Title: Exploring the impact of COVID-19 on the psychological wellbeing of oncology healthcare professionals

Running head: Wellbeing of staff during COVID

Author 1- Corresponding author:
Lynda APPLETON, Research Nurse, The Clatterbridge Cancer Centre NHS Foundation Trust, Clatterbridge Road, Bebington, Wirral, CH63 4JY
Email: lynda.appleton@nhs.net
Tel: 07787253584

Author 2
Courtney ATKINS, Research Assistant, School of Psychology, Faculty of Health, Tom Reilly Building Byrom Street, Liverpool, L3 3AF

Author 3
Sarah WATMOUGH, Leukaemia Clinical Nurse Specialist/Research Nurse, The Clatterbridge Cancer Centre NHS Foundation Trust, Bebington, Wirral, CH63 4JY

Author 4
Margaret Gemma CHERRY, Lecturer in Clinical Health Psychology, Institute of Population Health, University of Liverpool, Waterhouse Building, Block B, Brownlow Street, Liverpool, L69 3GF

Author 5
Helen POOLE, Professor, School of Psychology, Faculty of Health, Tom Reilly Building Byrom Street, Liverpool, L3 3AF

Acknowledgements
We would like to acknowledge the invaluable contributions to this project of Patient and Public team members: Tony Murphy and Calvin Wood. We could not have completed the

project without them sharing their expertise. In addition, we extend our gratitude and thanks to the participants who gave up their time to take part in the study.

Funding statement

This study was supported through funding from The Clatterbridge Cancer Charity.

Accepted version, first published 20th May 2023.

Received 16th August 2022, Revised 22nd February 2023, Accepted 7th April 2023

Journal of Advanced Nursing

Abstract:

Aims: To explore how psychological wellbeing is maintained by healthcare professionals (HCPs) employed in a cancer setting during the COVID-19 pandemic.

Design: A qualitative design using diaries and interviews to collect data was used to gain insights into how HCPs managed their wellbeing during the pandemic.

Methods: Interpretative Phenomenological Analysis (IPA) was used to analyse diaries and interviews completed by 66 HCPs during the second pandemic lockdown period (Dec 2020-April 2021). A total of 102 HCPs were recruited, drawn from five groups: nursing staff, radiographers, medical staff, allied health professionals (AHPs) (non-radiographers) and support staff.

Results: The majority of participants adjusted to the challenges of the pandemic using positive coping strategies, although difficult days required the mobilisation of additional resources. Emotion management was regulated through peer relationships, professional roles and the workplace, sustained through communities of practice involving knowledge exchange, shared goals and social interactions. Maintaining high quality patient care was a source of job satisfaction, providing a route through which positive emotions could be channelled, however, it was juxtaposed with threats to wellbeing from busy workloads and variable organisational responsiveness. Work routines provided a platform for wellbeing, underpinned by the sharing of problems and solutions within peer networks.

Conclusion: This study has highlighted the dynamic nature of wellbeing amongst HCPs during the pandemic. Wellbeing interventions should build on the preferred coping strategies of HCPs, focusing on the way individuals coalesce in groups to learn from and support one another.

Impact: HCPs may experience different psychological responses when exposed to a pandemic situation. This study identifies the strategies used by HCPs to maintain positive psychological wellbeing within professional roles, whilst adjusting to emerging wellbeing threats. Key

components of HCP's wellbeing are addressed, which are relevant to clinical practice and the broader healthcare workforce.

Patient or Public Contribution: Research team members included public representatives who contributed to the development, methods, data collection and analysis of the study. They supported the development of the Research Assistant by providing mock interview skills training.

Keywords: Cancer; Oncology; Qualitative; Wellbeing; Healthcare professionals; COVID-19; Nursing/midwives/nursing

INTRODUCTION

The mental health and wellbeing of HCPs in the context of the COVID-19 pandemic is an emerging field of enquiry. The pandemic has put unprecedented strain on health and social care services, in particular those providing care, treatment and support to patients and families affected by cancer and/or COVID-19. The evidence base on the wellbeing needs of professionals working across healthcare sectors is slowly gaining prominence, however, less is known about how professionals employed in cancer settings self-manage their wellbeing. As a result of the pandemic cancer care services have altered dramatically, affected by reductions and cancellations in elective care and cancer treatment to protect immunosuppressed patients, together with delays in diagnoses and treatment and the cessation of clinical trials, leading to increased cancer incidence, mortality and advanced stage disease (NHS England 2021). Ongoing service pressures to clear the backlog of patients waiting for diagnosis or treatment are likely to continue affecting the wellbeing experiences of staff into the future. Caring for the people providing the care is central to promoting and sustaining the wellbeing of the workforce. In times of intense pressure on staff and services, where demand is high and daily routines and work contexts are disrupted, staff may experience stress, fatigue and burnout. Efforts to better understand methods of intervening are vital, as chronic stress can negatively impact the standard of care provided to patients and lead to increased absenteeism and staff leaving their job prematurely (Sarafris et al. 2016). A greater emphasis on preventive initiatives in the workplace can help to mitigate the impact of psychological morbidity amongst the workforce.

BACKGROUND

We competed a literature search of the following databases PubMed, CINAHL, PsycINFO and British Nursing Index, over the last decade, using the keywords: COVID-19, cancer, healthcare professionals, psychological wellbeing, stress and adjustment. This highlighted a broad literature on the emerging impact of psychological distress in HCPs during COVID-19, with between 25-45% of HCPs experiencing anxiety, distress and sleep disorders (Marvaldi et al. 2021). Specific to oncology HCPs, a multi-national survey of 1520 participants found that a quarter reported feeling at increased risk of distress (poor well-being), 38% reported

experiencing burnout, and 66% did not feel able to perform their job as well as they did pre-pandemic. The main predictors of well-being, job performance and burnout were resilience and changes to working hours. Approximately 60% of participants reported utilising strategies to maintain wellbeing, including mobile phone applications (apps), workplace psychological support, and telephone support. Around 60% of participants felt supported by their friends and family, and their workplace, during COVID (Banergee et al. 2021). Similarly, a UK study by Ferry et al. (2021) found that HCPs who were younger, female, had been redeployed from their usual role and worked in areas dedicated to COVID-19 patients had increased likelihood of moderate to severe burnout, with complementary findings reported by a recent literature review focused on oncology professionals' mental health during the pandemic (Granek & Nakash, 2022). Increased risk of burnout and psychological distress is perhaps unsurprising when considering the additional stressors that oncology HCPs faced during the pandemic; in addition to workplace-level challenges (e.g. reduced in-person contact with patients; redeployment; increased patient distress and complexity in needs), oncology HCPs report experiencing personal-level difficulties such as worry about risk to family and friends, concern regarding personal health, financial pressures (e.g. due to concerns about job insecurity and career progression/development) and difficulties balancing work with family life e.g. home schooling (Granek & Nakash 2022, Downey & Ash-Lee 2021).

Research findings from previous epidemics and pandemics shows that psychological distress amongst HCPs is commonplace. Studies by Tam et al. (2004) and Wu et al. (2009) in Hong Kong and China, explored the psychological health outcomes of HCPs during the previous severe acute respiratory syndrome (SARS) outbreak, concluding that 57-68% of participants experienced psychological distress. Moreover, Jones et al. (2020) found significant decreases in HCPs physical and psychological wellbeing during the Ebola outbreak in Sierra Leone in 2014, associated with insufficient resources, lower quality of life and limited support. Two COVID-19 studies in China found that HCPs experienced distress (71%), anxiety (45%) and depression (50%), especially amongst those caring for patients with suspected COVID-19 (Lai et al. 2020), while HCPs were anxious about their own and their family's safety (Cai et al. 2020). Interestingly however, there are a number of key differences between the COVID-19 pandemic and previous pandemics including country wide lockdowns, the proportion of

asymptomatic spreaders and the global reach that mean the collection of new data is essential.

A body of research has begun to consider the experiences of HCPs in maintaining their wellbeing and resilience during the pandemic in the cancer setting. Wellbeing is a dynamic, subjective and multidimensional concept, which can include a range of constructs such as positive emotions, autonomy and self-actualisation. Dodge et al. (2012) refer to wellbeing as a state of equilibrium between the resources an individual has available (psychological, social and physical) and the sufficiency of these to meet the challenges they face in their life (pg. 230), whilst the World Health Organisation (2023) define wellbeing as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (pg. 1). Other studies have concluded that wellbeing needs to be understood in order to measure it and manage it in different situations (Adamou et al. 2020). Current models of wellbeing are often narrowly focused on mental illness or one wellbeing domain, as opposed to more holistic frameworks encompassing physical, emotional, spiritual and social needs. Holistic frameworks are more likely to assist professionals develop positive wellbeing, as they focus on taking control and problem solving.

Efforts to better understand positive psychological health amongst HCPs is vital, as chronic stress can negatively impact the standard of care provided to patients. High stress working environments have been linked to negative psychological outcomes for HCPs as a result of low autonomy, less peer support and social belonging, which, in turn, increases staff turnover rates (Morgantini et al. 2020). There are a range of potentially mitigating factors that can reduce psychological morbidity and offer protection against anxiety and stress, leading Colville et al. (2020) to recommend further studies to determine how best to promote adaptive coping in situations of trauma and stress. Whilst preliminary data indicate that oncology HCPs use a range of strategies to maintain wellbeing, including mobile phone applications (apps), workplace psychological support, and telephone support, around 40% of participants felt unsupported and undervalued by their workplace, during COVID (Banerjee et al. 2021).

This study aims to understand how psychological wellbeing is maintained by HCPs employed in the cancer setting during COVID-19. We will explore how the pandemic impacted on day-to-day interactions on an individual and group level across five groups of staff - medical, nursing, radiographers, AHPs (non-radiographer) and support staff – to gain a wider understanding of their experiences and needs.

THE STUDY

Aims

1. To understand the views and experiences of oncology HCPs in their day-to-day care, treatment and support of patients with and without a diagnosis of COVID-19
2. To identify the barriers and facilitators to wellbeing and the coping strategies, support systems and knowledge and skills that are used by HCPs to manage wellbeing
3. To make recommendations for the development of resources that promote self-managed wellbeing amongst oncology HCPs

METHODS

Design

A qualitative study, using Interpretative phenomenological analysis (IPA) to analyse diaries and semi-structured interviews.

Participants

HCPs were approached through adverts, social media and approaches by the research team. Interested staff were provided with a Letter of Invite and information about the study and time to ask questions. Staff were provided with time to consent to participation or opt to consider participation and consent at a later stage. Following written consent to take part in either the diary, interview or both elements of the study, participants shared their contact details and demographic information with the research team. At consent, participants were reminded of their right to withdraw from the study at any time without giving any reason.

A sample of 102 HCPs were initially recruited from a regional cancer centre using purposive sampling across five groups of staff (Table 1. Participant demographics, and Table 2. Recruitment). Of these, 66 (64%) went in to provide data to the study (Table 3. - Data

submitted). The inclusion criteria were oncology HCPs employed by the Trust drawn from Nurses; Consultants; Radiographers; AHPs (non-Radiographers) and Support staff (Cancer Support Workers, Healthcare Assistants). The sample size was based on previous research using diaries, where approximately 20% of participants failed to submit data due to technical problems and noncompliance (Ohly et al. 2010). In addition, the workforce figures at the Trust were used to estimate recruitment targets, ensuring even distribution across staff groups.

The sample comprised mostly females (83%) who worked full-time (73%). Age range was evenly distributed between the 21-50 year group, with 16% of participants in the 51-60 age group. Most participants (62%) had worked at CCC for 5 years or less. This reflects the recruitment of new staff connected with the opening of a new hospital, as well as the replacement of leavers from the Trust.

Data Collection

Participants were first invited to keep diaries over a period of 4 months from December 2020-April 2021, and then invited to participate in a one-to-one semi-structured interview with a researcher. Data collection took place in parallel, with participants given the opportunity to complete either diaries, an interview, or both.

Staff were invited to record their experiences in diaries, at a time of their choosing and at their own pace. The use of diaries may have provided a therapeutic benefit for staff and they were intended to be used flexibly in the context of the current pandemic, when the professionals' time was at a premium. Each participant was invited to select a unique identifying code and to use this consistently when submitting their diary entries, which enabled their narratives to be linked over time and entries to remain anonymous. Participants were able to submit hand-written, voice recorded or word processed diary entries and were asked to generate a minimum of 2 diary entries over the period of one week. If participants had not submitted a diary entry over a longer period of time, a reminder was sent via email. Participants were provided with a Diary Guide [Appendix 1.] to support them in making diary entries. The guide included prompts that participants were free to use, however the content was solely directed by the individual.

Interviews were conducted by 5 research team members, using a topic guide [Appendix 2.] developed from i) the emerging findings from the analysis of the diaries and ii) a review of the literature on coping and wellbeing amongst HCPs dealing with highly challenging situations.

Interviews enabled the issues raised by staff to be investigated in more depth and previously unknown experiences to be identified and explored. Questions addressed individuals' views and experiences, coping strategies and access to wellbeing support. Interviews were conducted through Microsoft teams, were recorded and transcribed verbatim.

Ethical considerations

All participants were recruited from a single cancer centre in NW England. Ethical approval was obtained from the Local Research Ethics Committee (reference: 20/HRA/5320) and participating NHS Trust.

All data processing and storage followed the EU General Data Protection Regulation (GDPR) and the UK's Data Protection Act 2018. Data was stored on encrypted, password protected devices and printed data was stored in a locked filing cabinet. Diaries, interview transcripts and field notes were anonymised so that personal data, such as names of people and places, were removed and each marked with a code rather than an identifiable name.

Data Analysis

Analysis was conducted in parallel with recruitment. Transcripts of interviews and diaries were analysed independently by five researchers using Smith and Osborns' (2003) four stages of Interpretative Phenomenological analysis (IPA). IPA enables personal lived experiences to be examined in detail, producing an account of lived experience in its own terms rather than through any preconceptions of the researcher or pre-existing theoretical positions (Smith & Osborn 2003). The analysis focused on the generation of detailed and reliable accounts of HCPs on how COVID-19 impacted the pressure and stress they experienced, whilst providing suggestions for improvement. Transcripts were read multiple times and line-by-line annotated coding was conducted, with extracts being organised into emergent sub-ordinate themes, according to their meaning and significance i.e. related ideas identified by participant quotes. Notes were used to record observations, including participant body language, facial expression and interviewer reflections, to ensure sub-ordinate themes accurately reflected and represented the interview transcript. Similarities and differences in sub-ordinate themes were explored within and between participants' experiences, established between staff groups and subsequently linked to form super-ordinate themes. As a group, we discussed the evolving analysis to ensure the process was systematic and emerging themes were supported

by the data. Data analysis was conducted alongside data collection, to ensure the process was iterative, grounded in the data and rigorous.

The number of diary entries submitted differed for each HCP according to the time they had available, familiarity with diary-keeping and writing, and remembering to use the diary. The length and format of diary entries varied, however data analysis procedures allowed themes to be extracted from across the transcripts. The themes are common across the dataset from all professional groups. There were few differences identified between professional groups, individual demographics or study time-points, as participants were experiencing the pandemic as employees of the same organisation. Irrespective of the professional group, participants were managing similar challenges in terms of changes to clinical services and the transition to remote monitoring of patients.

We identified four super-ordinate themes and reviewed these in the context of the original data, checking for conceptual differences between them before writing up the findings. The super-ordinate themes reflected the challenges and opportunities faced by staff during the pandemic on an individual level, practitioner level and organisational level.

Rigour

The process of coding and categorising the data and generating the themes was managed by all members of the research team to ensure consistency between the thematic categories and the data. Transcripts were initially analysed by individual team members and the findings were then discussed within the group. Participant data was interpreted and reported through the use of verbatim extracts which portrayed the lived experiences of HCPs during the pandemic. The team compared data across and within participants and triangulated the findings with previous staff surveys in the organisation which concluded similar results. The team made use of field diaries to document and reflect on thoughts and experiences while collecting and analysing the data and how these may have impacted on the collection, interpretation and presentation of the findings.

FINDINGS

Four super-ordinate themes were identified from the data: “self-management”, “delivery of patient care”, “managing professional roles” and “relationship with the organisation”. These themes are not linear, but are dynamic and situated in the everyday experiences of

participants. Sub-ordinate themes were grouped under the super-ordinate theme labels, providing meaning and context which reflected the way HCPs managed their psychological wellbeing during the COVID-19 pandemic. HCPs described how they mobilised strategies on an individual level, dealing with their emotions by maintaining normality and seeking peer support. Changes to clinical services as a result of the pandemic impacted on patient-professional interactions, In many ways, the care and treatment of patients became more demanding due to the transition to remote working and increased patient numbers, however, patient-professional relationships provided a sense of wellbeing through interactions that were based on openness, trust and respect. HCPs faced challenges to their professional practice due to increased workloads, managing different ways of working, dealing with reduced workforce and loss of informal networks. Finally, at an organisational level HCPs held expectations concerning their place of work, emphasising the importance of feeling listened to, managers and organisational behaviours that were supportive and improved access to wellbeing resources.

Participant quotes were numbered and assigned to diaries or interviews, with explanatory data in square brackets.

1. Self-management

i) Managing emotions

The concealment of emotions was a commonly used strategy to maintain the appearance of coping. Being seen to cope was important in managing professional relationships. HCPs managed their feelings by putting on a brave face. It was important not to be seen to let colleagues down.

> "I did actually put a brave face on it" - W009 Diary
>
> "I'm just kind of just trying to smile and just get on with it like a lot of other people" L021 Interview

Several staff described how it was important to keep positive and to display this to colleagues and people around them.

> "I am generally optimistic & aim to keep others positive" W018 Diary
>
> "I'm just kind of just trying to smile and just get on with it like a lot of other people" L021 Interview

"To stay positive and hopefully people can see this" L008 Diary

However, being positive and sustaining positivity over long periods required resilience. Tiredness and fatigue were common.

> "I have to push these thoughts away regularly to try and be positive…. I do wonder whether this constant emotion changing is adding to me feeling more tired" W009 Diary

> "I'm aware that my tolerance and threshold of patience to deal with recurring problems is lower. I don't think patients or my colleagues would be aware of this as such – but I can't give that 'extra mile' in some ways….and although I am still seeing and prioritising patients, I have less motivation and less energy to tackle the 'system-wide' issues" W018 Diary

The majority of participants achieved a sense of wellbeing through the routine of working life and the support of colleagues. Being a member of a team offered benefits in times of stress. The experience of mutual care and support was appreciated and was described as 'Dunkirk spirit' and being 'in the same boat'. Solidarity and camaraderie were a core component of wellbeing experience.

> "My work team are being brilliant and supportive as always and we are all in the same boat so encouraging each other when needed" L008 Diary

> "I enjoyed the 'Dunkirk' spirit of my colleagues when we were treating patients" W009 Diary

> "The teamwork element has been so apparent and has made things somewhat bearable, it feels like the team is a family almost, but a family that really understands what you are going through" W058 Diary

ii) Maintaining normality

Alongside external environmental and social changes, HCPs appreciated the normality of working life, seeking solace in familiar routines and accessing colleagues who were going through similar experiences.

> "I feel solace in the normality and business of work and ever grateful for the support of my colleagues" W009 Diary

> "I now work Mondays in CCCL - this is going very well, allowing me some normality and social interaction in a safe environment" W047 Diary

iii) Seeking peer support

Solidarity and camaraderie through positive peer relationships were a core component of the wellbeing experience. Participants described an increased sense of openness and mutual concern when interacting with colleagues.

> "The support of the team and how everyone pulls together really helps as the safety and surety counters the feelings of vulnerability" W058 Diary
>
> "I think everyone attitudes has definitely changed, and not as in the sense of them being more relaxed, but sort of become more open, with like I was saying, speaking to your colleagues and stuff. Everybody probably not the same, but this is just what I've found and what I feel. It's probably a positive to take from the situation really, and we do, probably more as colleagues support each other more, and help out and nice parts to it like as well as all the pressure of the job [laughs]" W034 Interview
>
> "I suppose in general you know like it's more like pulling together and working more as a team to make sure that were you know that were all safe and I think everyone's looked after each other a lot more than perhaps we might have done pre-COVID" W035 Interview

Being in a group of like-minded individuals based on long-standing professional relationships fostered collective coping strategies such as humour and keeping positive. Social media platforms were used to exchange positive messaging with colleagues, such as WhatsApp and GIF images.

> "The WhatsApp group between us is helping to send little 'Pick-me-ups' – jokes, GIFs, whatever it takes. The trivial and inane is easier to focus on that the sad realities around us" W018 Diary

> "We have a WhatsApp group for staff which helps with communication across both sites…It allows us to blow off steam & have a laugh, sometimes at ourselves" W005 Diary

2. Delivery of patient care

The delivery of patient care posed new challenges during the pandemic. Participants adapted to new ways of working as the number of patients increased and their needs became more

complex. Interactions with patients fostered a sense of wellbeing through relationships based on trust and mutual respect.

i) 'They have a big battle of their own'

Patients were identified as a source of support and admiration by some staff, linked to positive feelings of gratitude, appreciation and stoicism that was reciprocated by patients.

> "The patients I was in awe of – none of them complained at all or expressed concern – they clearly have a big battle of their own" W009 Diary
>
> "Grateful for how effectively the team worked... patients were particularly grateful today…nice to be appreciated" W005 Diary
>
> "Sometimes it works really well and this puts a smile on my face to hear a relieved voice of a patient when everything has worked well for them" L005 Diary
>
> "Good day - Good patient focused working with colleagues – feeling that I made a difference & established a rapport with patients / their family / carers" W045 Diary

ii) 'Difficult days'

Coping with the events of the pandemic was compounded by the day-to-day stresses of managing workloads, affecting job satisfaction and wellbeing.

> "A difficult day is when I feel disorganised and patients deteriorate…. This makes me feel stressed and deflated" L049 Diary
>
> "A difficult day at the moment would consist of treating many COVID positive patients as well as the non-COVID patients. This is because there are so many more things that we need to consider with COVID positive patients, including PPE and cleaning the department after the patients' visit. This delays everything for all patients and this makes it a stressful day" W032 Diary

iii) The transition to remote patient care

Levels of wellbeing were challenged by changes to the way healthcare services were organised. The transition to remote patient consultations and use of personal protective equipment (PPE) required adjustment to new ways of working.

> "Sitting at your computer all day, phoning patients it's not what we came into the job to do… so a lot of nurses are like "I don't want to be a telephone nurse", you know were oncology nurses at the end of the day, we want that face to face contact" W023 Interview

"It was also a time that the patients were still getting used to the situation, namely having delicate matters explained to them by half-faced health professionals trying to give comfort through their eyes. People became more accustomed to it, but I still feel awkward" W025 Diary

"It goes against what it is to be human to stand so far apart" L006 Diary

iv) 'It's like a conveyor belt'

Changes in patient numbers were managed within existing resources. Participants described how they were unable to forge relationships with patients as they would normally do.

"It seems like the patient load has doubled and yet somehow the patient contact has gone so small. It's like a conveyor belt of starting new patients on treatment and then I barely see them again. I feel like I very rarely make a good connection with a patient the way I used to" L009 Diary

"The one thing that does keep moving is work and the patients. We are trying our hardest to keep them moving. We and they know how important their treatment is. We speak to them normally, calmly. We ensure that we are doing our best. Reassure that we have support systems in place. Try to boost their confidence when we are struggling ourselves with lack of contact with family and friends" L014 Diary

"This week was a stressful one. We have been short staffed, due to covid. This had an impact on not only staff numbers but the delay in patients been seen. This caused me to be stressed I felt I had to push myself to work quickly through patients not giving them as much time as I normally would" L022 Diary

3. Managing professional roles

The professional roles of participants were central to the way wellbeing was experienced. As well as providing a familiar environment with established routines and relationships with colleagues, COVID accelerated change requiring the mobilisation of resources to deal with staff shortages.

i) Loss of staff

"I think the staffing has had more of an impact on people's mental health than the support that's been offered… because you can do a hundred resilience trainings but if you've only one person and two people's work, then doesn't matter how resilient you are, you've still got too much work to do" W011 Interview

"Many challenges during COVID due to loss of staff with sickness and vacancies taking time to fill have meant current staff have felt pressure and stress in an unmanageable workload" W015 Diary

"I do feel slightly run down as I have been covering one extra shift a week now for a couple of months to help cover colleagues that are shielding" L049 Diary

ii) 'We're not all together'

Being separated from colleagues disrupted the usual methods of communication, denying staff the opportunity to share concerns or ask for advice. As staff transitioned to working from home, corridor conversations and informal networking were lost.

"I think the reduction of the number of people onsite was difficult in a lot of ways… it's not the same as like having a chat in the corridor is it. So I think we miss out on that an awful lot with having bodies onsite just to chat to for a cup of coffee. It's more difficult now… it seems to take longer to sort problems out" W022 Interview

"I think we're missing things erm, as well, that sense of we're not all together, with your door open, whereas people where you've got availability might just drop in and offload something or talk a patient through, but I'm not getting that. I think, I think people aren't maybe doing this" W014 Interview

iii) New opportunities

For some participants, the pandemic provided new opportunities to develop new skills and to meet new colleagues.

"At the start of the COVID pandemic I found myself stepping up and providing even more senior nurse leadership than I did normally on a day to day basis to the matrons, ward managers, lead nurses… I also had the pleasure of getting to know more senior nurses during the pandemic than I would have otherwise…..This gave me a sense of purpose and belonging" W024 Diary

"I've changed jobs in the middle of this pandemic as well so I got a promotion" L042 Interview

4. Relationship with the organisation

i) Being listened to

Participants' relationships with the organisation were mixed. Feeling supported and being listened to by management was believed to be a positive boost to wellbeing. Staff believed more attention should be paid to the day-to-day pressures of providing patient care.

> "I don't really need a resilience workshop, I just want to feel like I'm being listened to" W004 Interview
>
> "That's the issue rather than more support with coping with the pandemic, it's just been no support actually with work" L009 Interview

ii) Managers' needs

Perceived lack of acknowledgement by managers for the needs of staff were balanced by the view that those in positions of leadership may have unmet mental health needs themselves.

> "I think that's where it's got to start hasn't it. If the managers aren't dealing with their own health and wellbeing then they can't support other people with theirs" W022 Interview

iii) Barriers to wellbeing information

Email was identified as the route through which the majority of wellbeing services were advertised during the pandemic, however, time and access to a computer during the working day varied across staff groups due to busy workloads.

> "So on our emails, it does say that we can, there's been stuff about mental health support and all like that on the emails but you don't have time to access that in work... I mean I do check my emails daily at home even when I'm not on shift, but you don't really want to be reading that deep and doing all that sort of thing on your day off" L042 Interview
>
> "You get so many emails coming through, I don't know what, sometimes you struggle to get, to get to them" W004 Interview

iv) 'If we're just nice to each other'

Communication between HCPs and the Trust was considered central to understanding the wellbeing needs of staff. Participants highlighted organisational behaviours they believed would aid employee wellbeing.

"We have to be mutually supportive, we have to, we have to be kind to our colleagues, and I think that's really important. We have to allow people the space to talk to each other… I think for more senior staff we have to be role models…with Civility Saves Lives* and I think that their message that if we're just nice to each other, civil even when the going gets rough, then it really helps" W046 Interview

*[a national project to promote positive behaviours in the workplace]

DISCUSSION

The negative impact of the pandemic on the physical and emotional health and wellbeing of HCPs occupying different roles is unequivocal (Lorente, Vera & Perio, 2021). Extended periods of intense pressure and high demand on nurses in the Philippines resulted in stress, fatigue, burnout and reduced quality of care (Labrauge & de Los Sontos & Fronda, 2021). This mirrors research by Asghar et al. (2021) who reported emotional exhaustion and depersonalisation amongst medical staff in Pakistan, strongly associated with a history of COVID-19 infection. In contrast, a UK study of the impact of COVID-19 on therapy and diagnostic radiographers, found that changes to working practices and the implementation of personal protective equipment (PPE) exacerbated service pressures, leading to workforce stress (McFadden et al 2022). Burnout, exhaustion and disengagement has been found amongst academic radiographers across Europe due to increased workloads, creating a desire to leave the profession (Knapp et al 2022). Regionally, HCPs working in North West England experienced high levels of psychological distress during the first wave of the COVID-19 pandemic (Debski et al 2021). They added that HCPs living alone, having disabled dependents or a history of depression/ anxiety were at increased risk of stress and anxiety, and that resources should be targeted to 'at risk' staff groups. Managing emotions over long periods is linked to tiredness, fatigue and in some cases, loss of motivation and concentration, emphasising the need for continued wellbeing support to staff in the long-term (El-Hage et al 2020).

Specific factors have been linked to higher levels of coping and resilience amongst healthcare professionals. Zhang et al (2021) found that good social support and self-efficacy amongst nurses in China, helped to improve levels of post-traumatic growth when dealing with traumatic experiences. Similarly, despite nurses reporting anxiety and depression, Engelbrecht, Heunis & Kigozi (2021) found South African nurses training adequately prepared

them for the rise in numbers of people affected by COVID. An Australian study by Ashley et al (2021) identified the self-management strategies used by primary healthcare nurses to deal with their anxiety and stress levels, including attention to physical exercise and diet. Recent studies suggest that HCPs who were more resilient were less likely to experience COVID-related anxiety (Tam et al., 2020; Maiorano et al., 2020), compassion fatigue (Labrauge, 2021), burnout (Di Monte et al., 2020), and psychological stress (Khalaf et al., 2020).

This study has highlighted how HCPs rose to the challenge of the pandemic, displaying resilience and effective coping strategies that were often rooted in familiar reference points such as work and interactions with colleagues and patients. While wellbeing threats existed, positive exchanges with patients and colleagues fostered a sense of mutual care and support. Indeed, Barello & Graffigna (2020) concur with the protective effects of group interactions during times of threat and stress, stating,

> *"Perhaps, the greatest opportunity for managing people's fears during health emergencies—like the COVID-19 one—lies, in the short term, in restoring our connections with each other. Today, we are all called to rebuild a sense of community and the ties that bind us together as human beings" Pg.1*

The findings from this study resonate with an extensive literature on the emotional and informational benefits of peer support (Behrman et al. 2020). Peer support is known to reduce loneliness, improve self-esteem, aid communication, reduce distress and provide a framework for social exchange of ideas (Richard et al. 2022), however, it is also associated with concerns about confidentiality and misinformation. That said, McDonald (2016) argues that the support gained from work colleagues and social networks provides protection against adverse work events, promoting self-esteem and increasing emotional security. Further investigation exploring how HCPs self-manage their wellbeing according to their job banding and place of work i.e. department/ directorate, may provide useful data when comparing the coping and resilience outcomes of individuals.

Being positive for colleagues was an important part of image management as a professional, maintaining an identity that integrated with the collective identity of the group. Social interaction within professional groups is characterised through safe and facilitative environments for learning and the promotion of professional identity. Often termed 'communities of practice' these are characterised through social interactions, sharing of knowledge and shared problem solving (Bicchi 2021). The term community of practice was

originally developed by Wenger et al. (2002) as a learning model to articulate how apprentices learn by engaging in complex sets of social relationships with more advanced apprentices. The authors describe how such communities evolve as members get to know each other and learn from each other's experiences through the sharing of advice, lessons learnt and finding solutions to problems. In this study, enabling factors for positive wellbeing included the presence of trust, co-operation, friendliness, helpfulness, approachability and belonging. The experience of mutual care and support was appreciated and was described using various metaphors terms such as 'Dunkirk spirit'; being 'in the same boat'; and part of a 'family'. Camaraderie and solidarity were a core component of wellbeing experience. Participants used humour to diffuse stress and lighten the mood, a core element in the culture of peer support and group membership (Bicchi 2021). Social interactions in communities of practice e.g. sharing interests and details of personal lives are known to facilitate the creation of 'safe' spaces within which to interact and communicate (Office for Health Improvement and Disparities 2023).

Participants reported how working life was a constant in daily life. This proved to be an effective way for many participants to manage their wellbeing by defining life as 'normal' and minimising the social consequences of COVID. The role that working life has on levels of wellbeing is worthy of investigation, in relation to the potential positive effects of routine and familiarity. Stable everyday routines are important for wellbeing and health and enable individuals to adjust to change. Routines also provide stable and ordered environments that reinforce professional identity (Karali 2020).

The pandemic disrupted usual communication exchanges with patients, in particular the move to remote consultations and absence of family members when holding difficult conversations, however, this was juxtaposed with job satisfaction, having pride in doing one's best for the patient and experiencing their appreciation. High standards of care resonates with the values of communities of practice as receptacles and generators of knowledge from thinking and practising together, leading to shared learning and for some, job opportunities and career progression (Matsuo and Aihara 2022). In contrast, loss of physical contact with patients and colleagues reduced opportunities for informal networking and the exchange of information, disrupting shared practice partnerships.

Participants had mixed experiences of the organisation in terms of wellbeing support, with the majority of support being shared within professionals' peer and social networks. This

mirrors the levels of communities of practice described by Nicolini (2022) as fluid and heterogeneous, where groups may be supported or structured according to the involvement of the organisation. Similarly, Noyes (2022) found that hierarchies of power within clinical environments may create competing pressures in collaborative healthcare groups. The membership of communities can be permanent or transient and core or peripheral in the group, highlighting how the wellbeing needs of staff may be best served through a range of interventions targeted at the needs of the individual. Attention should be paid to fostering positive employer-employee relationships based on shared decision-making and the co-production of wellbeing resources.

Whilst the link between compassionate leadership and the wellbeing of staff is acknowledged (West et al. 2020), communication and information strategies used by organisations to promote wellbeing warrant further investigation. The trend for communication through email was prohibitive for many staff who had little access or time to attend to non-urgent messages. According to Matheson et al. (2016) professional resilience is increased through strong management support and teamwork and is negatively impacted by increased workload, poor communication and information overload. Therefore, an understanding of how and where organisational policies facilitate and hinder the wellbeing of HCPs is core to ensuring the delivery of effective, meaningful and accessible health and wellbeing interventions.

Limitations

The sample was drawn from one specialist cancer centre and gives a unique and valuable insight into the challenges faced by patients and staff with cancer in a pandemic, however, it was not intended to be representative of the views of other staff groups in other care settings. The majority of participants were female which reflects the national gender profile of NHS healthcare staff. We accept that the self-selecting nature of the sample means that they may represent individuals who were more willing or able to discuss their experiences during the pandemic than their counterparts. Lastly, thirty five HCPs consented to participate in the study but did not submit data. The reasons for non-participation included: being too busy and not having the time; not interested in taking part; being involved in another COVID-related study; and believing that nothing would change as a result of taking part. Some of these reasons warrant further investigation.

CONCLUSION

The unique wellbeing experiences of oncology HCPs, as opposed to those working in other healthcare settings is an area for further study. Whilst staff experienced wellbeing support through interactions with peers and patients, it was apparent that enforced separation from colleagues and patients due to COVID regulations had a potentially detrimental impact on wellbeing. Organisational responses to wellbeing should ensure that support provided is accessible, meaningful and meets the needs of HCPs. Wellbeing solutions, co-created by staff and the organisation will help to ensure needs are appropriately identified and supported. The concept of communities of practice could assist organisations to understand how relationships, communication and interactions between groups of HCPs can be harnessed to promote positive wellbeing. Moreover, established communities of practice provide a foundation from which to build on resilience and wellbeing, since many communities involving HCPs pre-date the pandemic. Interventions that build on social spaces and informal networking opportunities, allowing staff to relax and reflect would be beneficial, in addition to opportunities for mental and physical relaxation through, for example, mindfulness, aromatherapy or massage. Finally, wellbeing interventions should be evaluated through feedback from staff to ensure they meet the needs of individuals. This includes the provision of long-term support for the effects of long COVID, fatigue and burnout amongst HCPs.

Conflict of Interest statement

No conflict of interest has been declared by the author.

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APPENDIX

Table 1. Participant demographics

Gender	Female	83
	Male	17
Age	21-30	29
	31-40	28
	41-50	27
	51-60	16
Length of service at the Trust	0-5 years	62
	6-10 years	16
	11-15 years	10
	16-20 years	9
	21+ years	3
Working Hours	Full time	73
	Part time	27
Ethnicity	White - British	85
	White - Irish	5
	White - other	6
	Black African	1
	Mixed White & Black Caribbean	1
	Bangladeshi	1
	Pakistani	1
Note: Data missing from two participants		

Table 2. Recruitment

	Number recruited	Withdrawal	Non response
Consultants	11	0	4
Radiographers	28	0	10
Nurses	42	2	14
Allied Health Professionals (non-radiographer)	9	0	1
Support Workers	12	0	6
TOTAL	**102**	**2**	**35**

Table 3. Data submitted

	Diary Only	Interview only	Diary & Interview	Total
Consultants	4	2	1	7
Radiographers	9	8	2	18
Nurses	10	4	12	26
Allied Health Professionals (non-radiographer)	5	1	2	8
Support Workers	3	1	2	6
TOTAL	**31**	**16**	**19**	**66**