

Making a Difference: The Symbiotic Value of Workforce Wellbeing Research for Regulators

Marian O'Rourke, Director of Regulation & Standards,
Northern Ireland Social Care Council

Dr Paula McFadden, Senior Lecturer in Social Work,
Ulster University



**REGULATORY
RESEARCH
DAY**

May 3, 2023
Dublin, Ireland

Aims of this session

- To give an example of reciprocal reward, working in partnership between regulator and academic roles
- To explore the goal of evidencing workforce experience to inform regulators and employers about priorities
- To provide an example of successful regulator and researcher partnership: The UK HSC Workforce Study 2020-23

Northern Ireland Social Care Council



Our regulatory model seeks to understand our registrants and their work life demands in order to support them to meet their standards of conduct and practice, thereby helping to improve the experience for people who use their services

How can research assist regulators in their role?



“Could a greater miracle take place than for us to look through each other’s eyes for an instant?”

Henry David
Thoreau



Art by Molly McFadden

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Perspectives, Perceptions and Learning



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Researcher Perspective

Research Partnership with NI Social Care Council

“To examine the impact of working during and post-pandemic on health and social care workers in Northern Ireland and the UK”



Significant Role of Regulator in the Study

NI Social Care Council Registrants Access

Seed Funding

Advisory Panel


Study Methods

Data Collection

Survey:

- 
- Phase 1: May – July 2020
 - Phase 2: Nov 2020 – Feb 2021
 - Phase 3: May-July 2021
 - Phase 4: Nov 2021-Feb 2022
 - Phase 5: May-July 2022
 - Phase 6: Nov 2022-Jan 2023

Focus Groups



18 – front line, manager and HR

Measures

- Mental wellbeing (Short Warwick Edinburgh Mental Wellbeing scale)
- Quality of working life (Work-Related Quality of Life)
- Burnout (Copenhagen Burnout Inventory) – Phase 2 onwards
- Coping (Brief COPE; Clark et al.'s Coping with Work and Family Stressors Scale)

All Phases Social Worker Response by Country

England n= 1575

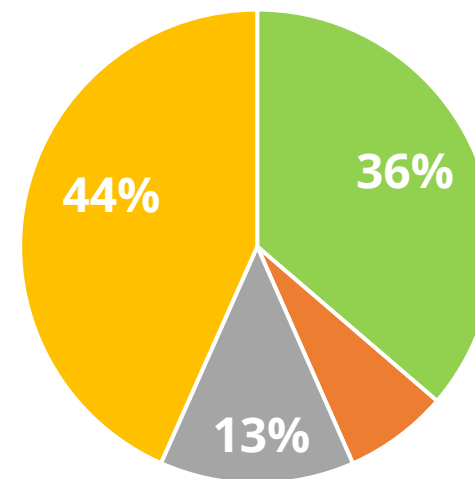
Scotland n= 308

Wales n= 576

N. Ireland n= 1881

TOTAL 4,340

Where do you currently work?
All Phase Social Workers



■ England ■ Scotland ■ Wales ■ Northern Ireland

2020-2023

Nov 2022 – January 2023

N = 406

83.3% Female

32% aged 40-49

71.9% worked in the community

54.2% worked in statutory Local Authority

41.4% worked with children

53.6% had 11-30 years of experience

34.5% were line managers

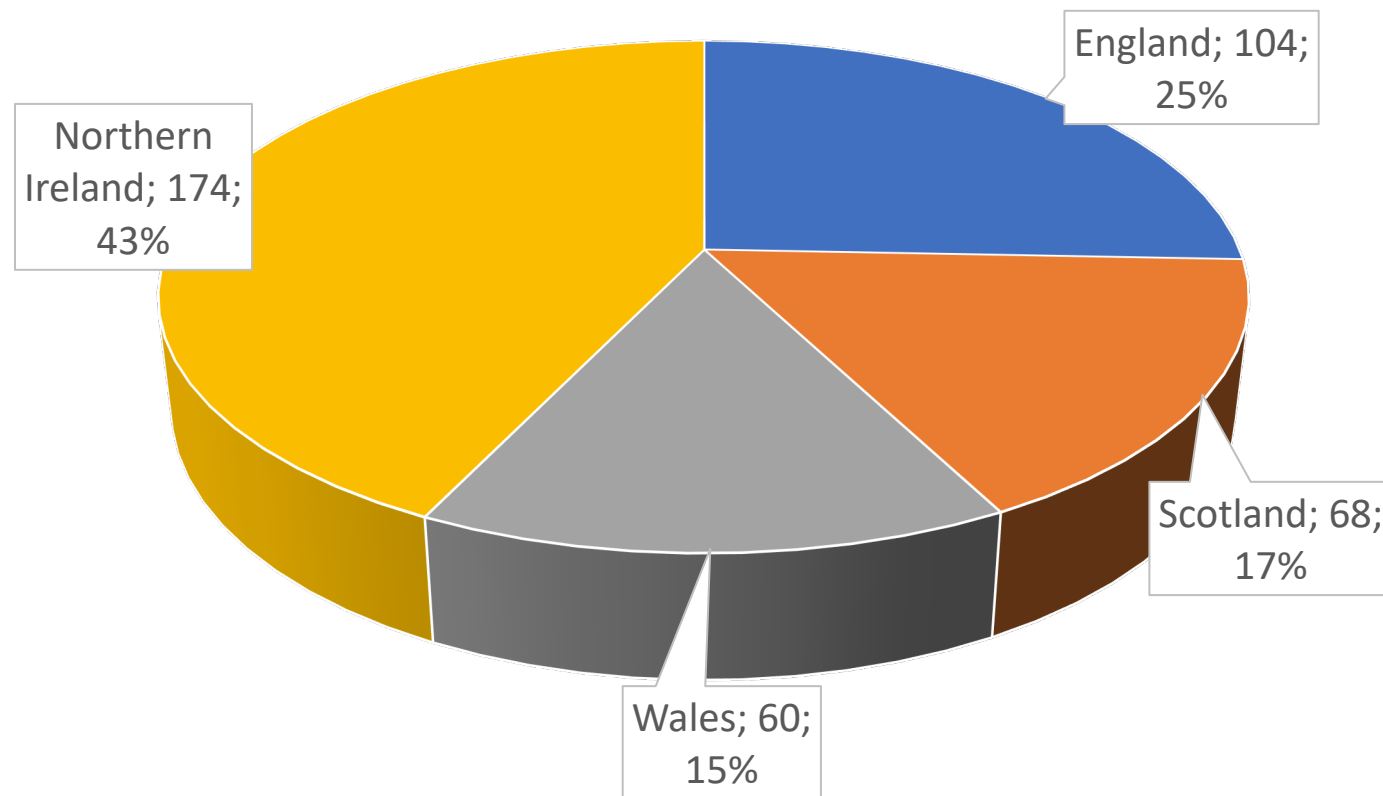
48.9% thought about changing their employer

36.2% thought about changing their occupation

64.7% believed service did not operate safe staff-to-service user ratios

Social Worker Demographics Phase 6

Number of Responses Per Country

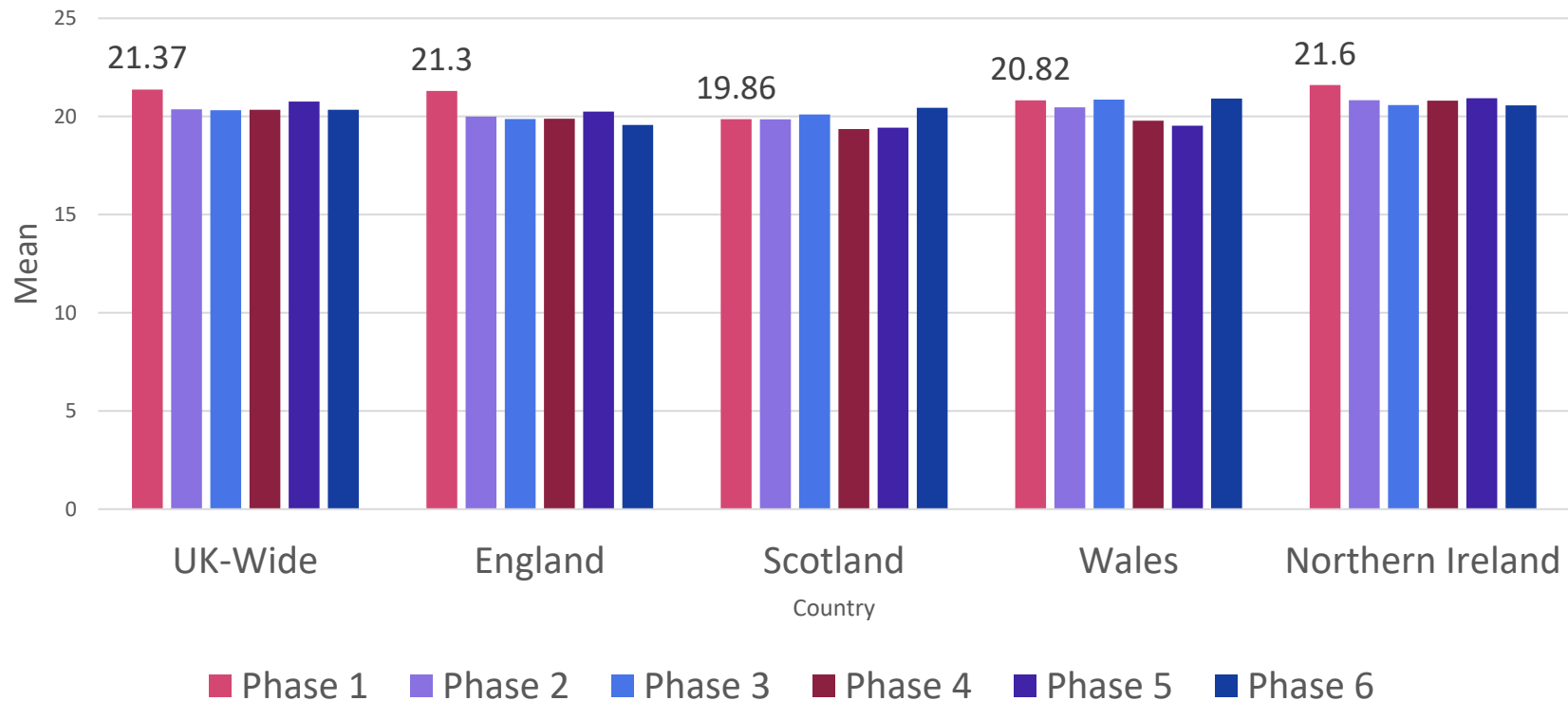




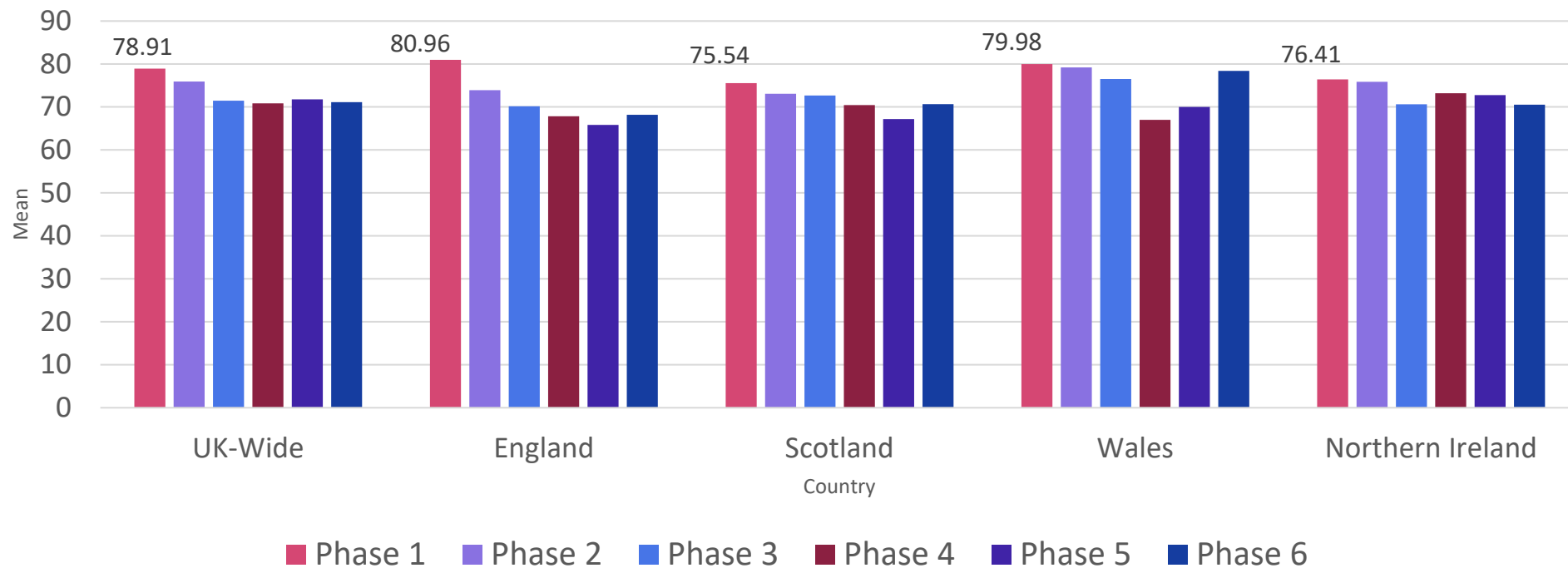
Wellbeing-Burnout Line of Continuum – Like a See Saw

Like the see-saw, as burnout increased, respondents' well-being and quality of working life decreased.

Mental Wellbeing: UK-wide by Country



Quality of working life: UK-wide by Country

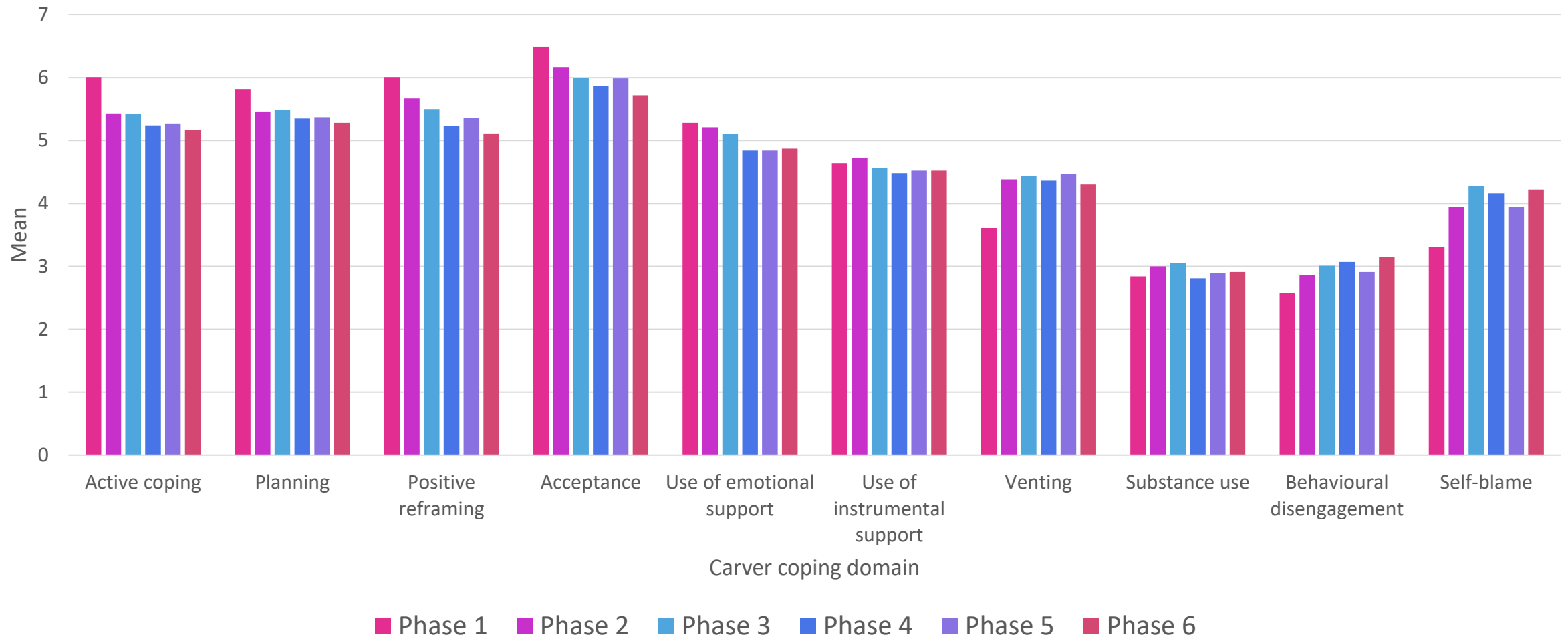


Burnout: UK-wide

Level of burnout	Cut-off scores
Low	0 – 49
Moderate	50 – 74
High	75 – 99
Severe	100

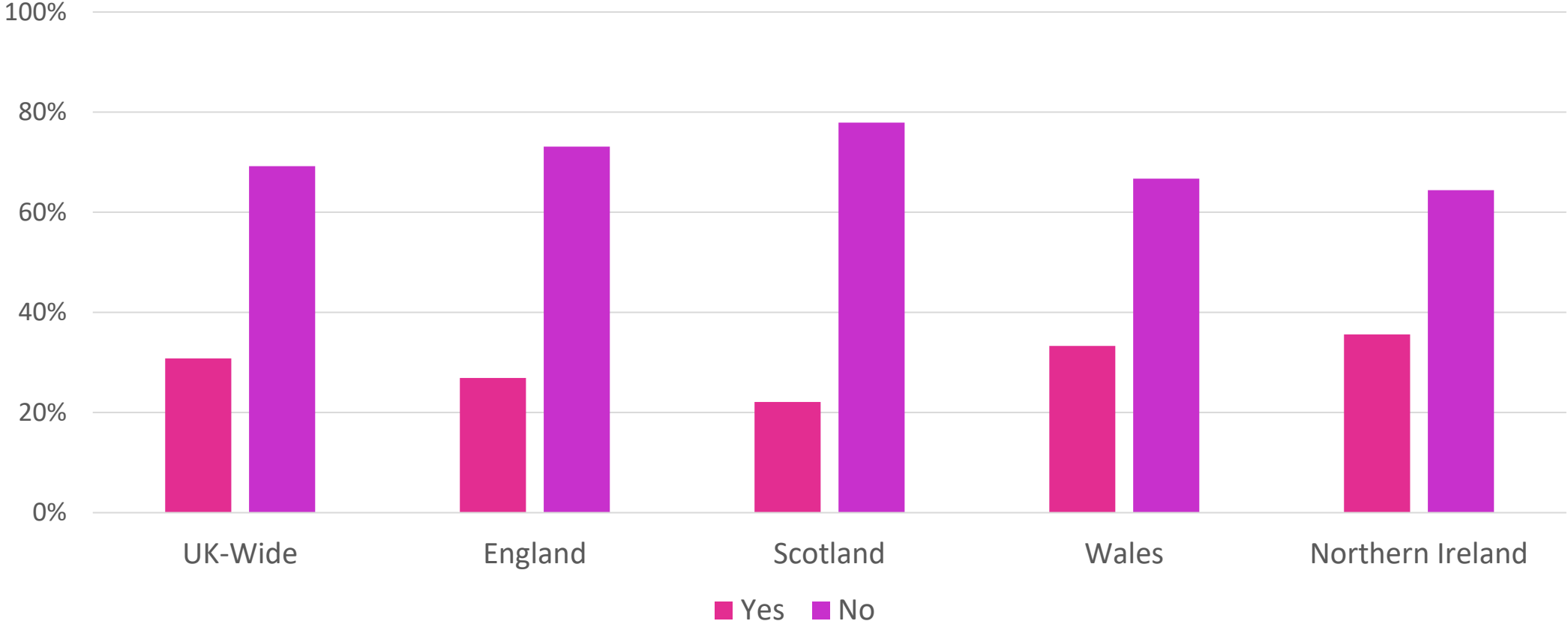


Ways of coping: UK-wide

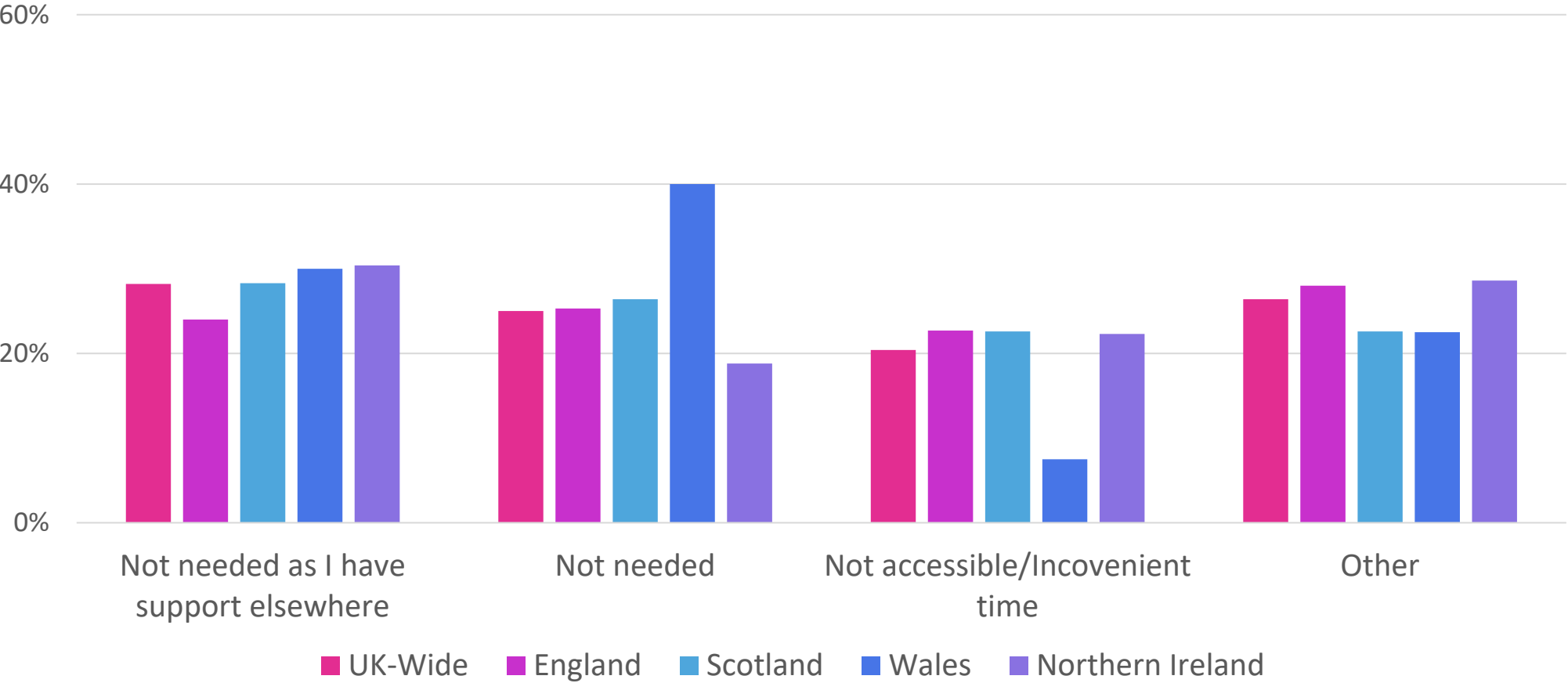


We asked if employer supports were taken, to support wellbeing and if not, why not..

Phase 6: Have you taken up employer support to manage your well-being by Country?

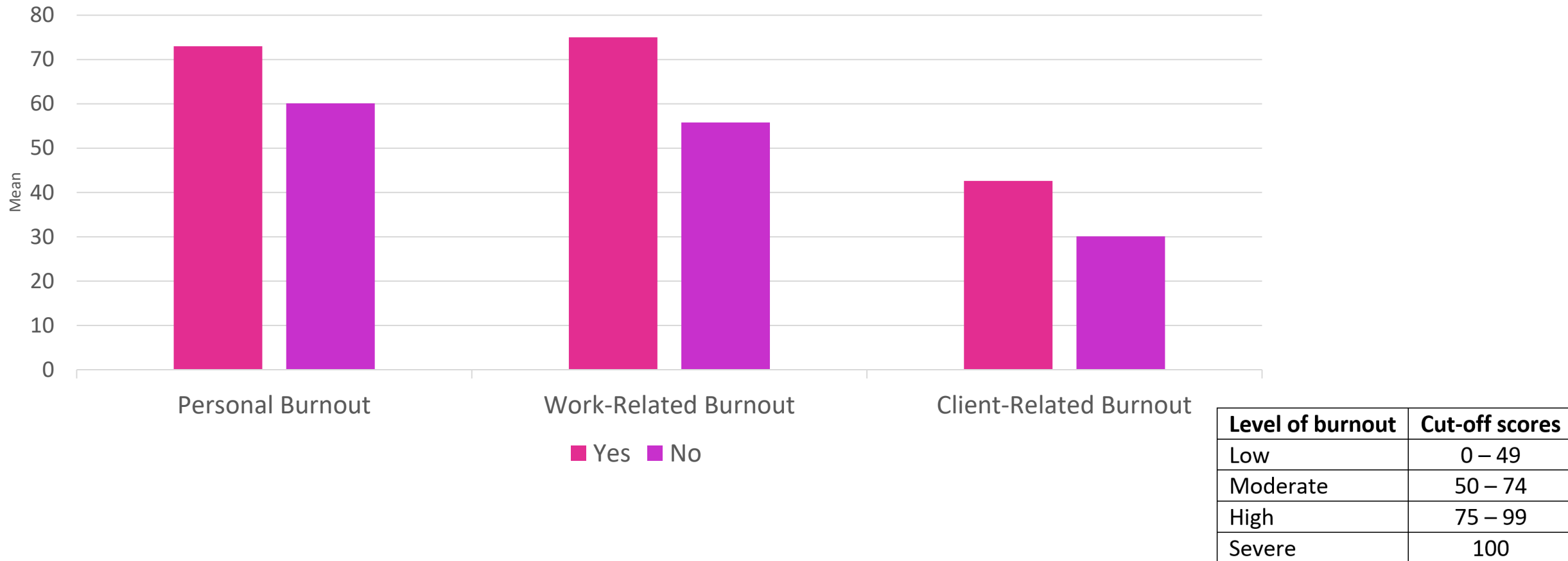


Phase 6: Reasons for not taking up Employer Support by Country?



Considering the association between burnout, well-being, and quality of working life, we measured any association between whether respondents have considered leaving their occupation and how relates to their burnout score.

Phase 6: Intention to leave the Occupation by Burnout



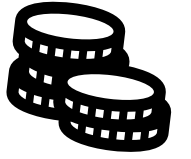


Survey 6: Effects of the pandemic on services

What was the impact of COVID-19 on your specific place of work, so far, in relation to patient numbers and service demand?

Impact of COVID-19 on services	UK-Wide	England	Scotland	Wales	Northern Ireland
Not impacted by COVID-19 pressures – services stepped down	2.2%	4.9%	0%	0%	2.3%
Impacted, but not significantly	36.5%	25.2%	38.2%	33.3%	43.7%
Overwhelmed by increased pressures	61.2%	69.9%	61.8%	66.7%	54%

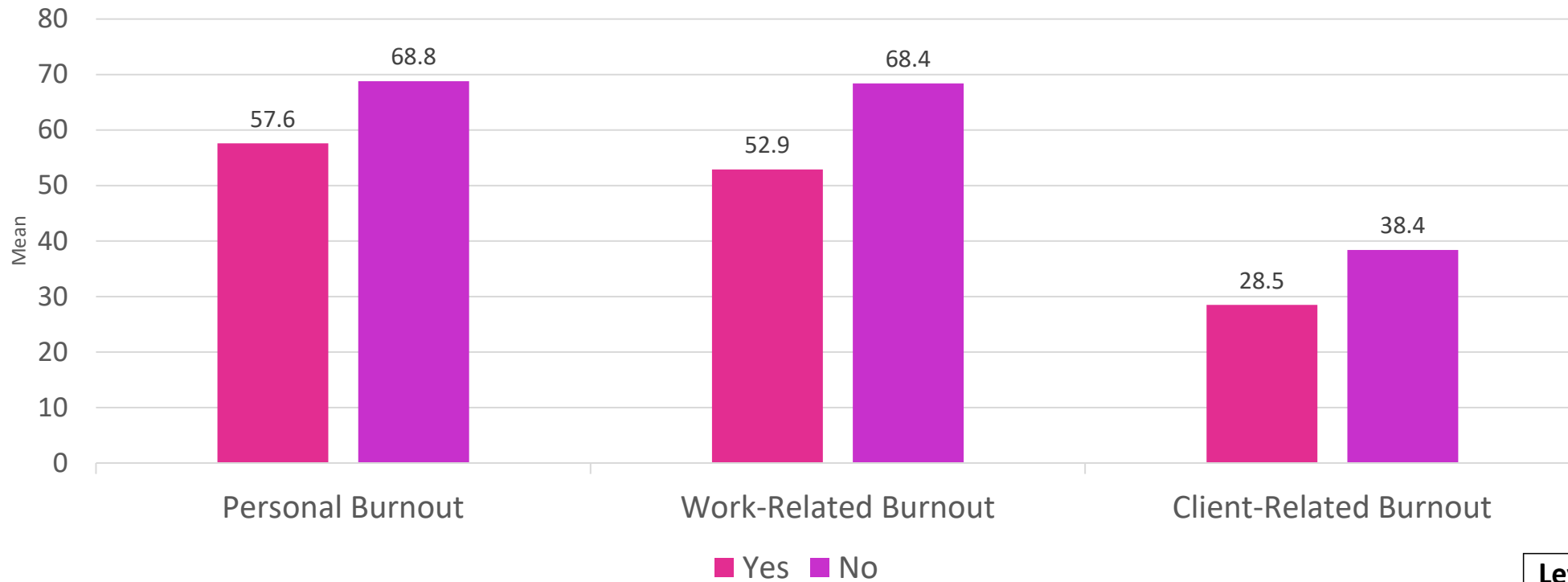
Safe Staff-to-Service User Ratio



- In Phase 6, a new question was added to the survey to ask employees “Do you believe your service operates a safe staff-to-service ratio?”
- **35.3%** of Social Workers indicated Yes
- **64.7%** of Social Workers indicated No



Phase 6: Does your service operate a safe staff-to-service ratio by Burnout



Level of burnout	Cut-off scores
Low	0 – 49
Moderate	50 – 74
High	75 – 99
Severe	100

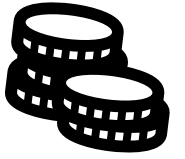
Employer Support



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Summary of Key Findings Phase 6 – Employer Support



Most respondents reported not taking up employer support (71.6% UK-wide).

Respondents from Wales had the highest percentage uptake of employer support (34.7% within Wales).

The most common forms of support uptake were manager support (46.3%), peer support (42.7%), and well-being support (38.6%).

When respondents were asked why they had not taken up employer support, 29.8% felt they had support from elsewhere, 23.8% indicated that the support was not needed, 19.4% stated that support was not accessible or at an inconvenient time, and 27.0% stated other reasons.



Intention to Leave Occupation

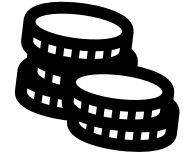


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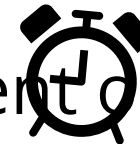
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Summary of Key Findings Phase 6

Intention to Leave Occupation

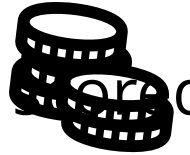


- Over a third of social workers UK-wide (36.2%) also had **considered changing their occupation** with the highest proportion of these being from England (44.2%), followed closely by Northern Ireland (36.2%), Scotland (32.4%), and Wales (26.7%).
- Throughout the six Phases of study, social workers indicated that manager support (39.5%), a pay increase (37.8%) well-being support (32.1%), and safer working conditions (28.1%), would change their minds about wanting to leave their employer or current occupation.



Summary of Key Findings Phase 6 (Leave Occupation cont.)

- Respondents who reported considering changing their occupation scored significantly lower in well-being and quality of working life scores than those who did not consider changing their occupation.
- Respondent who reported that their service did not operate a safe staff-to-service user ratio scored significantly lower in well-being and quality of working life scores compared to those who did believe their service operated a safe staff-to-service user ratio.
- Respondents who considered changing their occupation scored significantly higher scores on personal, work-related, and client-related burnout than those who did not consider changing occupation.





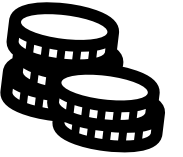
Safe Staffing, Burnout, Well-being Quality of Working Life



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Summary of Key Findings Phase 6 (cont.)



- Respondents who believed their service did not operate a safe staff-to-service user ratio scored significantly higher on personal, work-related, and client-related **burnout** than those who believed their service operated a safe staff-to-service user ratio.
- We found strong negative correlations between personal **burnout and well-being scores and quality of working life.**
- This indicates that as **burnout increased, respondents' well-being and quality of working life decreased.**





Good Practice Recommendations



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- ✓ Employers are recommended to offer more flexibility around working hours and location, including working from home
- ✓ Safe staffing levels (including workload weighting models) should be adhered to or developed if not already present
- ✓ Training in relation to redeployment and skill acquisition would be useful when staff need to perform multiple or new roles in usual practice periods AND in preparation for future crises or pandemics
- ✓ Social support, and connection with colleagues and managers should be nurtured and part of organizational policy and practice
- ✓ Employers should support staff to take of breaks and holidays
- ✓ Re-focus on staff wellbeing culture and climate – early intervention and prevention (like good social work)

Regulator Access to Workforce Knowledge



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Shifting the Regulatory Lens to Improve Perspective and Influence Change





Thank you

- ***The research team would like to thank all participants who contributed to this research.***

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Marian.O'Rourke@nisc.hscni.net

www.hscworkforcestudy.co.uk

p.mcfadden@ulster.ac.uk



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