

RAPID RESEARCH IN COVID-19 PROGRAMME

Stress and mental health challenges experienced by third sector homelessness services workers during the COVID-19 pandemic in Scotland

AIMS

The aim of this study was to examine the experiences of stress and mental health/wellbeing of frontline staff working in homelessness services in Scotland, to inform service provision during a pandemic within this sector, and to identify specific staff support needs and how these could be met during this and future pandemics, informing general service provision improvements.

KEY FINDINGS

- Participants showed low levels of emotional exhaustion and depersonalisation and moderate levels of personal accomplishment, as measured by the Maslach Burnout Inventory (a 22 item questionnaire of occupational burnout). These findings are consistent with the qualitative data and indicate that participants are not currently experiencing burnout, but may be at risk in the future if issues are left unaddressed.
- Participants talked about varying levels of stress experienced in their work prior to the COVID-19 pandemic, influenced by factors such as control, job demands, coping approaches, workplace culture and team dynamics, with some experiencing more challenges than others.
- As anticipated, the pandemic disrupted participants' lives, causing a range of challenges in how services were delivered and how staff could do their jobs, including how support was provided to clients.
- The sense of disruption and crisis posed by the pandemic acted as a magnifying glass for pre-existing problems within some services. In some settings, the hierarchical organisational culture resulted in a lack of trust and feelings of frustration and stress, both before and during the pandemic.
- Participants also talked about the fragmentation between staff and management. In such cases, teams had been described as being in conflict before the pandemic due to a lack of shared understandings, values and norms in terms of service delivery. Often this frustration came from a disagreement regarding harm reduction practices and concern about management's lack of response to undesirable or unethical practice within the staff team.
- A sense of shared frustration about managers and a shared feeling of constrained autonomy appeared to act as glue to unify such teams, creating stronger team bonds. Frustration centred

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upon organisational policies, not feeling valued or listened to, lack of communication and anger at management being able to work from home when frontline staff could not.

- In contrast, in well-functioning teams, participants talked about the benefits of reflective cultures, approachable managers and strong team bonds. Being able to approach managers for support as and when needed helped to offset the experience of stress. These bonds extended to their clients, creating a sense of inter-group solidarity between staff, management, and clients built upon shared humanity and commitment to getting through the crisis together.
- Despite the challenges, in some services participants talked about the positive impact of the pandemic in terms of the provision of accommodation to clients; client involvement in how services are run; the ability to build relationships with people; availability of resources; online learning opportunities; and team building.
- Participants also discussed the challenges around maintaining relationships with clients as a result of COVID-19. PPE was described as a barrier in some cases and, in others, the restrictions created barriers to relationships. Some staff had adapted by going to great lengths to ensure relationships were maintained as well as they could be. These adaptations were a result of extra time to spend with clients, being innovative in how they could respond to clients' needs, being consistent in their work with clients and even going against protocols to meet clients in person because clients' needs were prioritised.
- Participants also discussed their experiences with particular aspects of organisational culture, which influenced their experiences of stress. Aspects such as reflective practice opportunities (being able to reflect on one's actions in a supportive manner), training, supervision, and the overall organisation ethos were viewed positively by most participants. Conversely, high workloads, lack of information, a non-reflective culture, and a lack of training and supervision, were deemed negative.
- Participants were aware of the coping strategies they used, including mechanisms such as social support, hobbies, exercise, relaxation and meditation, and annual leave. They also described the impact COVID-19 had on their usual coping strategies, for example by having a poor work-life balance, cancelled annual leave, and the overall stressful situation caused by the pandemic.
- Overall, the organisational culture, the availability of different types of social capital within teams, perceived control, and the resources and coping strategies available to people, influenced their experiences.

WHAT DID THE STUDY INVOLVE?

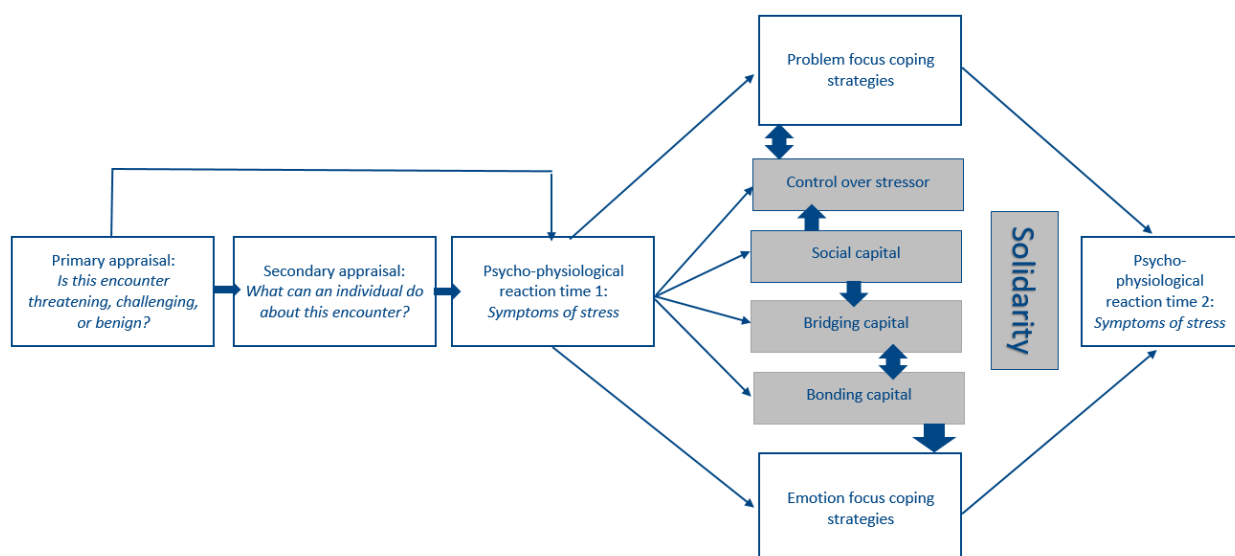
A mixed methods study was conducted involving interviews and an online burnout questionnaire. Participants were identified through the research team's existing networks, word of mouth and Twitter: they either self-selected or were identified by service managers. Details of the study and eligibility criteria were provided to service managers of third sector homelessness services in Scotland who were asked to provide details of staff who were interested in participating, or to ask staff to get in touch directly with the research team. Purposive sampling was used to select individuals based on their gender, role, organisation and location. Semi-structured interviews were conducted by three researchers with 18 frontline staff working in a range of third sector homelessness services across Scotland between June and October 2020. These interviews were conducted by phone, were audio recorded with permission, and lasted an average of 60 minutes.

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The interview schedule covered participants' experiences of stress and wellbeing prior to and during the pandemic, as well as their coping strategies and support, and recommendations for the future. After each interview, participants were provided with a debrief sheet to provide further information about the study and support available. The interviews were transcribed in full and analysed thematically using Framework Analysis, informed by the Revised Transactional Model of occupational stress and coping (Goh et al. 2010). Eleven of the 18 participants also completed the Maslach Burnout Inventory online and these data were analysed using descriptive statistics in SPSS (a statistical software package). Ethical approval for the study was granted by University of Stirling's General University Ethics Panel (GUEP; paper 903) and the Ethics Subgroup of the Research Coordinating Council of The Salvation Army (RCC-EAN200505). A research advisory group for the study was established involving the study research team, Andrew McCall (The Salvation Army), Dr Adam Burley (NHS Lothian) and Dr Emma Williamson (South London and Maudsley NHS Foundation Trust). The group met twice during the study and provided advice and information about the initial findings and dissemination activities.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

This study provides a novel understanding of the experiences of frontline homelessness services staff regarding wellbeing and stress during the COVID-19 pandemic. There are important implications for third sector homelessness services in terms of how staff are supported. This study also builds upon the Revised Transactional Model (RTM) proposed by Goh et al. (2010) to highlight that control over the stressor is influenced by the level of social capital (the value of social networks) that an individual perceives that they have. The RTM proposed by Goh et al. (2010) suggests that when someone perceives an event as threatening (primary appraisal), they consider what coping resources they have to deal with this (secondary appraisal). When their stress levels are raised (psycho-physiological reaction time 1), emotional and/or problem focused coping strategies are triggered. If these coping strategies fail to resolve the stressor, then stress levels will increase when individuals experience another stressful event (psycho-physiological reaction time 2). Our study adds the influence of control, social capital, bridging capital, bonding capital and solidarity to the model (highlighted in grey).



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Our findings indicate that someone's perceptions of their control over the stressor is influenced by the level of social capital they perceive they have. High social capital (i.e. good social networks) was found to come from approachable and adaptable managers, who encouraged staff members to provide feedback as to their needs, listening and responding to staff perceptions of their needs as well as the needs of clients and the service. This resulted in a feeling of control over the secondary stressor (the pandemic) which offset enough stress to make the potential primary stressor (pre-pandemic organisational context) feel less risky to staff wellbeing. Once this had been achieved, high levels of bridging and bonding capital were able to exist creating strong social bonds between groups, resulting in a feeling of being able to cope with anything due to the presence of solidarity and shared experience. When people did not have these high levels of social capital, they did not feel in control and the pandemic caused them to feel additional stress. This was compounded by difficult working environments and unsupportive management.

The timeline proposed by the RTM also affected staff's appraisals of how they were coping during the pandemic, with existing dynamics in the relational and organisational environment influencing how the pandemic was experienced. While the pandemic intensified social bonds and solidarity in some cases, it also magnified the polarisation that occurred in others. As such, the pandemic had a magnification effect on pre-existing problems. This suggests that while the study provides an important contribution to understanding staff wellbeing at a time of global crisis, it also provides an insight into coping more generally. Notably, interviews were conducted several months into the pandemic. At this point, participants across all groups self-identified as being physically exhausted, with many indicating that they felt in need of time off to rest.

WHAT IMPACT COULD THE FINDINGS HAVE?

The study findings have implications for the way in which staff are supported in third sector homelessness services. While these are not necessarily specific to working during a pandemic, they appeared to be more important at this time and should therefore be prioritised:

- Reflective practice appears to be important at an organisational level and can be embedded into organisational culture. This includes reflective supervision, which should be provided by a well-trained professional who is external to the staff team/management;
- Service managers can be supported to work together closely with staff to ensure clear communication and encourage staff to have flexibility and autonomy in their roles;
- Services can provide opportunities for informal and formal communication with staff, to ensure staff feel listened to and supported;
- Services should be encouraged and supported to develop a sense of solidarity between service managers, staff and clients. This can be supported by reflective cultures, team building, and good communication;
- Services could consider the importance of ensuring staff are protected from exhaustion, through encouraging people to take annual leave.

Research is required to understand the longer term impact of the pandemic on frontline homelessness staff's wellbeing and stress/burnout. Future studies could also examine the impact of reflective practice, communication, solidarity and protection from exhaustion, on staff outcomes.

RAPID RESEARCH IN COVID-19 PROGRAMME**HOW WILL THE OUTCOMES BE DISSEMINATED?**

The findings from the study will be disseminated in several ways, including academic manuscripts (one on the overall findings and another detailing the proposed changes to the RTM); briefings for staff and service managers, and other relevant stakeholders; webinars and conference presentations (for example, at the Pathways from Homelessness conference in March 2021); and blog posts.

CONCLUSION

The COVID-19 pandemic had a profound effect on frontline homelessness services staff's experiences of wellbeing and stress. The pandemic disrupted participants' lives, causing a range of challenges in how services were delivered and how staff could do their jobs. The pandemic magnified certain aspects of services: when teams were unified, staff talked about stronger bonds, solidarity between services and clients, and a reflective culture; when teams were fragmented, staff reported increased feelings of mistrust and frustration towards management. Organisational culture had an effect on staff members' experiences of stress and also impacted their coping skills. The findings provide an understanding of the impact of the COVID-19 pandemic on those working in homelessness services, with implications for practice and future research.

RESEARCH TEAM & CONTACT

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The study ran from 18th May 2020 to 17th November 2020. Funding for £16,521 was received.

Reference for RTM

Goh, Y.W., Sawang, S., & Oei, T.P.S. (2010) The revised transactional model (RTM) of occupational stress and coping: An improved process approach. *The Australian and New Zealand Journal of Organisational Psychology*, 3, 13-20. doi: 10.1375/ajop.3.1.13