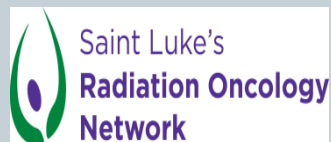


# Ongoing Impact of Covid-19 on clinical and non-clinical staff working in cancer care.



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# Overview



- Why?
- Aim & Purpose
- Method
- Findings
- Challenges
- Dissemination

# Why?



- First hand experience of seeing the impact on staff.
- Research states that frontline staff in direct contact with COVID-19 patients experience the greatest levels of stress and anxiety (Ghebreyesus, 2020).
- The risk to the mental health of hospital clinical and non-clinical staff in the current pandemic has been clearly identified in the literature (Holmes et al., 2020).
- There is currently limited research published on the impact of Covid-19 on staff working in a cancer care setting.
- Little attention to understanding the impact of working during a pandemic from healthcare workers' own perspectives.

# Aim & Purpose



## Aim:

To capture the experiences of all staff, clinical and non-clinical, working in SLRON cancer setting.

## Purpose:

To identity a rich understanding of the ongoing impact of working in cancer care alongside Covid-19 and in doing so gain insight into the needs of staff and service provision.

To note: Participant led interviews to capture staffs' experiences, whatever they were. Therefore, it should be noted that study findings were **not** a list of what worked and did not work, although at times this was organically highlighted.

# Method



## Who

10 members of staff across the three sites. Disciplines ranged from medics, nursing, radiation therapists, physics, allied health (HSCP), patient services and catering.

## How

The participants were interviewed- during the months of April and May 2021. Semi-structured, open-ended interviews were employed in order to gain a rich and in-depth picture of their experience.

The questions were open ended in nature to give participants the opportunity to include information that might be important to them and otherwise lost. Interviews lasted on average 1 hour and were audio recorded. Interviews were transcribed by two psychologists. To ensure confidentiality, all names were changed as well as other signifiers, which could identify staff members.

# Interview Questions



- I am interested in hearing what the experience of working during the Covid19 pandemic is for you? Perhaps you can begin by telling me what it was like from the beginning of the pandemic during the first wave? Does that differ to the second wave? And to the wave we are in now?
- I'm particularly interested in your experience of working in cancer care during the Covid19 pandemic and whether this differs from your previous answer.
- To give me a better understanding of your experience of working in cancer care during the pandemic, can you let me know of other incidents from that time until present day.
- Can you elaborate on these incidents giving examples of how it may have impacted on your life? Both personally and professionally?
- Thinking back to working in cancer care before covid19, can you tell me a bit about how your (working) life was for you? What were you like then? Has this changed?
- Do you think your experience of working in cancer care during the pandemic is different to other disciplines working in cancer care during the pandemic? If so, can you describe how it is different?
- How has your experience of coping being during these times? Are you worried for the future?
- On reflection, could things have been differently?
- Going forward, how would you like things to be assuming restrictions lift and there is a return to normality? How would you like things to be if there is a fourth wave?

# Data Analysis



- The steps taken to conduct the analysis were based on Interpretative Phenomenological Analysis (IPA).
- Allowed for personal experience to be explained by the participant in his or her own words. IPA is a rigorous qualitative methodology that involves extracting key themes and insights through multiple close readings of the transcribed transcripts and identifying related themes and subthemes emerging across all 10 interviews

# Findings



- The analysis was written up into a narrative account and the themes were expanded. Each quotation was linked with a participant's pseudonym.
- Results and analysis were completed by one psychologist and checked and validated by the second psychologist.
- Overall the analyses pointed to 6 superordinate themes and subsequent sub themes (Figure1).



# Findings



The summary of the 6 subordinate themes and sub themes

Work Changes

- Suddenness
- Benefits of work changes
- Commonalities with other disciplines

Human Connection

- Reduction of human connection
- Unexpected benefits
- Resentment and atmosphere in SLRON

Fear

- Fear for oneself
- Fear for one's family

Management

- Poor Communication
- Support
- Control

Impact of Covid

- Cancer and Covid
- Moral Injury
- Impact on Family
- Financial Impact

Personal Reflections

- On the impact of Covid on work
- Gratitude
- Workplace in the future

# Theme 1 – Work Changes



## 1.1 Suddenness

*“ So it was just trying to scramble but the kids were in school then, but literally when the bomb shell hit that was Thursday the 12th I think, uuhm and it was just what are we going to do, we have no childcare, schools were closed I have to be in work my husband is a healthcare worker, has to be in work, so it was like WHAAAAAAA”.*

(Claire)

*“ So in a matter of a few weeks we went from having a full complement of staff to losing, not, fortunately to illness but to risk, losing a lot of staff and our whole pattern of work changed, in a matter of probably a week, where we went from busy face-to-face clinics where the concept of ringing patients full consultation was alien”.*

(Sean)

# Theme 1 – Work Changes



## **1.2 Work Change Benefits**

*“I am working from home for about 3 months now. And its grand and I am happy now. I can get my work done easy from home as I can do in the office. I am working much more efficiently.”*

**(Jenny)**

# Theme 1 – Work Changes



## **1.3 Commonalities with Other Disciplines and Work Colleagues**

*“ ... People want to help, they want to get work done and just by necessity have to contribute in different ways.”*

(Conor)

# Theme 2 – Human Connection



## 2.1 Reduction of Human Connection

*“ I think the energy definitely has changed in the work place, uuhm, there is not much fun anymore in work. Cause it is more serious now, I suppose people have Covid fatigue you would call it. Cause I suppose, nothing else, you can't go anywhere, you have nowhere to let go you cannot go out for something to eat, socialize”*

(Colm)

*“ It was sad, cause when you are wearing masks you cannot see the persons face and that is a difficult one, cause usually you would smile at somebody or a patient. It is very hard to say I'm actually smiling at you, to give some support because you cant see the face all you can see is the eyes.”*

(Jane)

*“And just passing on information as well I suppose, because through meeting people, you get information about things you might not have known, like people retiring, people leaving, people expecting, things like this, you will eventually, get the information but maybe not as soon as you would have normally have got. I definitely miss it anyway. I miss that big time.”*

(Colm)

# Theme 2 – Human Connection



## 2.2 Unexpected Benefits

*“The one thing that I found fantastic really was that people did come together. I mean there would have been times beforehand, when they have been asked to do certain things. They didn’t. They would have their heels dug in but I think people realised that we are in this together in a major crisis you know and we have to band together and there was great support like that.”*

(Mary)



# Theme 2 – Human Connection



## 2.3 Resentment and Atmosphere

*“We were just like struggling and friends would say ‘ooh you know you guys have got work and it’s great to get out to work’, stuff like that, but I know she was out jogging every day, with her friends and coffee outside. She (neighbour) had people around for dinner, 4 families for dinner and then 12 of the boys in the back and the garden and I remember thinking this is a punch in the face, after what we have been through, what the hospitals have been through, we were trying to pull the [covid] numbers down.”*

*(Claire)*



# Theme 3 - Fear



## 3.1 Fear for oneself

*“I had a bizarre experience of covid uuhm because I have asthma, it was a kind of a worry when it all started, cause uum you were seeing these awful media pictures people on ventilators, and stuff.”*

(Jenny)

*“I voiced my opinion about what I have and that was not necessarily knocked back it was definitely dismissed in a fairly quick conversation and I took that as saying, ok as well at least I have said it.”*

(Colm)

*“It can be a little bit difficult because the time span is a year and a bit now, I see that some people are not necessarily myself but other people are becoming a little bit lax with the whole situation of how easy this is to be transmitted and also if patients have it or not so uuhm.”*

(Colm)

# Theme 3 - Fear



## 3.2 Fear for one's family

*“Everyday going in you wonder if this is the day I am going to get sick you know is this the day. Is this the day I am going to bring it home to my partner.”*

*(Breda)*

*“When I was sick and also trying to self isolate, and the little one, she was clung to me and I was just trying to remember wearing a mask and trying to lie away from her and she was in the bed beside me and just trying not to pass it on to her.”*

*(Claire)*

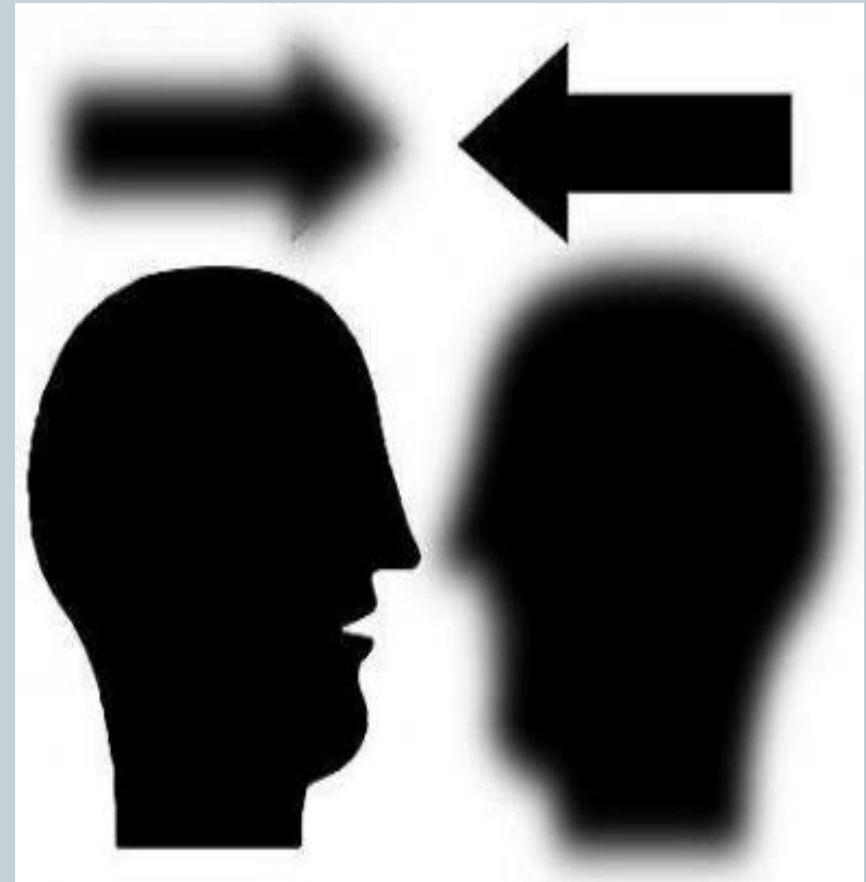
# Theme 4 - Management within the hospital



## 4.1 Poor Communication

*“At the very beginning I felt like we were getting very little information. In house gossip was what was happening”*

(Jenny)



# Theme 4 - Management within the hospital



## 4.2 Support

*“Little bit more, flexibility a little bit more, kind of adaptability to different peoples circumstances, a bit more, support from the government and the HSE.”*

(Claire)

*“There was good support for me from senior management, I mostly report into (staff name removed), and myself and (staff name removed) get on like a house on fire and then there is (staff name removed) at senior management so I felt there was good support but by the same token, I felt senior management could have had a better presence and could have linked in with the staff more and whilst we got the emails and telling us what was going on but there was no kind of interaction on the floor, you know that kind of, ‘how are you?, How are you getting on?’*

(Mary)

*“It has been good to talk about what has happened in work because I haven’t really spoken to anyone about it. The full story if that makes sense, telling the full story, getting it off my chest.”*

(Lia)

# Theme 4 - Management within the hospital



## 4.3 Control

*“I found it a good experience just to be there for people to be kind of a rallying point and being able to provide information.”*

(Mary)

*“I liked the idea of being available to people and being visible and people being able to confide in me and being able to help them out to understand their points of view.”*

(James)

*“You are kind of playing a role as such so..... Uuhm, it was like you kind of had a purpose, and therefore it is ok to take on these additional pieces for want of a better word. So it was like I have a purpose in this.”*

(Breda)

# Theme 5 – Impact of Cancer



## 5.1 Covid and Cancer

*“It is quite concerning the lack of patients that we’ve seen, new patients, and yet there is no reason to assume that the incidence of cancer has dropped but there is a decrease in people coming forward and I can’t say for sure that we are seeing patients with more advanced stages but it’s impossible to think that we’re not because people aren’t going for screening.”*

(James)

# Theme 5 – Impact of Cancer



## **5.2 Moral Injury**

*“I was really conscious that the patients weren’t getting the same level of care as pre pandemic because we weren’t sitting chatting with them for ages. So I was conscious that from a patient perspective you weren’t doing as good a job initially as you would have pre pandemic and that would have frustrated a lot of people.”*

(Emma)

# Theme 5 – Impact of Cancer



## 5.3 Impact on the family

*“The choice was forced upon me, being not my family, not my kids and I remember thinking I am here, with patients who probably don’t need me as much, as my children do. We were just kind of clutching at straws, you have no family, none of my family is around.”*

(Claire)





# Theme 5 – Impact of Cancer



## 5.4 Financial impact

*“Lack of support, the financial cost of paying for child care, up until the kids have gone back to school now, was crazy like 450 per week, so I have been paying to go to work. It actually worked out ... that we had to pay to go to work.”*

*(Clare)*

# Theme 6 - Personal reflections

## 6.1 Personal reflections on impact of Covid on work

*“It make me think about the future a lot, how important work is for quality of life and it has me thinking, I should sell up, move somewhere, and work from home. I think more quality of life when some sort of normality comes back and what is really important....”*

(Jenny)



# Theme 6 - Personal reflections



## 6.2 Gratitude

*“More time is spent at home and you can’t go anywhere, you end up spending more time you actually appreciate, like I don’t know...artistic stuff or cooking or talking to friends on the phone. “*

(Sean)

*“I really feel very lucky to have a job...I feel incredibly lucky to have a job and there is no doubt that that has helped.”*

(James)

*“I feel...there is an element of guilt that I’ve been very lucky that I have a job and that my friends and family are well but I do actually feel a bit guilty that I’m saying it’s been positive but a lot of it has been positive. “*

(Sean)

# Theme 6 - Personal reflections



## 6.3 Workplace in the future

*“I’m definitely going to use virtual clinics, much more frequently, much more, now.”*

(Sean)

*“I hope that like you can go back to comforting patients the way you used to I hope, and I hope people will feel a little bit safer coming into the healthcare system, I don’t think they do feel safe at the minute. And you would see a difference between people who are vaccinated, they do feel a little bit more comfortable, but I don’t see any long term, I don’t know if I would ever shake a patients hand again.”*

(Emma)

# Summary



- Fears and worries were ameliorated for those who had or were given a purpose and a feeling of control over their role within a landscape that felt out of control.
- For others who perceived not to be given flexibility or autonomy, distress worsened.
- The pandemic was a time for reflection on what is like to work with cancer patients, what keeps staff in this work (e.g. collegial and patient relationships), and how these workplace values came to the fore when it was taken away.
- Participants reported that restrictions enforced a slower pace of life and a different way of working (e.g. telehealth), overall indicating that these pauses and changes were welcomed.

# Challenges



- Doing research with full clinical load.
- Traditional pull to qualitative research.
- Ethical approval
- Dissemination
- Time, time, time.

# Research dissemination



- Participants were given results in advance of dissemination to assure anonymity.
- Contacted HSE Knowledge Translation - reducing the gap between research and practice for advice.
- Presentation to Executive Management Board, St Lukes Hospital
- Copy of study provided to National Cancer Control Programme (NCCP)
- Feed into larger Dublin General Hospital Covid (quantitative) Study
- Staff/Nursing support – “Take 10” initiative to support nurses working in cancer care.
- Conference presentation @ Psychological Society of Ireland Nov '22
- Publication – submitted to Healthcare Journal
- HSE Share and Learn webinar: Translating Research into Practice 27<sup>th</sup> July

# Thank you



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