# The healthcare academic workforce and responding to coronavirus-related challenges

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Title = The healthcare academic workforce and responding to coronavirus related challenges

**Presenters** = Andrea Cameron

**Type of presentation** = Research presentation (in-person)

**Theme** = Key challenges in healthcare education – Developing the future healthcare education workforce

# Promotional abstract (100 words)

Pre-pandemic there were concerns about the resilience and sustainability of the healthcare education workforce derived from an ageing demographic and the challenges of recruiting from practice into an academic environment where teaching and research experience are often pre-requisites. The pandemic has potentially further damaged this fragile state with more than half of all academics citing emotional burnout as a driver for their intent to leave the sector; similar statistics exist for those in clinical practice. This presentation will reflect on survey date gained from healthcare academics about their work-related pandemic experiences and consider how this can inform future recruitment practices.

# Background, including underpinning literature and, wherever possible, the international relevance of the research (maximum 100 words)

Concerns regarding covid-specific psychological stress (Aly et al., 2020) led to protecting mental wellbeing becoming an area of focus for the 2021 International Year of Health and Care Workers (WHO, 2021). High levels of burnout were also being reported in academia - changing delivery practices, isolation from colleagues, and supporting students resulted in many stating a desire to leave or retire (Gewin, 2021). Capacity issues were already causing concern in the healthcare academic workforce because of recruitment challenges and an ageing demographic (CoDH, 2020). This study sought to better understand the impact of managing the pandemic on healthcare educators' wellbeing.

# Aim(s) and/or research question(s)/research hypothesis(es) (maximum 100 words)

The study was part of a wider project examining healthcare students' health but specific questions explored staff wellbeing:-

- 1. What internal university resources are you being directed to for Health & Wellbeing support?
- 2. Do you think that the type of wellbeing support that you need has changed from prepandemic; and if so, in what way and why?
- 3. Is there anything more that could be done by universities to support your wellbeing? If so, what should this be?
- 4. Is there anything that could be implemented nationally that would help your wellbeing at the moment and as we transition?

# Research methodology/research design, any ethical issues, and methods of data collection and analysis (maximum 100 words)

Ethics permission was granted to conduct a Qualtrics online anonymised survey in the first 2 weeks of June 2021 to gather qualitative data to understand pandemic-related issues pertaining to healthcare student wellbeing and that of their faculty staff. Healthcare education programme leaders within Scottish universities were contacted by email by a member of the Council of Deans of Health Wellbeing Short-life Working Group and invited to complete the academic staff-specific

survey using the embedded link; participation was voluntary. Braun and Clarke's (2006) six-stage approach to thematic analysis was adopted to examine the trends emerging in the data.

# Key findings and recommendations (maximum 200 words)

The majority (84%) of healthcare academic staff reported that pandemic-related changes to working practices had negatively impacted their health and wellbeing. A consequence of increased workload (poorer work-life balance), inconsistent and changing central messages, feelings of isolation, remodelling courses for online delivery, increased sedentarism, the volume of emails from students, and the need to provide more online support.

While some liked the flexibility that came with home working (and would like to see aspects of this preserved) others found this stressful.

Staff were drawing on university resources (managers, wellbeing apps, human resources, counselling services, healthy working lives resources, chaplaincy, Teams meetings, webinars, external agencies) but felt that academia needed to do more to address pastoral support, work-life balance, promoting good home working practices, workload and patterns of working.

It was felt that more could be done to support a healthy work culture. Within universities this could include better management of university deadlines, incentivising being active; and nationally, acknowledging the work that healthcare academics do, supporting clinical academic positions, and ensuring that good news stories emerge.

Study outcomes were shared with the Council of Deans of Health membership and with Scottish Government healthcare representatives to inform pandemic transition action plans.

Three key points to indicate how your work contributes to knowledge development within the selected theme (maximum 100 words)

- A sustainable healthcare academic workforce is required to educate the next generation of health professionals. Prior to the advent of Covid-19 there were concerns around capacity and resilience, these have been further exacerbated by the toll of the pandemic on those in clinical practice and in academia.
- Good academic practices, processes and support systems that enable a healthy work-life balance for healthcare academics will be important to recruiting and retaining this workforce.
- More could be done within government health departments to acknowledge the contribution of healthcare faculties and to promote and facilitate transition to academia as a valued career destination.

### References

Aly, H.M., Nemr, N.A., Kishk, R.M. & Abu bakr Elsaid, N.M. (2020). Stress, anxiety and depression among healthcare workers facing COVID-19 pandemic in Egypt: a cross-sectional online-based study. BMJ Open 11 (4). Sourced on 25th May 2021 https://bmjopen.bmj.com/content/11/4/e045281

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