



Determining the impact of nurse redeployment during Covid-19

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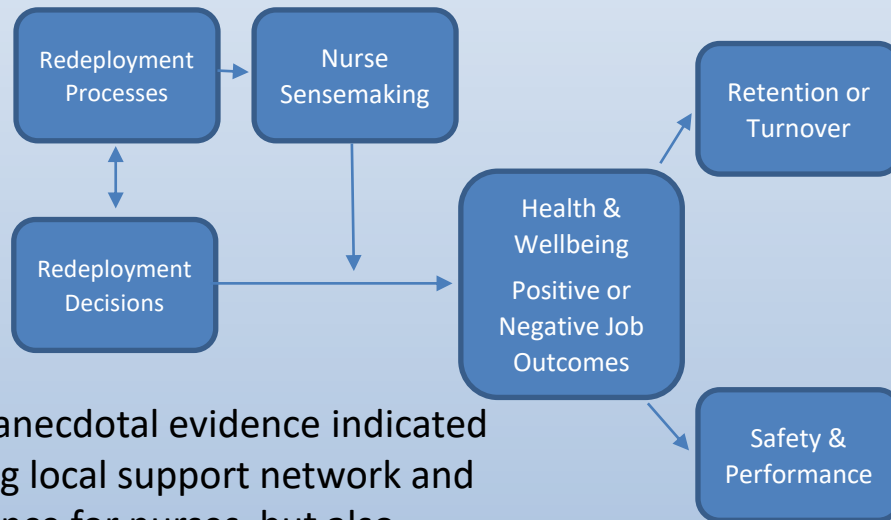


Redeploy
Work & nurse wellbeing



Background

- Redeployment during the pandemic happened with little time to plan or knowledge of how to do it
- Evidence base lacking
- Article on the ethics of redeployment
- Local challenges and anecdotal evidence indicated dual stressors of losing local support network and feelings of incompetence for nurses, but also positives associated with redeployment



Aims of the Research

❖ To gain a better understanding of the impact of redeployment during COVID-19 on nurse well-being, performance, and retention.

WP1: To understand how the process of redeploying nursing staff was managed prior to and during the Covid-19 crisis

WP2: To understand nurses experiences of redeployment, the associated impact on their health and well-being, motivation, performance and turnover intentions

- Funded by NIHR HS&DR Covid Recovery scheme
- Research across three Trusts (Bradford, Oxford and Royal London) chosen for the different staff ethnicity demographics and the different experiences of Covid-19.

Study methods

WP1:

1. Interviews with 33 nurse managers responsible for redeployment
2. Focus groups with 15 nurse managers responsible for redeployment

WP2:

Longitudinal study with 60 nurses at three timepoints:

1. Month 1: Questionnaire & interview
2. Month 4: Questionnaire
3. Month 11: Questionnaire and interview



Supported by: Staff Advisory Group
and Community Conversations

Data collection to date

WP1

Total n= 14
(22)

- Trust A
n= 6
- Trust B

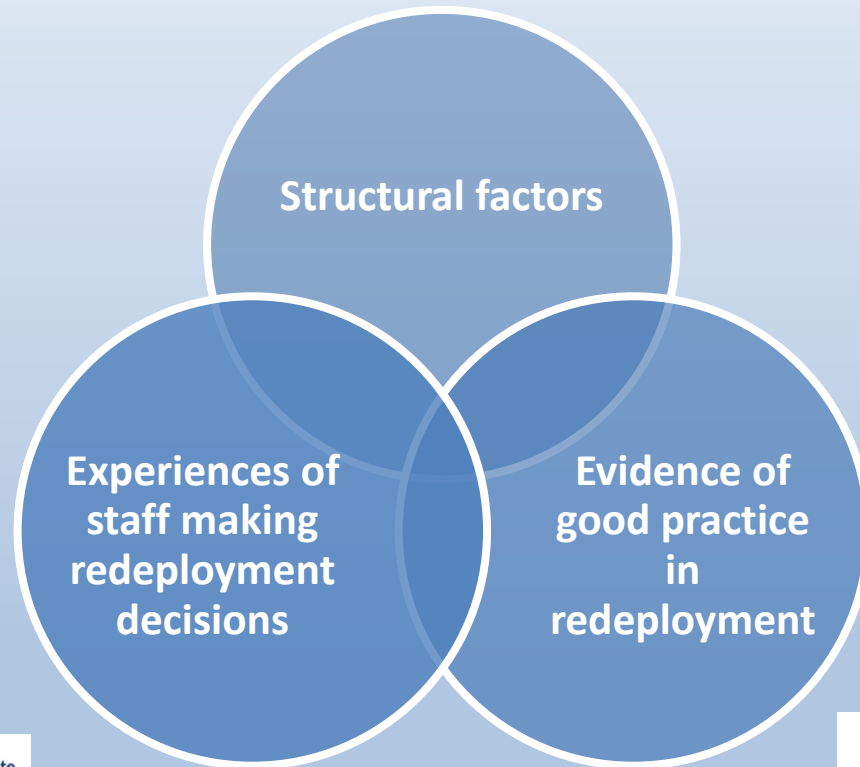
WP2

Total n= 6
(15)

- Trust A
n= 4
- Trust B



Preliminary insights WP1



Structural factors

	Trust A	Trust B
Before Covid-19	<ul style="list-style-type: none"> ➤ Redeployment managed locally ➤ Redeployment 'the short stick' ➤ Redeployment often involved conflict 	<ul style="list-style-type: none"> ➤ Redeployment managed locally but with a centralised 'pool' when difficulties arose ➤ Staff more likely to choose redeployment ➤ Minimal conflict anticipated
During Covid-19	<ul style="list-style-type: none"> ➤ Decisions came from execs using top down approach. ➤ Day to day redeployment managed by Staffing Matrons ➤ Existing negative perceptions towards redeployment compounded 	<ul style="list-style-type: none"> ➤ There was a ramping up of existing redeployment structure (the Pool) ➤ Key decisions involved different levels of staff ➤ Mostly positive experience of redeployment

Redeployment experience

- ❖ Senior nurses found making decisions around redeploying challenging, both professionally and emotionally

"The guilt people felt because they'd wanted to help but the reality is, was, they were struggling, their mental health was being affected [...] we started working on, okay, how do we manage this, because, of course, staff were being redeployed to areas that still needed them, and so it was a real struggle."

- They indicated understanding and empathy towards the nurses they were redeploying, such as the toll that placing nurses in positions with large patient to nurse ratios and high acuity patients could have on staff well-being.
- Some nurses experienced challenges and conflict when communicating redeployment with nurses.

"I think if you're having those conversations they're always difficult, yeah. Because you're asking somebody to do something that they feel is, is beyond them. [...] you're constantly, I think, you're prepared for that difficult conversation, and that challenge on the other end."

Examples of good practice

❖ Examples of good redeployment practice identified by senior nurses:

- ✓ Listening to staff and learning lessons on redeployment between waves
- ✓ Clear decision making and communication of decisions
- ✓ Keeping teams together when redeploying
- ✓ Redeploy for longer, fixed periods of time rather than infinite periods or day-to-day adhoc redeployment

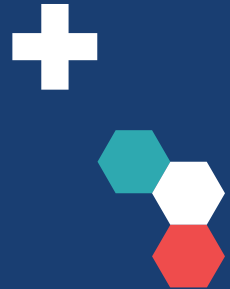


Summary

The knowledge generated in this study will:

- Help us understand how to manage redeployment so that the benefits are maximised and costs minimised
- Inform national and local redeployment policies
- Inform the development of guidance and training for managers tasked with redeploying the workforce
- Offer advice on the support and training needed for nurses who are redeployed





Thank you

@LawtonRebecca, on behalf of the Redeploy team:

Jenni Murray , Michael Dunn, Angela Grange, Kerrie Unsworth, Ruth Simms-Ellis, Udy Archibong, Jayne Marran, Olivia Joseph, Hannah Hartley, Alice Dunning, our Trust Collaborators, the wider PMG, patient and staff group @RedeployStudy



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