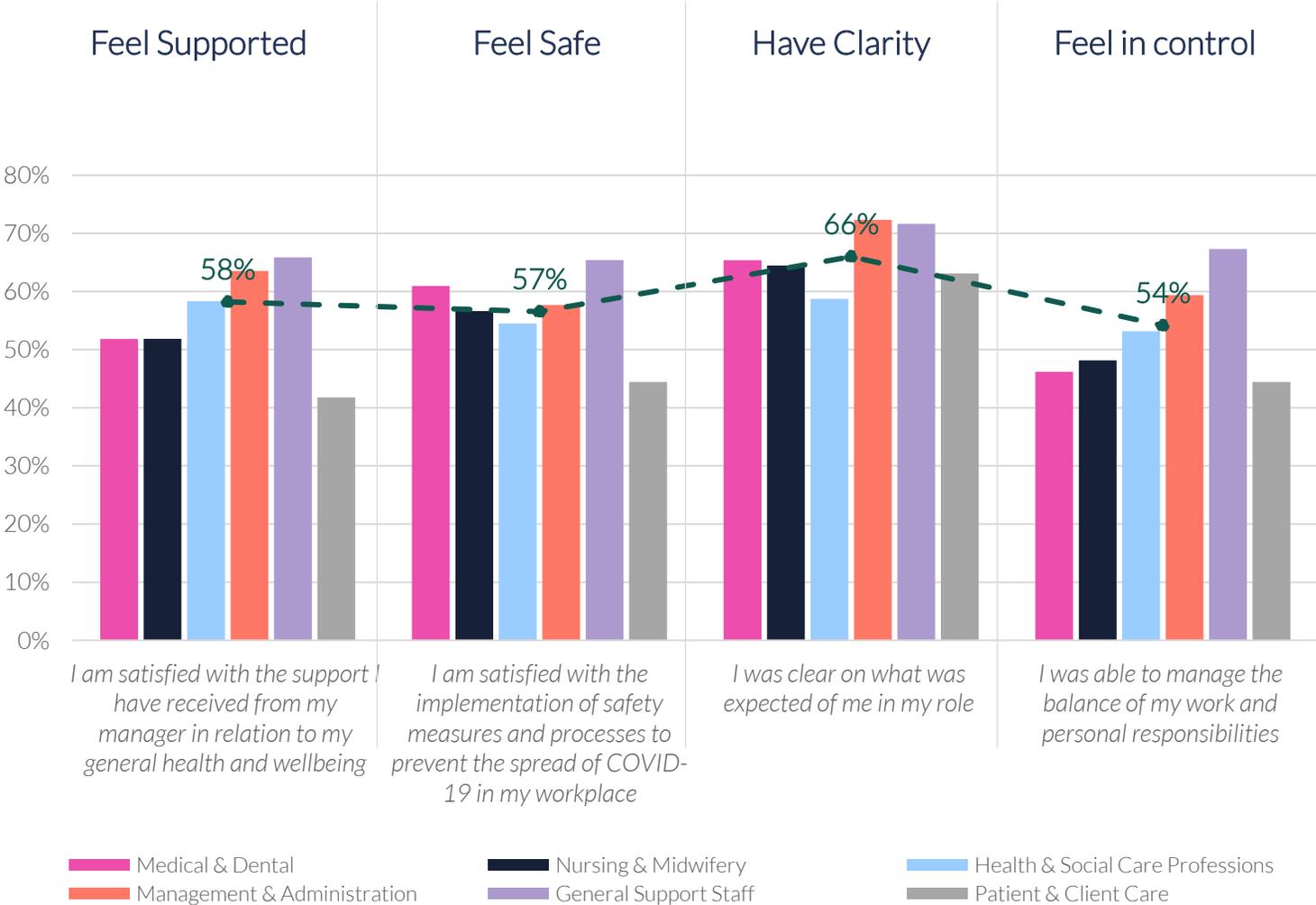


# Feeling Supported, Safe & In Control in the Workplace x Staff Category (% total agree)

General Support Staff and Management & Administration generally had higher levels of positive opinion.

Those in Patient & Client care had the lowest level of agreement – at the coalface, reporting less direction and support from management.

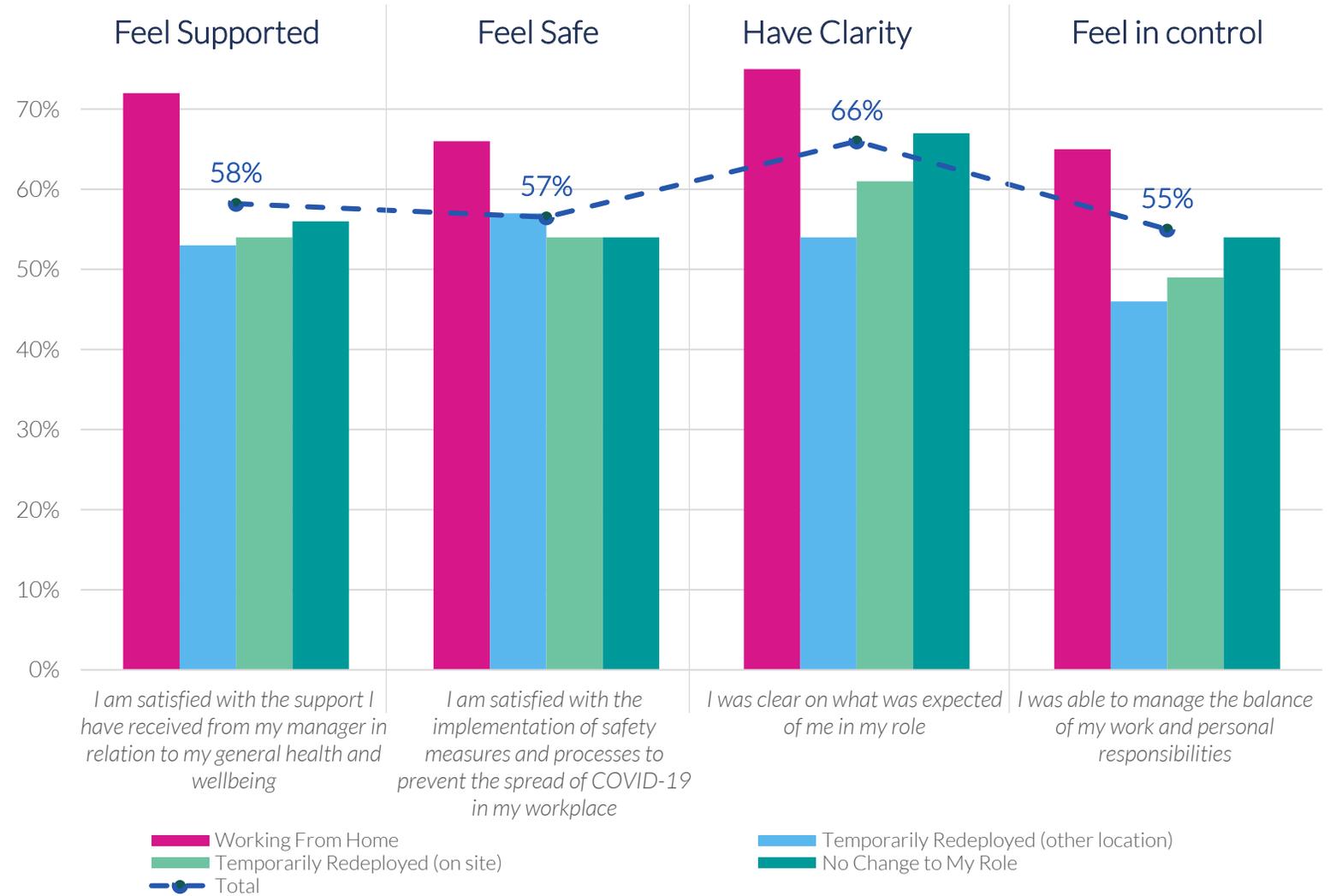
Key areas for improvement include staff support for health and wellbeing as well as work/life balance.



# Feeling Supported, Safe & In Control in the Workplace x Work Set-Up

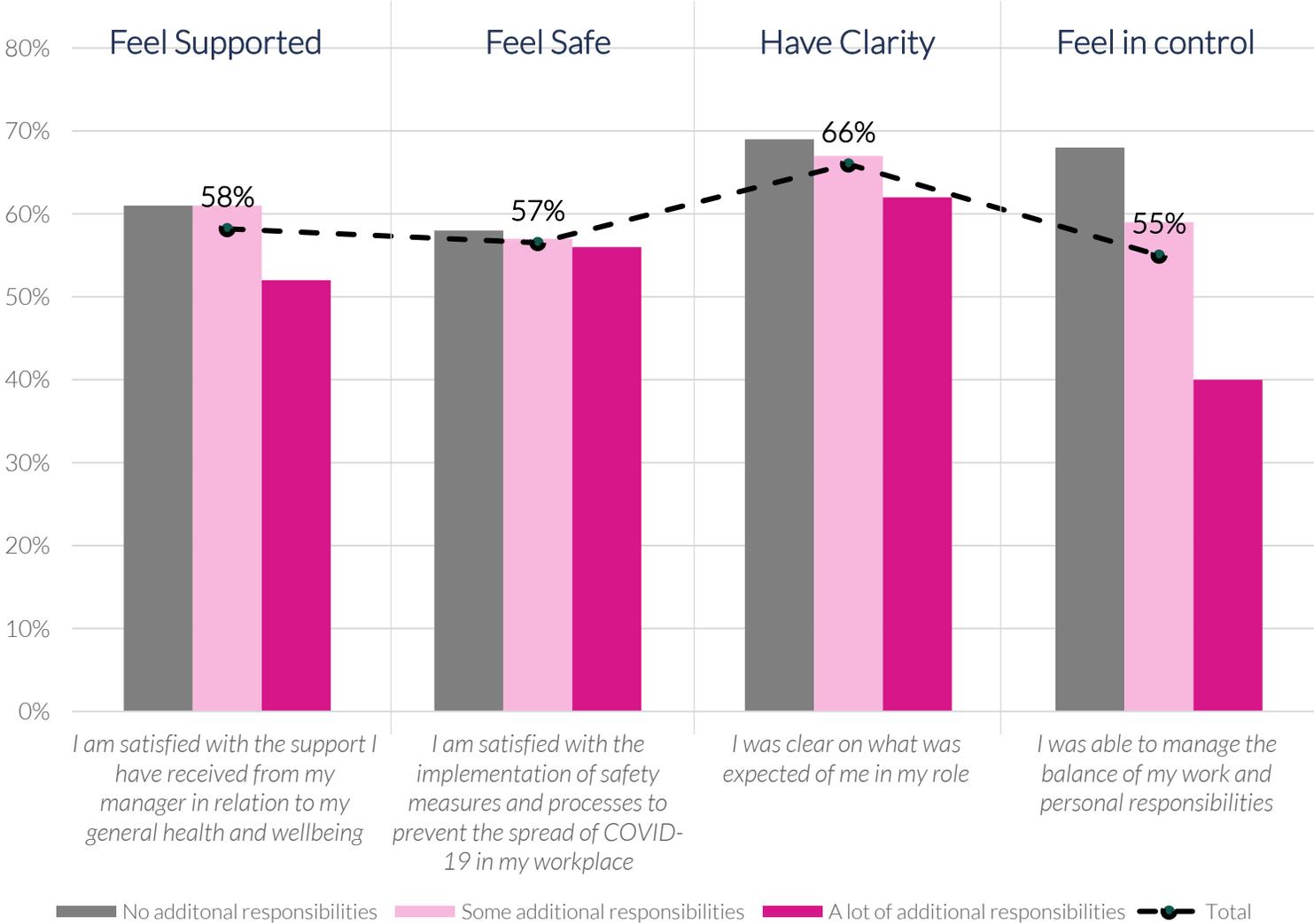
(% Total Agree)

Those who could work from home report feeling significantly more supported, safe, clear and in control than those who had no change to their role or those who were redeployed.



# Feeling Supported, Safe & In Control in the Workplace x Those Who Took on Extra Responsibility

Those who took on a lot of additional responsibilities were less likely to report feeling supported, clear and in control than those who took on some or no responsibilities.



## What worked well

Over half of staff reported that they felt supported, safe and in control in the workplace, this is highest among those in the Corporate and National sectors.

Those that had the ability to WFH were significantly more positive vs. those who couldn't – feeling protected, and reporting a better work-life balance.

## Where do we need to focus

Key areas for improvement include staff support for health and wellbeing as well as work/life balance – especially among those within the Acute sector, and those in Patient and Client care.

# Workplace Culture

Staff feelings on workplace culture are mixed overall.



# Internal Workplace Culture During COVID-19

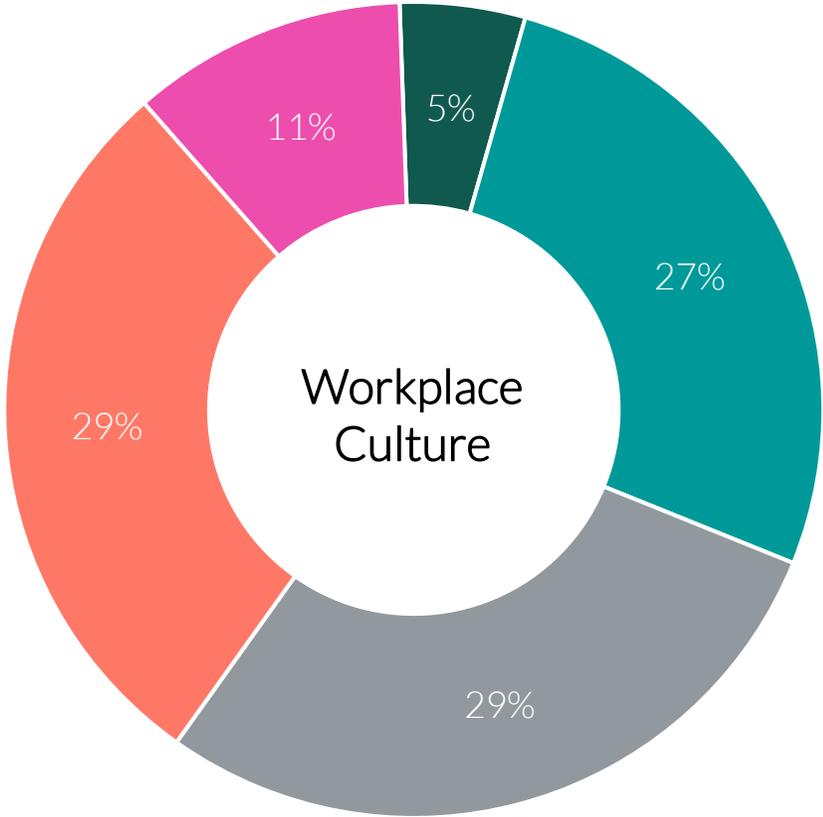
Staff feelings on changes in workplace culture during COVID-19 are mixed overall.

3 in 10 felt their workplace culture positively changed during the peak of the pandemic, while 4 in 10 felt their workplace culture had negatively changed.



- Much more positive
- Somewhat more positive
- No change
- Somewhat more negative
- Much more negative

Changes in Internal Workplace Culture



# Internal Workplace Culture During COVID-19

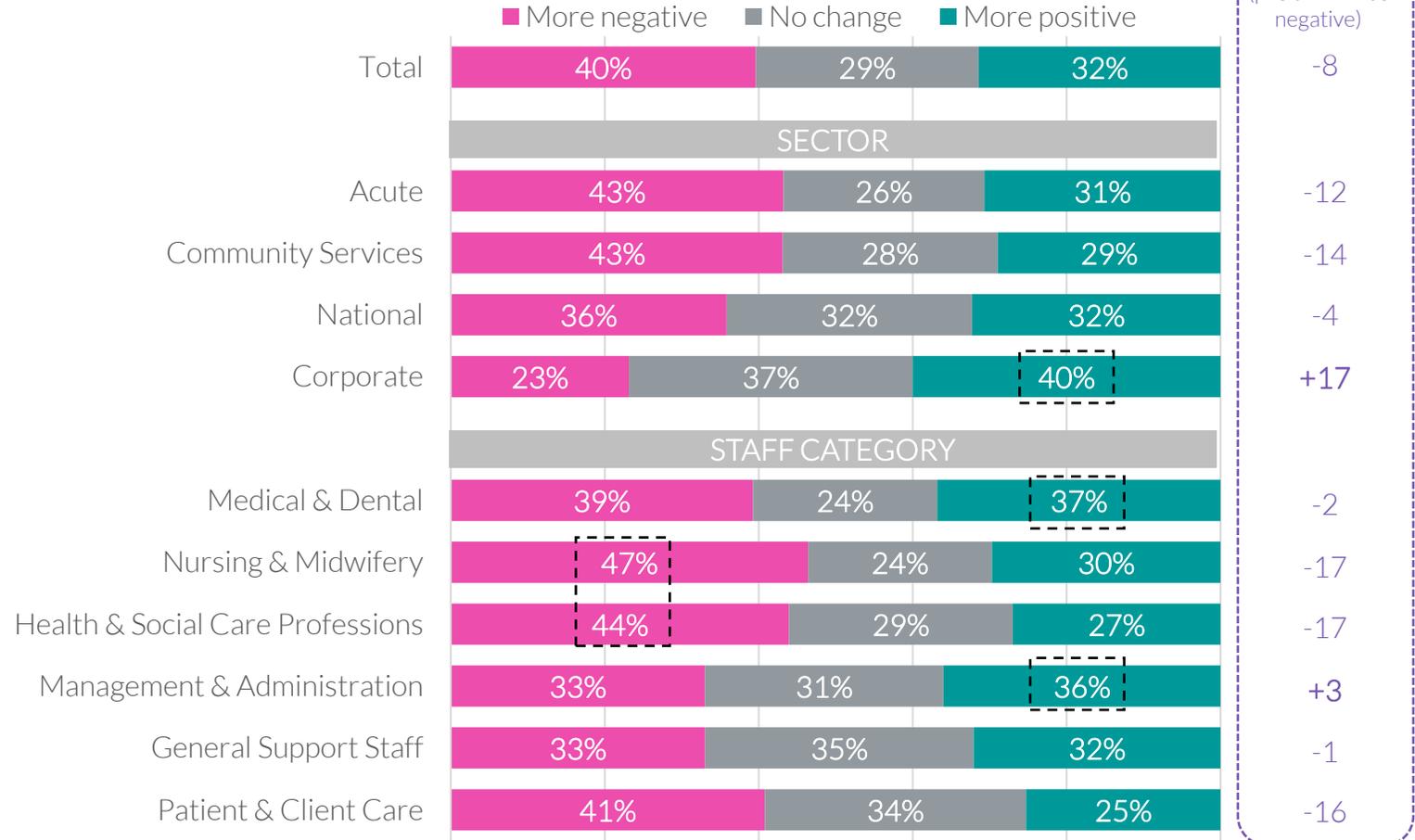
There was a mix of feelings about culture change, some changed some unchanged.

Those in Nursing & Midwifery and Health & Social Care professions, were most likely to have experienced a negative change in workplace culture during COVID-19.

A positive change in workplace culture was felt strongest within the Corporate sector and amongst Management & Administration staff.

This will be explored further in the qualitative phase, a sample of the comments from staff can be found on the next couple of slides.

Internal Culture change x sector & category



Culture Sentiment Score (positive minus negative)

## Medical & Dental

More cohesion and collegiality.

*"All staff worked together to improve our conditions"*

*"Most of my colleagues were re-deployed and 2 teams of dental left to maintain a dental emergency clinic for the whole county - we worked together so well and I felt even though we were under pressure at times we supported each other"*

*"Comradery and willingness to work together - all members of staff - was uplifting. The willingness of everyone to get involved and help problem solve provided solutions to most of the issues in one afternoon."*

## Management & Administration

The acceptance of working from home, feeling closer to the team, and improved support.

*"Because most interaction is now online, I actually feel less isolated from my colleagues in other parts of the country"*

*"Working from home a few days a week allowed me a better work life balance and I would like this to continue"*

*"Staff are more flexible and adaptable to change and managers more willing to delegate responsibility"*

## General Support Staff

Use of technology (e.g. virtual meetings) has led to a better team dynamic and work life balance.

*"Better team work, better communication, better atmosphere"*

*"The ability to work remotely from home improved, reduction in the amount of unnecessary meeting"*

*"Web based tools have been used to maintain good communication between staff, new approaches and solutions have been found to allow working but this fresh thinking has had benefits throughout our organisation"*

Note: Verbatims are a sample of positive comments and are not intended to represent the views of all staff categories.

## Nursing & Midwifery

A key issue was the perceived return of the hierarchical environment, leading to poor communication and weakened team morale and engagement.

*"Teams are fractured, Unequal approach, Nurses have carried others"*

*"Much more hierarchical environment, Bullying and lack of transparency the norm again"*

*"Poor communication, it has been top down and authoritarian with no engagement with those managing the daily challenges"*

## Health & Social Care

Changes to how and where people worked caused conflict and an 'us vs. them' dynamic emerged

*"Splitting into two teams for social distancing eventually created an us and them mentality"*

*"Redeployment of some staff while others on higher payscales worked from home, but did not engage in their clinical work"*

*"Choosing not to be in the office on the same level of frequency as some of my colleagues has resulted in "smart" comments about the "doss" job in working from home."*

## Patient and Client Care

Perceived lack of care or understanding and absent management caused friction.

*"Returning retirees given significant positions of authority over existing competent staff implying they cannot do the job"*

*"No support from the management structure who put my life at risk."*

*"The lack of understanding that we have worked throughout the whole pandemic and are now expected to catch up with our own jobs is just terrible. The HSE just don't care. The moral of all staff is at an all time low."*

Note: Verbatims are a sample of negative comments and are not intended to represent the views of all staff categories.

# Reaction to The HSE

There is positive opinion from staff towards the HSE's handling of COVID-19, both now and into the future.

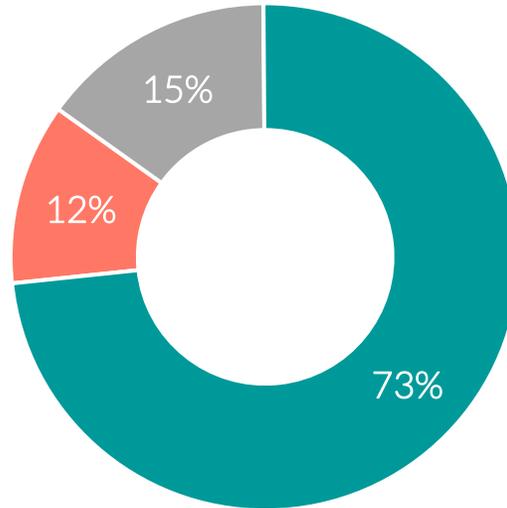
# Satisfaction & Confidence in the HSE

Overall; there is positive opinions from staff towards the HSE's handling of COVID-19, both now and into the future.

Three quarters agree that they are satisfied with the HSEs handling of the situations to date, with slightly less having confidence in their ability to manage COVID-19 going forward.

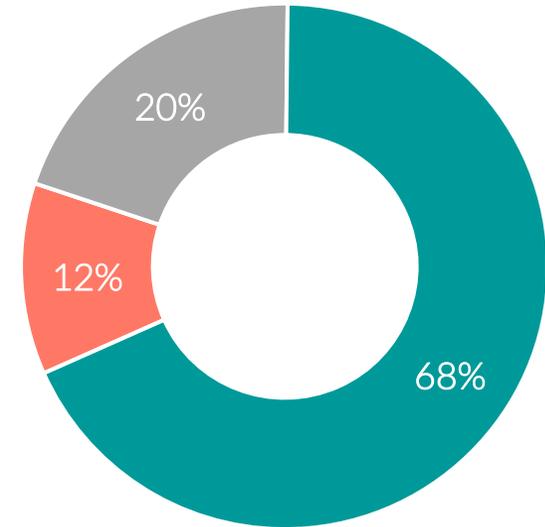
These findings mirror the general public perceptions – in the latest survey of the public, 77% of people say they approve of how the HSE have handled the covid-19 outbreak.

*I am satisfied with the HSE's approach to managing the COVID-19 pandemic to date*



■ Total disagree ■ Neutral ■ Total agree

*I have confidence in the HSE's ability to manage the COVID-19 pandemic into the future*



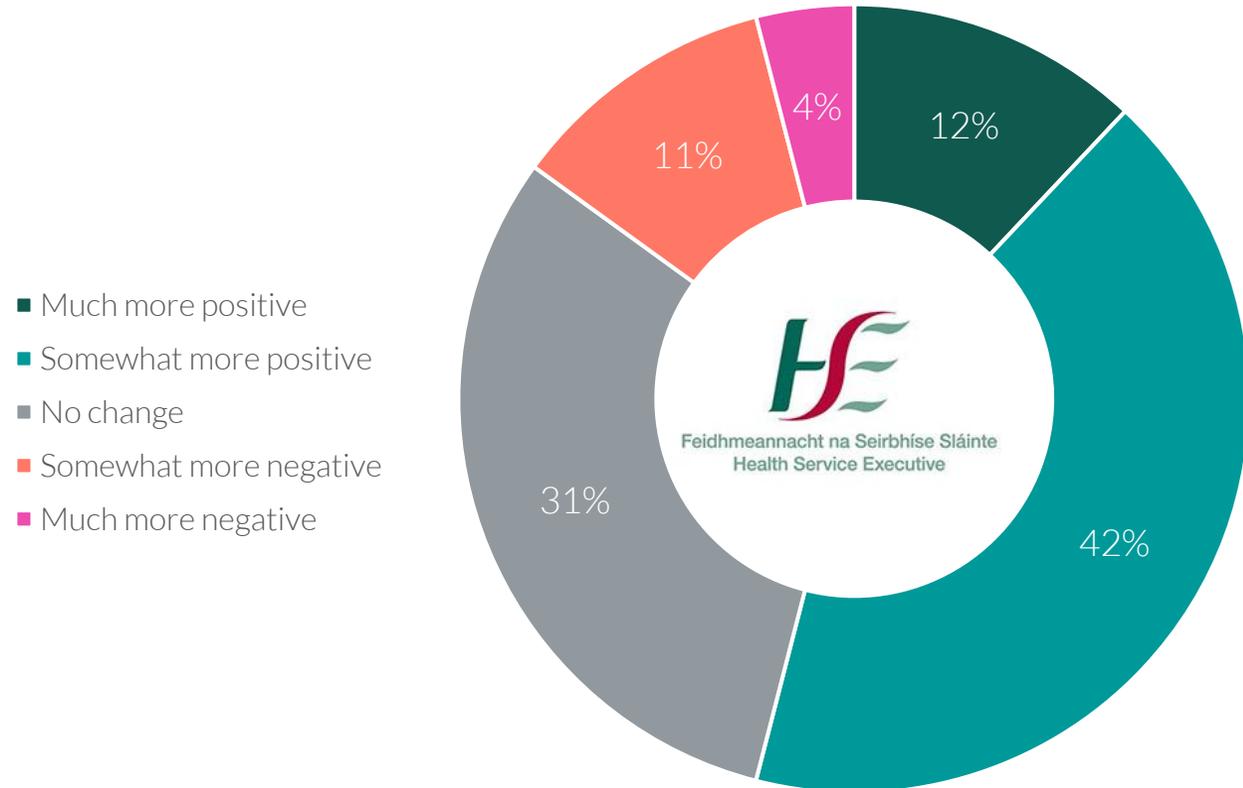
■ Total disagree ■ Neutral ■ Total agree

# How Opinions Of The HSE Changed Since COVID-19

There have been positive shifts in staff opinions of the HSE since the beginning COVID-19, with over half now feeling more positive towards the organisation.

Negative changes in opinions are minimal at just over 1 in 7.

Opinion of the HSE x Total

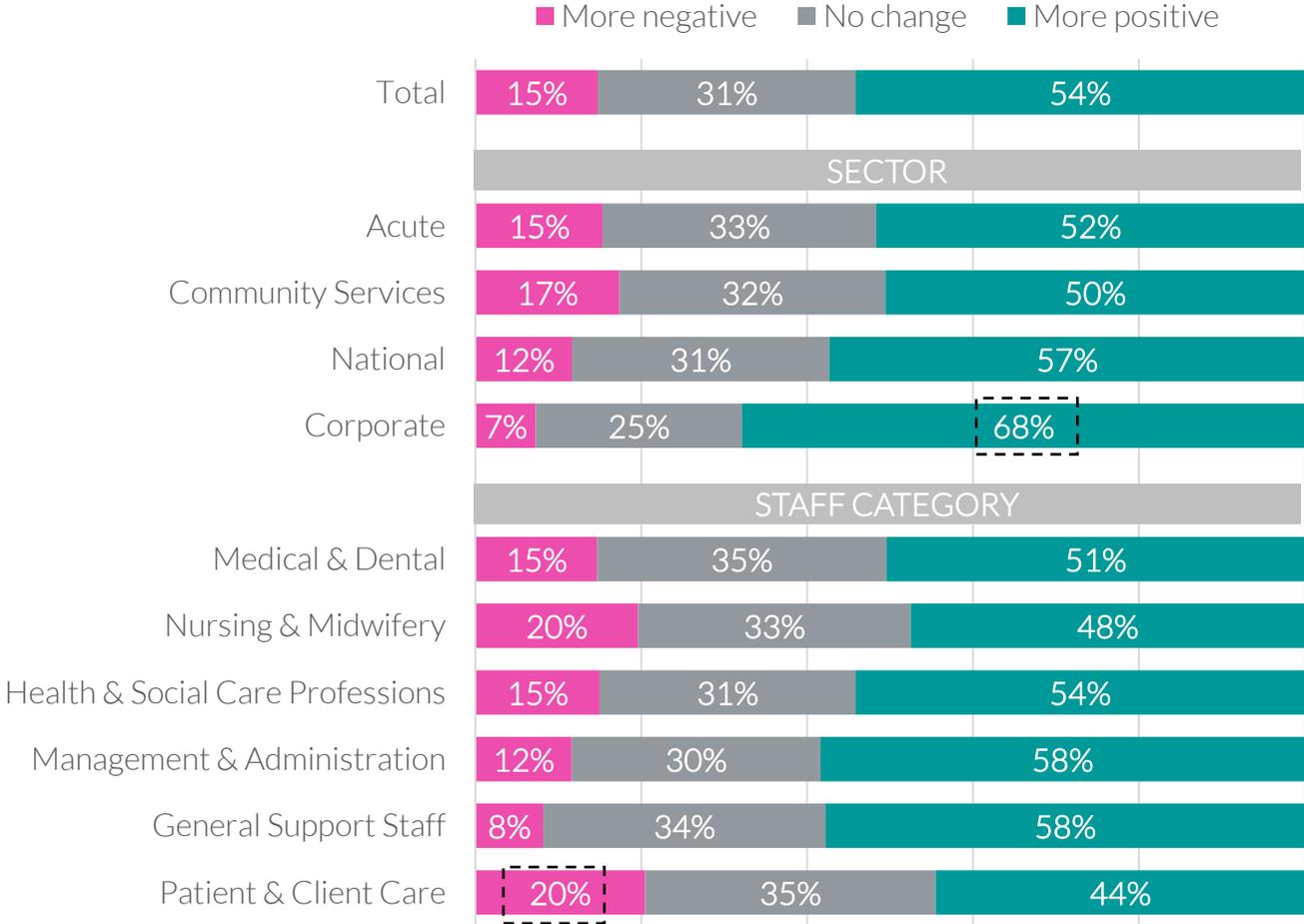


# How Opinions Of The HSE Changed Since COVID-19

The Corporate sector are more likely to have more positive opinions of the HSE since the beginning of COVID-19.

Meanwhile, Patient & Client Care workers are more likely to hold negative opinions of the HSE since COVID-19 began. Perhaps this is an area for further investigation within qualitative groups.

Opinions of HSE x sector & category



# What Did / Didn't Work & Future Improvements

A deep dive of into the six staff categories

We asked staff to tell us what worked well, what didn't work so well and what practices and processes should the HSE retain as a result of the Covid-19 pandemic, and how should they evolve services and ways of working over the months ahead.

There were broad common themes that emerged across the six staff category groups.

However, we know that for each department there are specific challenges and opportunities.

For this section we deep-dived the data for each staff category to get a clear understanding.

This should help direct the next phase of research and the actions to be taken.

Note: Feedback was broadly positive and constructive, with many staff focusing on what needs to improve or change going forward.

1. Medical & Dental

2. Nursing & Midwifery

3. Health & Social Care

4. Management & Admin

5. Patient & Client Care

6. General Support Staff

1. Medical & Dental

# What Did / Didn't Work & Future Improvements

# Medical & Dental Staff – Stop, Start, Continue

## What Didn't Work Well

Medical & Dental staff have felt the burden of the pandemic.

### Top three issues:

1. Confusion about redeployment
2. Unclear guidelines in how to manage and prevent the spread of COVID-19 while still completing work
3. Working on the frontline during a period of crisis these staff are also notably exhausted following a period of stress and high workloads.

## What Did Work Well

Medical and Dental staff saw positive changes.

### The positive changes:

1. Improved teamwork and togetherness in their workplace.
2. Improved interdisciplinary and inter-department collaboration
3. Better hygiene adherence and infection control procedures
4. Introduction and use of tele-health and phone consultations

## What Do We Need to Start / Improve?

1. Due to increased pressures and the inability of certain staff members to work during the pandemic, staffing is the key area to be addressed.
2. This is followed by infrastructural changes to allow for social distancing, as current infrastructure was not designed with this in mind.
3. Improvements in communication are necessary via increased transparency, clearer guidelines and increased opportunities for feedback.
4. There is also opportunity to provide increased supports to staff such as childcare supports, or mental health supports to negate the effects of isolation.

## What Do We Need to Maintain?

1. Staff feel their role and effort needs even more appreciation by senior management. Their value need to be recognised when looking at the provision of healthcare in Ireland, recognition of this would go some way to ensure staff are listened to and the positive changes they have experience during COVID-19 are retained.
2. COVID-19 highlighted the staff and funding shortages in the health system, yet many saw that when there was a need, extra resources and staffing could be supplied. The equip the health service going forward, this investment must remain.

2. Nursing & Midwifery

# What Did / Didn't Work & Future Improvements

## What Didn't Work Well

Nursing & Midwifery staff have also felt the burden of the pandemic.

### Top three issues:

1. Again, being on the front lines resulted in issues with regard to staffing and redeployment.
2. Increased workloads with lower staffing levels resulted in additional burdens and stress on staff and services, while social distancing guidelines were difficult to implement within restricted physical environments.
3. The rapid pace of the pandemic and constant changing updates in guidelines and protocols led to confusion among this staff group

## What Did Work Well

### The positive changes:

1. The increased staff camaraderie during COVID-19 was seen as a real positive amongst nurses and midwives.
2. Their workplace also benefitted from a stronger focus of hygiene/ infection control
3. in some areas there was more staff on the frontline.
4. Equipment that may have been needed for years, was supplied promptly.

## What Do We Need to Start / Improve?

1. Communication is a key issue for Nursing & Midwifery, in accordance with increased on-the-ground work and difficulties with widespread communications due to social distancing requirements and lack of mass communication infrastructure.
2. This group highlight the need for more clear and concrete instruction from the top down,
3. A call for additional supports throughout the crisis – particularly in relation to mental and emotional wellbeing.
4. A minimum level of staffing is needed to ensure workloads remain manageable and patient care is the key focus.

## What Do We Need to Maintain?

1. More staff feedback/ input in decision making. The increased staff communications and engagement as a result of COVID-19 was appreciated by staff. It meant they felt informed to their job and involved in a collective effort and in decision making. Going forward, nurses and midwives feel this positive engagement needs to be continued.
2. Similar to medical and dental staff, COVID-19 highlighted the staff shortages in the health system, yet many saw that when there was a need, extra resources and staffing could be supplied.
3. Continue to embrace technology/improve ICT systems

3. Health & Social Care

# What Did / Didn't Work & Future Improvements

## What Didn't Work Well

### Top three issues:

1. Service closures and redeployment has resulted in an increase in staff on some sites, causing issues when trying to maintain social distancing.
2. A reliance on ICT has been difficult, particularly for services which rely on physical assessments.
3. This shift towards online communication has also had an effect on communication, with some staff feeling out of the loop.

## What Did Work Well

### The positive changes:

1. Health and Social Care staff were positive about how their teams came together during COVID-19.
2. The option to work from home and the adoption of more flexible working practices has facilitated a better work/ life balance.

## What Do We Need to Start/Improve?

1. Investment in staffing is needed. This helps with the provision of service to clients while also benefiting the staff in terms of managing caseloads.
2. Clarity and consistency in information received from the HSE is a key area for improvement. Staff call out for unified guidance to prevent confusion.
3. They call for this guidance to be delivered in simple language and for it to focus on action and instruction as opposed to information.

## What Do We Need to Maintain?

1. Continue with flexible working policies backed up with ICT improvement - Health and Social Care Staff were positive about the benefits working from home and how it improved their work/ life balance. These policies should be continued with and part of the "norm".
2. However, to enable staff to work remotely, there needs to be continued investment in HSE ICT capabilities to ensure staff can work as efficiently as possible.

4. Management & Admin

# What Did / Didn't Work & Future Improvements

## What Didn't Work Well

Contrary to those operating on the front line, Management & Administration were the most positive group in relation to the COVID-19 period (potentially related to increased ability to work from home due to nature of work).

Key issues:

1. adapting to new methods of communicating (particularly online)
2. the increased workload observed as a result of COVID-19.

## What Did Work Well

**The positive changes:**

1. Being allowed to work from home was a strong positive across management and administration staff - improved productivity and efficiencies.
2. While they were not in the same office, many felt teamwork and togetherness increased, facilitated by technology.

## What Do We Need to Start / Improve?

As mentioned recommendations and inputs to the future were minimal, as this staff group appeared to be affected least by COVID-19 due to the nature of their work.

Key areas for improvement mentioned

1. Better ICT and IT support.
2. Better communication.
3. Increased opportunity for staff input.

## What Do We Need to Maintain?

1. **Working from home** - Management and Admin staff saw many benefits of working from home, with many stating this should always have been the policy. They have a strong desire to see this policy remain as they saw improvement to their work/ life balance and to the productivity and output. Being trusted to work effectively while at home was very important and they wish for this trust to continue.
2. **Open and frequent communication** many management and admin staff felt the increase in engagement and comms helped keep their team informed and together. If more continue to work from home, it is crucial to ensure they are 'in the loop' as much as someone in the office.

5. Patient & Client Care

# What Did / Didn't Work & Future Improvements

# Patient & Client - Stop, Start, Continue

## What Didn't Work Well

### Top three issues:

1. Poor Hygiene / Infection Control: Due to a high level of interaction with the public and those who have been infected, staff report discontent with the lack of staff testing to manage the spread of COVID-19.
2. Poor Management of Resources: Supply, quality and effectiveness of PPE was highlighted as a significant issue for this group.
3. Poor Communication : Patient and Client Care express confusion and frustration with information and instruction detailing how to manage COVID-19 cases

## What Did Work Well

### The positive changes:

1. Teamwork: Working together as a team to support each other and patients.
2. Building and vehicle cleaning: Better housekeeping and vehicle cleaning facilities meant infection control was adhered to.

## What Do We Need to Start / Improve?

1. Better / Increased Resource Allocation: As previously noted, access to quality PPE is a key issue for this group.
2. Better Infection Control / Increased COVID-19 Testing: Suggestions for increased guidance and monitoring of infection control procedures is suggested. Increased testing among this personnel is suggested.
3. Increased Input from Staff: Staff call out the relevance of their experience and insight for future planning. Including opportunities for staff voices to be heard may have a knock-on effect on morale, as staff can then feel part of the solution.

## What Do We Need to Maintain?

1. More Open Staff Communications & Engagement :Staff highlight a desire to be involved in the response to COVID-19. They want to be informed of progress and feel as if they are making an impact. Staff want to be listened to, particularly when it comes to decisions which have a direct impact on them.
2. Continue with Changes Already Made It is acknowledged that the period of radical change is coming to a close, and staff have begun to adjust to their new working roles. They note that a shift in perspective is now required to focus on maintenance of these changes and to avoid complacency or reverting to old behaviours.

6. General Support Staff

# What Did / Didn't Work & Future Improvements

# General Support Staff - Stop, Start, Continue

## What Didn't Work Well

### Top three issues:

1. A division between those working 'on site' and others working remotely resulted in a negative internal culture.
2. Increased demands for IT infrastructure and support placed strain on workers.
3. For those working on-site, many found social distancing measures (particularly physical distancing) difficult to implement and monitor.

## What Did Work Well

### The positive changes:

1. Staff who were able to work from home reacted positively to this change.
2. Many reported an increased awareness of physical hygiene and desire to adhere to these policies and procedures.
3. An overall culture of support and working together was reported aligning with societal culture surrounding the pandemic.

## What Do We Need to Start / Improve?

1. Staff call out the need to communicate more to reduce any divisions experienced between remote groups and those working on site.
2. Staff wish to play a part in the development of future plans within the HSE – both for current and future crises. They feel they have knowledge to share.
3. While there was an understood need to react quickly at the time of crisis, staff suggest a more planned and organised approach going forward, with opportunity to review and learn from the initial crisis stage.

## What Do We Need to Maintain?

1. Staff acknowledge that a period of radical change has taken place within the HSE, in light of uncontrollable events, and they are beginning to adjust to new working roles. The need for reinforcement of these changes, and reminders to maintain changes in place is necessary to overcome complacency.

Assessing Staff Experience during the Covid-19 Pandemic

# Recommendations & Next Steps

# Recommendations

## 1. Focus on Action over Information

While the majority of staff report that the volume of information received during the COVID-19 was appropriate, there is opportunity to improve and prevent misinformation and confusion.

Staff appeal for consistent guidance from senior levels, with a focus on clear actions and instructions.

## 2. Promote Increased Interaction with Managers

Staff report greater satisfaction in communication with colleagues than with managers, with 1 in 5 reporting dissatisfaction in communication levels with their managers.

Now is the time to recognise the hard work and effort from staff to date and ensure staff feel valued and trusted. We need to ensure staff are aware that they can be involved and contribute to decision-making & planning, going forward.

## 3. Promote Positive Workplace Culture

The majority of staff report taking on additional responsibilities and there are many reports of overwork and burnout. Division of staff between remote working and the front line alongside communication issues can lead to negative attitudes and opinions.

However, there are opportunities to reignite a sense of togetherness by refocusing on the shared goal of containment.

## 4. Maintain and Plan into the Long Term

Staff recognise that the period of immediate crisis is over, and the focus is now on maintenance and continuity.

However, staff are beginning to tire and upgrades to infrastructure (e.g. ICT, facilities) are required to continue into the long-term.

Investment in planning for the medium to long terms is required, and staff wish to be part of this process.

# Act & Implement - The Voice of Staff...

The is a clear appetite among staff who participated in the research to see the HSE act on the findings to improve and adapt the ways of working into the future.

*"It would be lovely to know that genuine concerns of staff on the ground were taken seriously + acted upon. Fantastic nurses working with the HSE - those who cancelled annual leave, parental leave etc. to ensure sufficient help + cover during real staff shortages. And it continues as workloads increase."*

*"Thank you giving us the opportunity to write a response rather than tick a box. I hope that responses will be read by management and acted upon"*

*"I think that the response of the HSE in general was excellent with staff rising to the challenge. The commitment across all staff was something that we should all be proud of as an organisation. A post action review should not be taken as a negative but as an opportunity to strengthen for the future"*

*"Very appropriate questions. A lot of change has occurred in the HSE since Covid-19. I would say there has been more change in this 3 month period (March-June 2020) compared to my 5 years working in the HSE therefore I think this survey is a good opportunity to review these changes"*

*"Please don't just treat this as a Political Exercise. So much can be learned from what happened and there is no excuse to repeat the mistakes made."*

*"Great to have the opportunity to provide feedback. I feel staff well being should be a priority of feedback as this impacts provision of services and potential future burn out"*