



New survey: Working during a pandemic

Vårdförbundet, the Swedish association of health professionals conducted a survey among 15000 health professionals(registered nurses, midwives, biomedical scientists and radiologists) in November 2020. The survey looked at preparedness, staffing, competencies, working conditions and working environment. Below some results and lessons learnt:

- **Preparedness and awareness for a pandemic should have been higher**
The Swedish authorities had long before the pandemic published plans for support and guidance in case of a pandemic. But only a third of the employed were aware about these plans in their working place.
- **Managers and employees have enabled a rapid change of health care**
The transition to the Covid-19 pandemic has taken place quickly, required high adaptability and would not have worked without great sacrifices from staff. E.g. intensive care capacity has doubled, while 80 per cent of planned operations and treatments have still been able to be carried out. All this while fear of contamination and startup of new routines. In anesthesia, ambulance, oncology, surgery and X-ray, the concern about being infected with Covid-19 in the workplace was at its highest.
- **The pandemic fastened the development of digital healthcare services**
Digital development has proceeded fast in health care. Radiologists, e.g. point to an increased use of mobile X-rays in order to avoid moving around diagnosed or feared Covid-19 patients in hospitals. But it is not "... a large number of new installations of digital solutions, but rather solutions that were already in place that are now being used to a greater extent." Recently published research, on how nurses experience the opportunity to chat with patients, shows, both advantages and disadvantages.



- **The challenges for health care have varied**

In principle, all health care activities have been affected, but in different ways. E.g. a school nurse have to change working when students rarely visit the school compared to one who has younger students. A third tries to maintain normal student contact, but is transferred to elderly care. In the survey, 20 percent of employees and 10 percent of managers state that they have been moved during phase 1 of Covid-19.

- **Introduction and training during relocations need to be improved**

The most common type of introduction when moving was to be allowed to go with a regular employee. About 30 percent, state that they either did *not* receive an introduction at the time of the transfer or that it was *very limited*, e.g. to a few hours of training, a few days next to walking or regarding a certain area such as administration or equipment. Of all transferred, 38 per cent think that the introduction they received during the transfer was *not sufficient for them to feel secure* in their new role.

- **Healthcare's biggest challenge is the lack of the right skills**

Relocations have been a way to increase staffing, primarily in the most urgent Covid-19 care. When staff is relocated, it also means that other businesses receive a lower staffing. Sometimes, this can be compensated by the fact that the number of patients has decreased, but in many cases the remaining staff has instead been given an *increased workload*.

Regardless of area of activity, nurses are the profession where the largest proportion, almost half, do not think that staffing has been sufficient under Covid-19 (48 percent). When asked if the staffing "was sufficient before Covid-19 in your workplace", about every third employee, ie about 30-35 percent of all respondents, believe that the staffing was not sufficient in the business *even before* Covid-19 - pandemin. The lack of professionals has been solved with extra shifts, double shifts, overtime, pensioners, new hires, temporary workers, medical candidates, working alone, canceled holidays and



relocations.

- **A higher effort requires a longer recovery**

It takes longer for a runner to recover after a marathon than after a short run. The same applies, in working life. The survey shows that seven out of ten members still had the opportunity for at least four consecutive weeks of vacation. The professionals were also asked if the holiday meant that they felt recovered after the summer holidays. If you had four weeks' holiday or more, the majority answered "YES" to that question. If you had three weeks or even shorter consecutive leave, the probability increased significantly that you would not feel recovered after the leave. But for those who never got their vacation "With a constant influx of patients and greater care debt than before, there will be no recovery at all. On the contrary, we need to shift gears to be able to handle as many or more patients as before with a constant threat of new covid-19 outbreaks or other threats". The time needed for recovery is of course individual, but when the members estimate the time, it ends up that a slower pace may be needed for up to six months. We should remember that the answers were given before we fully entered wave two of the pandemic. Now we are in wave three.

- **Need for facts and data on occupational injuries**

While the Swedish Work Environment Authority reports increasing numbers of occupational injuries every week it has been difficult to scope the real number of health care staff being infected, deaths, longtime effects, mental health impact etc during the pandemic. It is clear that we need access to fast and reliable data. This will not only give a clear picture but also help to learn and avoid injuries in the future.

- **The challenges of returning to a normal work situation**

The biggest challenges include, the lack of staffing of the professions (which already existed before Covid-19), staff who choose to quit, increased sick leave, the need for recovery and the uncertainty about "further waves".