

Learning from the COVID-19 pandemic – approaches to support employee health and wellbeing

Report submitted to the IOSH Research Committee

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Contents and Tables

Acknowledgements	6
Abstract	7
1. Executive Summary	8
Background	8
Research aims and approach	8
Summary findings.....	9
Outcomes of the pandemic.....	9
Organisational responses to the pandemic.....	10
Barriers and facilitators to wellbeing	10
Summary recommendations	13
Recommendations	14
2. Background and introduction to the research	16
2.1 Change in the nature of work	16
2.2 Impact on employee wellbeing	16
2.2.1 Insights from previous pandemics.....	16
2.2.2 Insights from the COVID-19 pandemic.....	16
2.3 Organisational support for employee wellbeing during the COVID-19 pandemic	17
2.4 Current research aims	17
3. Methodology	18
3.1 Stage 1: Rapid Evidence Review.....	19
Table 1: Rapid evidence review inclusion and exclusion criteria	19
Review Process.....	21
3.2 Stage 2: Interviews with employees, managers and stakeholders.....	21
Table 2: Number of interviews and focus groups at Time 1, Time 2 and Time 3	22
Table 3: Work location at Time 1 and Time 3.....	22
4. Results.....	22
4.1 Outcomes of the pandemic on employees, managers and organisations	22
Table 4: Outcomes of the pandemic themes.....	22
4.1.1 Impact on mental wellbeing	22
4.1.2 Weariness and fatigue.....	23
4.1.3 Working from home challenges	24
4.1.4 Increased operational challenges.....	25

4.1.5 Positive outcomes from the pandemic.....	26
4.1.6 Transitional concerns	27
4.1.7 Cumulative impacts: health and performance	27
4.2 Organisational response to the pandemic.....	28
Table 5: Organisational response to the pandemic themes.....	28
4.2.1 Providing learning opportunities	28
4.2.1.1 Qualitative data	28
4.2.1.2 Evidence review	28
4.2.2 Cross-cutting communications.....	28
4.2.2.1 Qualitative data	28
4.2.2.2 Evidence review	29
4.2.3 Leveraging existing assets and strengths.....	29
4.2.4 Mixed data collection	29
4.2.4.1 Qualitative data	29
Table 6: Types of data collection.....	30
4.2.4.2 Evidence review	30
4.2.5 Maintaining wellbeing as a priority	30
4.2.5.1 Qualitative data	30
4.2.5.2 Evidence review	30
4.2.6 Localised and differentiated responses.....	31
4.2.6.1 Qualitative data	31
4.2.6.2 Evidence review	31
4.2.7 Integrating and embedding wellbeing beyond the pandemic.....	32
4.2.8 Job design and the future of work	32
4.2.8.1 Qualitative data	32
4.2.8.2 Evidence review	33
4.3 Barriers and facilitators to addressing and managing employee wellbeing during the COVID-19 pandemic.....	33
Table 7: IGLOO framework.....	33
Table 8: Barriers and facilitators to addressing and managing employee wellbeing themes.....	34
4.3.1 Individual level barriers and facilitators.....	35
4.3.1.1 Use of stress management tools and resources	35
4.3.1.2 Technology skills.....	35
4.3.1.3 Individual circumstances.....	35
4.3.1.4 Satisfaction with organisational prioritisation of wellbeing	36

4.3.2 Group level	36
4.3.2.1 Job design and workload	36
4.3.2.2 Group culture/behaviours	37
4.3.2.3 Social connection	37
4.3.2.4 Technology and systems	38
4.3.3 Leader	38
4.3.3.1 Authentic and compassionate leadership	38
4.3.3.2 Leading the wellbeing agenda	38
4.3.3.3 Line manager behaviour	39
4.3.4 Organisation	39
4.3.4.1 Wellbeing maturity and integrating the wellbeing agenda with strategic and commercial imperatives	40
4.3.4.2 Communications reach	40
4.3.4.3 Structural and job design	41
4.3.5 Outside	41
5. Recommendations	42
6. References	44

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Abstract

The COVID-19 pandemic has had a dramatic impact on the world of work. Organisations were required to adapt to new homeworking practices, put in place health and safety restrictions for those remaining on site, and respond to rapid changes in work demands. These changes, together with the diverse challenges experienced at home by so many, have had significant consequences for employee wellbeing.

Many organisations took steps to support their employees in response to rising concerns for mental health and wellbeing. With limited precedents on which to base health and wellbeing responses, the COVID-19 pandemic represented an extraordinary experiment into new ways of working, new policies and new initiatives, the health and wellbeing consequences of which are not yet fully clear.

This research offers an in-depth account, drawn from five organisations, of the impact of the pandemic on work, health and wellbeing. Interviews and focus groups with employees, managers and health and wellbeing stakeholders were conducted at three time points in the pandemic, between November 2020 and June 2021.

Findings are presented around three overarching themes: Firstly, the 'outcomes of the pandemic' brings together themes relating to how much the pandemic changed life for employees and shows how the challenges they faced changed over time; secondly, the 'organisational responses to the pandemic' highlights the common and unique organisational interventions that were implemented, with a distinct pattern of integration and focus on job design emerging in the third phase of data collection; thirdly, the 'barriers and facilitators' to the implementation of health and wellbeing interventions are examined according to the IGLOO framework that identifies the individual, group, leader, organisational and factors that hindered or facilitated implementation.

The COVID-19 pandemic has placed exceptional strain upon the health and wellbeing of employees. While employees gave many positive examples of organisational interventions, their accounts also highlighted key areas where wellbeing was compromised and where practices could be strengthened in the future. Recommendations are provided both to enhance wellbeing provision for staff as we move beyond the pandemic and to support future pandemic preparedness.

1. Executive Summary

Background

COVID-19, which was declared a pandemic by the World Health Organization on 11 March 2020, has led to dramatic changes in the way we work as organisations after striving to adapt to state-imposed lockdowns, health and safety restrictions and economic upheaval.

These changes have had inevitable consequences for employee wellbeing. Employees have needed to adapt almost overnight to new homeworking practices, as well as a transformed health and safety environment for those remaining on the front line. There have also been striking changes in workload and work design, ranging from unemployment and furlough for some employees, to drastic increases in workload for others. Work changes have occurred in tandem with the impact of COVID-19 on employees' lives outside of work. Small wonder, then, that many employees have reported worsening mental health in this period.

Consequently, mental health and wellbeing have risen up the agenda for many organisations, many of which have gone to great efforts to support their employees in the period. However, there have been limited circumstantial precedents on which to base organisational health and wellbeing responses. For many organisations, COVID-19 has represented an extraordinary, often nail-biting, experiment into new ways of working, new policies and new initiatives of which the health and wellbeing consequences have not been fully clear. It is essential that we capture, distil and disseminate what we have learned from this experiment to inform future practice.

Research aims and approach

This research was conducted by Affinity Health at Work in five collaborating organisations during three timepoints in the pandemic, from November 2020 to June 2021. Affinity conducted interviews and focus groups with employees, managers and health and wellbeing stakeholders to gain a picture of organisational health and wellbeing during the period.

The research aimed to achieve the following outcomes:

- Understand wellbeing outcomes of the pandemic for employees, managers and organisations
- Examine how organisations could effectively support employee health and wellbeing
- Identify barriers and facilitators to health and wellbeing
- Develop evidence-based recommendations for employee health and wellbeing, to serve during the pandemic and any future disease outbreak.

The research combines evidence taken from academic and practitioner literature with evidence derived from the analysis of employee, manager and stakeholder interviews and focus groups from the five participating organisations.

To identify relevant literature, a series of searches related to organisational wellbeing responses to pandemics (e.g. COVID-19, Ebola, SARS) were conducted across academic search engines, supplemented with an additional hand search. Additional literature was used to elucidate findings from the interviews.

For the primary research component, 57 employees were recruited from five organisations. There were 97 separate data collection points, with interviews and focus groups conducted at three timepoints between November 2020 and June 2021. This comprised:

- 39 interviews with stakeholders
- 33 interviews and 3 focus groups with managers
- 5 interviews and 17 focus groups with employees.

In all interviews and focus groups, employees were asked about their health and wellbeing within the organisational context of the preceding period and about the organisational health and wellbeing response. Participants reflected on what had helped – or hindered – when it came to wellbeing.

Findings from the literature and interviews were then synthesised to develop the findings presented in this report.

Summary findings

Commonly occurring themes were identified at each interview wave, grouped under three overarching areas: outcomes of the pandemic; organisational responses to the pandemic and barriers and facilitators to wellbeing. Within each of the three areas, some themes remained constant over the three time points while others appeared as unique to the phase of the pandemic.

Outcomes of the pandemic

'Outcomes of the pandemic' brings together themes relating to how the pandemic had changed life for employees and organisations. Some of these themes were consistent across time points, while others were identified at just one time, clearly associated with a time-bound challenge, such as the winter lockdown at Time 2, or the uncertainties associated with the ending of restrictions at Time 3. Taken as a whole, the themes suggest that employees were experiencing a combination of practical challenges (new working practices, increased or changing workloads) alongside emotional challenges, such as isolation and uncertainty, throughout the research period. Nonetheless, it was notable that many employees shared their positive experiences of the changes in working practices and focus on health and wellbeing occasioned by the pandemic.

Summary outcomes of the pandemic for employees, managers and organisations				
Theme	Description	Time 1	Time 2	Time 3
Impact on mental wellbeing	A negative impact of COVID-19 on mental health was reported due to both personal and work-related factors.	✓	✓	
Weariness and fatigue	Employees felt exhaustion related to COVID-19 and to the challenge of getting outside during winter months.		✓	
Working from home challenges	Employees described a range of work from home challenges, including physical health consequences caused by a lack of office equipment and mental health challenges due to a lack of boundaries. Digital fatigue was a key concern that had not resolved over time.	✓	✓	✓
Increased operational demands	Specific challenges varied, but included increased workload (eg due to COVID-19 related work, furlough, colleagues isolating or being off) and an "always on" work culture.	✓	✓	✓
Positive outcomes from the pandemic	Employees spoke about the upsides to changed working practice, noting greater flexibility, time to exercise or be outside due to the lost commute, gratitude for small kindnesses and personal and organisational growth.	✓		✓
Transitional concerns	Employees felt concerned about the future for themselves and their organisation in terms of working practice, as well as the challenge of coping with ongoing uncertainty.			✓
Cumulative impacts on health and performance	Employees were struggling to maintain motivation. They felt that their mental and physical health and their job performance was suffering.			✓

Organisational responses to the pandemic

'Organisational responses to the pandemic' bring together themes on the core ways that organisations addressed health and wellbeing during the pandemic. While some areas of activity were mentioned as specific themes only at Time 1, this is likely to be because many such activities simply continued through the period, rather than these activities dwindling over time. It is notable that at the later time points, employees perceived a growing maturity and nuance of response, with organisations targeting interventions and integrating the wellbeing agenda. It is also notable that job design had become an increasingly strong focus by the third wave, perhaps prompted by the increased operational demands identified by employees at all three time points (see 'Outcomes of the pandemic').

Organisational responses to the pandemic				
Theme	Description	Time 1	Time 2	Time 3
Learning opportunities	Organisations had offered employees a variety of skills-based webinars, discussion sessions and intranet resources.	✓		
Cross-cutting communications	Employees felt organisations had used a range of channels to promote wellbeing resources, highlight government health and safety information and signpost to external expertise.	✓		
Leveraging existing assets and strengths	Leveraging strengths including drawing upon academic and practitioner expertise and using existing resources such as gold/silver/bronze response systems, EAPs and existing policies.	✓		
Mixed data collection	Employees all talked about how their organisations had collected data, although there was considerable variation in the extent and range of data gathered. Many employees highlighted challenges in gathering comprehensive and appropriate wellbeing data (given employee differences, finite resources, a lack of baseline data).	✓	✓	
Maintaining wellbeing as a priority	Many employees felt that their organisations were consistent in giving employee wellbeing the highest priority, including through amended work targets, increased flexibility and senior leaders expressing vulnerability.	✓	✓	✓
Localised and differentiated priorities	As the pandemic progressed, employees shared how wellbeing provision and messaging had been effectively localised and tailored. However, it was sometimes unclear where responsibility for wellbeing sat, and difficult to achieve consistency across the organisation.		✓	✓
Integrating and embedding wellbeing beyond the pandemic	As the pandemic progressed, employees emphasised the focus on ensuring that wellbeing would continue to be integrated into other areas and embedded across all areas of policies and practice.		✓	✓
Job design and the future of work	At Time 3 some organisations were considering job design and examining work tasks and roles as well as the skills required to do the job effectively. There was a recognition that wellbeing interventions would not address issues of poor job design.			✓

Barriers and facilitators to wellbeing

At the three time points, employees identified factors that they felt could help ('facilitator') or hinder ('barrier') people in terms of their health and wellbeing during the pandemic. For instance, a facilitator might be a factor that enabled an employee to engage with organisational wellbeing provision, while a barrier might be a factor that prevented an employee taking care of their wellbeing, even where they might have wished to. These barriers and facilitators are structured according to IGLOO, a framework

that considers a person's total work resources and influences in terms of individual, group, leader, organisational and other factors. A wide range of barriers and facilitators were identified in the research, but in terms of dominance, the critical importance of colleagues – particularly the line manager – was apparent and fed into many other barriers and facilitators, including empowerment to access facilitators such as wellbeing resources and skills. It was also notable that participants felt that managers and leaders had come under increasing strain as the pandemic progressed.

Barriers and facilitators of the IGLOO framework		
Individual		
Attributes, circumstances, skills and behaviours of the individual that can help or hinder wellbeing.		
Themes	Facilitator	Barrier
Individual Use of stress management tools and resources	- Wellbeing resources provided by the employer - Awareness of personal mental health 'red flags' - Strategies such as healthy eating and exercise, establishing work/life boundaries etc - Detaching, relaxing - Reducing 'Zoom time' - Getting out into nature.	- Lack of awareness of resources available in the organisation eg EAP - Lack of time to access resources - Perceptions of the resources as being a 'bit fake'.
Technology skills	- Good adjustment to online working - Good ability and aptitude to learn the technical and personal skills required to flourish.	- Slow IT provision which increased stress and technical issues with implementing new systems - Difficulties in maintaining boundaries between work and home eg having to share a personal mobile number - The continued reliance on screens for interaction.
Individual circumstances	- Lower workload - Supportive line manager - Feeling enthusiasm for the future and drawing strength from colleagues and organisations.	- For operational staff physically going to work; barriers included - concern for physical health and keeping the environment Covid-secure - Tensions between those who were furloughed and those who weren't - High workload - Low workload and concerns about job security - Home schooling, carer responsibilities, the risks of having frontline healthcare partners - Managing a new team remotely - Onboarding remotely - Unsupportive line managers - Feeling an apathy or joylessness akin to languishing.
Satisfaction with organisational prioritisation of wellbeing	- Gratitude for being included in discussions about new ways of working - Organisation's commitment to supporting and protecting wellbeing.	- Cynicism towards management and thoughts that the organisation were paying lip service to wellbeing - Anxieties about returning to the office with a lack of consultation.
Group		
Input from colleagues, friends and family that can help or hinder wellbeing		

Job design and workload	• Empowerment to make localised decisions within the work group.	• Lack of team coordination and prioritisation of work • Short staffing • Increased workload which for some was a result of the hybrid working model • Concerns about decisions regarding the return to the physical work environment.
Group culture/behaviours	• Warm and open group culture • High levels of team and colleague support • Increase in empathy • Leveraging individual skills • Virtual get-togethers and face-to-face team interactions.	• Lack of collaborative culture • Working in silos • Turning off video in virtual meetings • Willingness to talk about feelings and mental health.
Social connection	• Inclusive online social events • Maintaining social connections with the work group and establishing new ways of relating • Supporting colleagues • Quizzes, virtual coffee mornings and virtual team walks.	• Lack of connection and relatedness (eg loss of informal opportunities to communicate) • Barriers to maintaining human connection: varied work patterns, geographical barriers, not everyone wanting to meet up for a walk.
Technology and systems	• Greater fluency with technologies such as Zoom and MS Teams • Breaking down of silos due to technology eg bringing staff together in new contexts.	• N/A
Leader Input from a line manager, organisational leader or relevant subject matter experts that can help or hinder wellbeing		
Authentic and compassionate leadership	• Visibility and transparency of senior leaders • Consistent messaging • Leaders demonstrating authenticity and compassion • Supporting wellbeing from the top down eg putting health and wellbeing above profit.	• N/A
Leading the wellbeing agenda	• Senior managers championing wellbeing in their actions and communications • Senior leaders talking about mental health • Leadership structures that set the wellbeing and inclusion agenda at a sufficiently senior organisational level.	• Disparity in commitment to wellbeing at a senior level eg just paying lip service • The reduced visibility of senior leaders during the gradual return to the office • The decreased importance of wellbeing as a priority due to commercial pressures.
Line manager behaviour	• Managers who have bought into the importance of wellbeing • Authentic and regular communication • Supportive and understanding attitude	• Cynical managers resulting in barriers to accessing information and receiving support and resources • Failure to read the staff mood in virtual meetings

	Offering flexibility.	- Inability to quickly adapt to managing hybrid working teams - Managers overworking and not taking care of their own wellbeing, leading to decreased capacity and ability to support the wellbeing of employees - Managers not being sufficiently supported by their leaders
Organisation Factors in the wider structure or operations of the organisation that can help or hinder wellbeing		
Wellbeing maturity and integrating the wellbeing agenda with strategic and commercial imperatives	Mature wellbeing approach where wellbeing is embedded across the organisation and there is a clear key strategy with clear objectives.	- Mental health perceived as a taboo - Commercial and strategic imperatives dominate any discussions of wellbeing - Lack of strategy with objectives and measurements.
Communications reach	- Tailored communication - Communication to keep employees informed and recognised for their hard work - Comms from senior leaders - Centralised wellbeing strategy and offerings.	- Challenge of communicating effectively about wellbeing to all groups due to size and complexity of organisational structure - Complex sites (eg intranet) and hard to find information - Uneven cascade system.
Structural and job design	- Increased flexibility - Recognition of the needs of diverse groups and action to support these needs.	- Lack of job redesign to address workload - Lack of actioning opportunities to centralise tasks - COVID-19 adjustments in addition to other organisational change - High workload.
Outside Factors in the wider social, political and general life context that can help or hinder wellbeing		
Changes of legislation and the frequency of changing government communications	N/A	Frequency of changes.
Time of year	N/A	- Winter weather so less inclined to go out - Working longer hours - Spending more time inside.
External uncertainty and global recovery	N/A	- Lack of clarity - Ambiguity - Concern about new Covid variants.

Summary recommendations

This research made clear that COVID-19 had placed exceptional strain upon the health and wellbeing of participating employees. While employees gave many positive examples of organisational interventions, their accounts also highlighted key areas where wellbeing was compromised and where practices could be strengthened in the future, both to enhance wellbeing provision for staff as we move beyond the pandemic and to support future pandemic preparedness.

To develop the recommendations for this report, the research team amalgamated the themes raised across the three time points with findings from the literature.

Recommendations

1. **Demonstrate senior management commitment to employee health and wellbeing**

The research demonstrated the extent to which senior management set the tone for how employees experienced organisational support and how easily trust can be lost.

Do this through:

- Regular communication and updates from leaders
- Ensuring that leaders model good practice
- Sharing personal stories where possible
- Creating opportunities for two-way communications
- Demonstrating leaders have acted upon feedback.

2. **Focus on line manager skills and resources**

Line managers are essential to an understanding of employees' experience of wellbeing under the strain of COVID-19, their perceptions of support and to their access to resources, interventions and tools.

Do this through:

- Investing in line manager training in knowledge and skills to support mental health and wellbeing, including identifying signs, talking about work and wellbeing, and good management practices
- Ensuring that managers are equipped with the skills, knowledge and resources to support wellbeing
- Supporting existing managers to prioritise wellbeing-focused line management
- Addressing barriers to wellbeing in line manager roles, including a lack of wellbeing KPIs and insufficient time for management responsibilities.

3. **Prioritise job design in collaboration with employees**

Designing good work is central to improving job design during the pandemic and creating sustainably good jobs for employees.

Do this through:

- Ensuring employees have choice over when, how and where they do their job
- Ensuring job roles have reasonable demands and workloads placed upon them
- Embedding a network of positive relationships to support a role
- Emphasising role clarity and ability to develop and progress
- Tailoring roles to fit the employee through research and feedback, understanding that certain individuals and groups may be vulnerable and have different needs
- Regularly reviewing roles – COVID-19 is changing workloads, while individual needs also change over time.

4. **Promote an environment of social connection and trust**

The research demonstrated just how important social connections have been during COVID-19, helping employees to stay engaged, regulate emotions, offer support and be supported by others.

Do this through:

- Promoting an understanding that informal connections and conversations are an essential component of wellbeing, not a distraction
- Schedule conversation time in meetings, team socials and networking groups

- Provide physical spaces to support social encounters at work.

5. Communicate your wellbeing approach consistently and continually

A key learning from this research is that employees are not always aware of what organisational support and resources are available.

Do this through:

- Regular, multi-channel communications, rather than as one-offs or on particular 'weeks'
- Tailoring resources and channels to the needs of different employee groups
- Ensuring that key wellbeing resources are regularly updated and easily navigable, searchable and accessible to all.

6. Embed wellbeing across the culture, both at an organisational and a local level

Embedding wellbeing is more than aligning wellbeing alongside strategic objectives and related policies, such as Corporate Social Responsibility and Diversity and Inclusion and embedding, but also operational practices such as induction and training and development. It is about ensuring that wellbeing is part of everyday business communications and contexts.

Do this through:

- Modelling open conversations about wellbeing
- Considering wellbeing, and potential psychological risks, within all work processes
- In all work correspondence, communications and meetings, balance wellbeing of staff with operational considerations.

7. Conduct an internal audit of your wellbeing provision to identify your existing assets and development areas

The research demonstrated that organisations are at different stages on their wellbeing journey. An internal audit of your data, policies, practices and training provision will enable you to identify a clear strategy for your wellbeing provision.

Do this through:

- An analysis of your offering against a framework such as ISO45003 or the Mental Health at Work commitment
- Using accreditations or awards processes to provide you with clear steps for progression of your offering
- Drawing together policies and practices, data and gathering employee experiences to develop a full picture of the strengths and gaps of your current provision.

8. Monitor your organisational wellbeing

The research suggested that organisations were generally not well equipped to measure and monitor wellbeing. Without having clear objectives and KPIs attached to wellbeing, it is difficult to understand the impact of your efforts, recognise issues in particular groups or locations, and continually improve and develop your offering.

Do this through:

- Asking 'what do I want from my wellbeing approach?' and using the answer to inform your priority metrics
- Evaluating what data you already collect and could use, and whether any additional data collection strategies need to be added
- Putting in time for management reviews to ensure accountability
- Deciding where and with whom the priority metrics are discussed. If wellbeing is a Board priority, there should be an agenda item that provides an opportunity to review, reflect and take action.

2. Background and introduction to the research

In January 2020 the first cases of SARS-CoV-2 were confirmed, and the World Health Organization (WHO) declared the virus a Public Health Emergency of International Concern. Early in February, the WHO announced that the new coronavirus was called COVID-19. On 23rd March, the UK government announced a lockdown which included a ban on “non-essential” travel and closing the doors of many businesses.

2.1 Change in the nature of work

The lockdown resulted in widespread changes to ways of working for many organisations – individuals had to change where they worked and/or how they worked. The sudden change in work impacted on employees in numerous ways, including mentally and physically. For those who were expected to continue going to work, there were additional concerns about the safety of the physical work environment, the commute and the risk they posed to any members of their household. For those unable to work from home, some were furloughed whilst others, over time, were made redundant. In addition, schools were closed, meaning many employees faced the additional pressure of home schooling whilst working.

A second lockdown was implemented in November 2020 and a third in early January 2021. Throughout the pandemic employees have faced unprecedented challenges and continued uncertainty. One of the biggest challenges for organisations was the shift to homeworking for those employees who were able to work remotely. Reflecting on the rapid nature of this transition, Parry et al. (2021) report that in January/February 2020, only 2.7% of employees always worked from home. During April to June 2020, this figure had risen to a peak of 30% of employees and was approximately 21% in September 2020. This shift required changes in technology, workstation set up, communication and for some, was accompanied by changes in caring responsibilities.

2.2 Impact on employee wellbeing

2.2.1 Insights from previous pandemics

Research exploring the impact of previous pandemics has highlighted the impact on both the short- and long-term mental health of employees (eg Maunder et al., 2006), describing symptoms such as anxiety, stress, irritation, depression, overwhelm and sleep difficulties. In a recent systematic review, work-related factors that influence mental health in a disease outbreak were highlighted, including “concern about exposure to the virus; personal and family needs and responsibilities; managing a different workload; lack of access to necessary tools and equipment; feelings of guilt relating to the lack of contribution; uncertainty about the future of the workplace or employment; learning new technical skills and adapting to a different workplace or schedule” (Pollock et al. 2020, p. 8). There are limitations in terms of historical insights; firstly, much of the research that has been conducted is cross-sectional, which results in limitations in the conclusions that can be drawn; secondly, research has mainly (as a result of the geographical location of previous pandemics) been conducted outside the UK; and finally, the majority of the research has focused on healthcare workers.

2.2.2 Insights from the COVID-19 pandemic

One of the widely reported effects of the pandemic was the impact on mental health. Business In the Community (2020) released its Mental Health at Work 2020 report in October 2020 which showed that 41% of employees had experienced mental health symptoms caused, or worsened, by work this year and 51% of poor mental health caused by work this year was due to pressure. Additionally, Mind (2020) has highlighted the significant negative impact that the COVID-19 pandemic will have on

mental ill health over time. In a Mind survey conducted in June 2020, over 50% of adult participants stated that their mental health had declined since the start of lockdown restrictions. The survey also found evidence that participants had experienced the onset of new mental health problems as well as the exacerbation of existing mental health problems. Research suggests COVID-19 has accelerated mental ill health due to employees experiencing isolation, minimal interpersonal interactions and social distancing guidelines (Hou et al., 2020). Supporting this, Mind (2021) published a further report in July 2021 on COVID-19 consequences for mental health, which highlighted that 65% of adults with mental ill health had reported the continuous decline of their wellbeing since the first lockdown and 26% of adults had experienced mental distress for the first time.

The evidence for the decline in mental health and wellbeing was further reinforced by Parry et al. (2021), who asked individuals who had experienced working from home during lockdowns to rank their mental health. Responses suggest a low ranking of 47 out of 100, which was measured using the World Health Organization WHO-5 global standard, which utilises a cut off score of ≤ 50 when it is used for the screening of depression. Such poor employee mental health may be caused by a lack of collaboration, extended hours, poor work-life balance and increased pressure. Felstead and Reuschke (2020) found that individuals who had frequently been working from home during the lockdown had experienced a sharp decline in mental health. However, Felstead and Reuschke's findings also suggest that as employees became accustomed to homeworking and as restrictions eased, the negative impacts decreased.

2.3 Organisational support for employee wellbeing during the COVID-19 pandemic

The increased awareness of mental ill health through the pandemic has brought positive outcomes. Many organisations have prioritised their health and wellbeing provisions as a result. For example, the recent CIPD report on Health and Wellbeing at Work (CIPD, 2021a) found that 75% of senior leaders have employee wellbeing on their agenda, up from 58% last year; 63% of employees felt that their organisation had supported their mental health (BITC, 2021), and 52% of employees felt that wellbeing had become a priority since lockdown (Deloitte, 2021). The extent to which these efforts will translate into long term strategies is not yet clear. The CIPD (2021a) report that only a quarter of organisations have increased their budget for health and wellbeing, while still only half have an employee wellbeing strategy.

A recent report from Deloitte on the impact of COVID-19 on productivity and wellbeing found that 61% of desk-based workers stated a preference for working from home in the future and 7.5 million employees said they would be happy working from home every day of the week (Deloitte, 2021). However, when employees were asked what they missed about their usual workplace environment compared to working from home, 45% missed social interactions, 31% missed collaboration and 25% felt the loss of in-person networking. Moreover, 70% of employees expect their organisation will be supportive of them working from home in the future.

While collaborative working arrangements and mental health support is what employees want to see from their employers, it does not appear they have got the support they wanted. A recent survey conducted by the Economist Intelligence Unit (EIU) examined the future of work and digital wellbeing and found that 60% of respondents had never discussed mental wellbeing with a manager or did not feel comfortable in having the conversation (EIU, 2020). The EIU (2020) concludes that organisations need to actively manage the digital transition that comes with homeworking, noting a survey finding that 77% of employees would like clear guidance and rules around future homeworking.

2.4 Current research aims

Research into the impact of COVID-19 on the health and wellbeing of UK employees is still in its infancy, but it is clear that the prevalence of mental ill health is likely to continue to increase for some time to come. With that comes the need for organisations to better manage the mental health and wellbeing of their employees in the future and to develop insights into how best to provide support. This research aimed to:

- Understand the wellbeing outcomes of the pandemic for employees, managers and organisations across a seven-month time period
- Examine how organisations best support employee health and wellbeing during a pandemic
- Identify the barriers and facilitators to providing support across this time period
- Provide evidence-based recommendations to support organisations to better understand the wide-ranging impacts of the pandemic and to better protect employee health and wellbeing now and in any future pandemic context.

3. Methodology

This research was conducted using an evidence-based approach in which evidence is taken from four sources: academic literature, practitioner literature, the local context and stakeholders. In this research the local context and stakeholders are the employees and stakeholders from the five organisations. There were three stages to the research and the resulting recommendations were combined from the four sources and three stages.

Stage one: Rapid evidence review

A rapid evidence review of the academic literature was undertaken across three search engines (Web of Science, Business Source Premier and PsychInfo). 45 searches were conducted to identify organisational wellbeing responses to pandemics (e.g. COVID-19, Ebola, SARS). The searches resulted in 718 articles. Duplicates were removed and a title sift, abstract sift and full paper review were conducted. Following this, and after an additional hand search, nine papers remained.



Stage two: Interviews with employees, managers and stakeholders

57 employees were recruited from five organisations across a range of sectors (banking, education, facilities management, government departments and non-governmental public bodies). Interviews and focus groups were conducted at three timepoints between November 2020 and June 2021 (Time 1 = 31, Time 2 = 34, Time 3 = 32). There were 97 data collection points: 39 interviews were conducted with stakeholders, 33 interviews and 3 focus groups with managers (with 3-5 participants each), and 5 interviews and 17 focus groups (with 3-7 participants each) with employees.

Interviews and focus groups explored the outcomes of the pandemic, the organisational response and barriers and facilitators to addressing employee wellbeing during the pandemic. Interviews were audio recorded, detailed notes were taken and thematic analysis was conducted (Braun & Clarke, 2006). An inductive approach was used where the codes and themes were developed from the data rather than using an existing model or coding framework.



Stage three: Synthesis of findings and development of recommendations

The findings from stages one and two were collated and recommendations were developed to support organisations to better protect and support employees now and in the future.

3.1 Stage 1: Rapid Evidence Review

The rapid evidence review sought to understand how organisations best support employee wellbeing during a pandemic. The inclusion criteria used were as detailed in the table below.

Table 1: Rapid evidence review inclusion and exclusion criteria

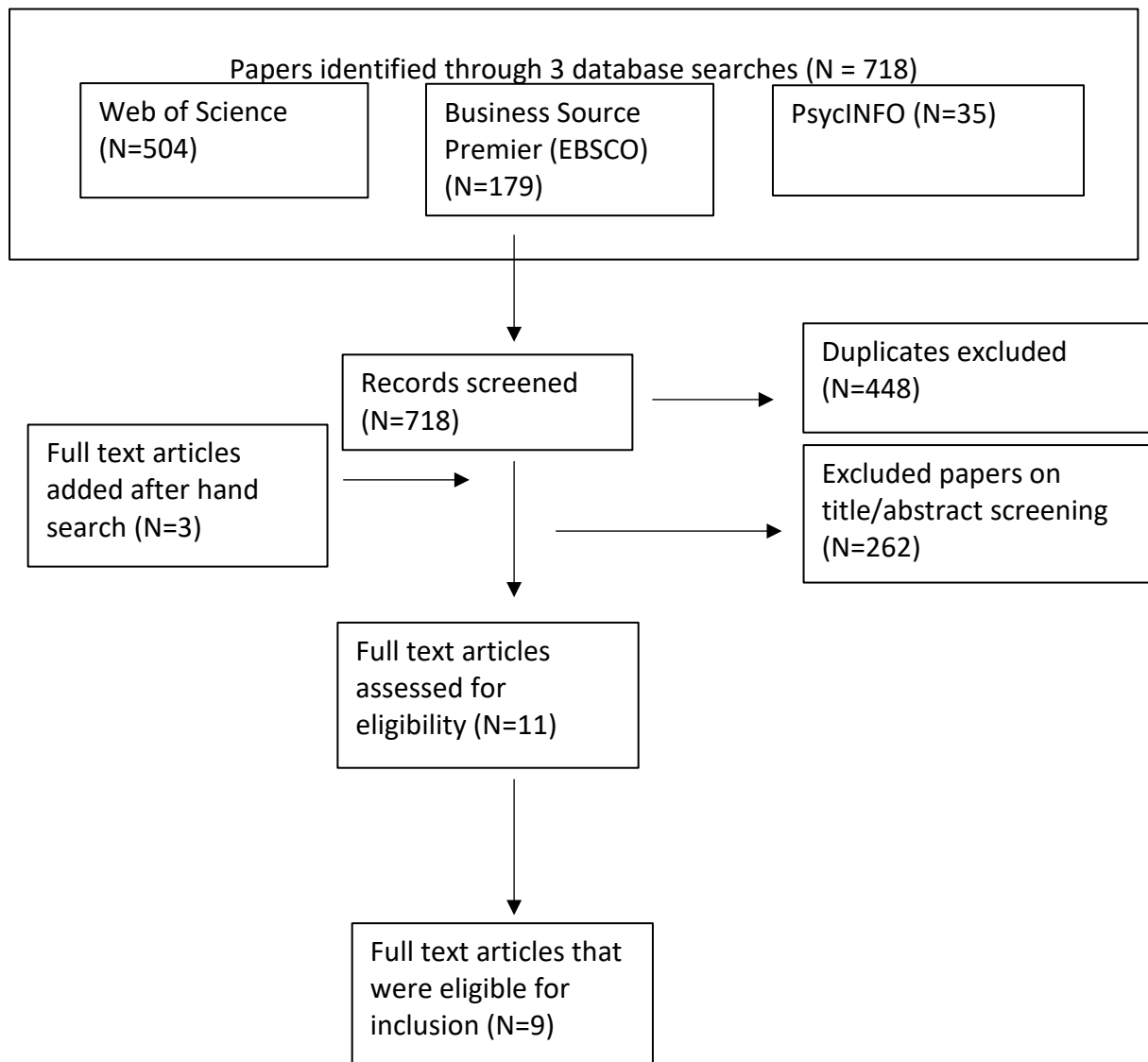
	Inclusion	Exclusion
Study Design	Any empirical papers	Discussion/opinion/ thought papers
Population	Adult working employees	General population, non-working, unemployed

Intervention	Work focused organisational/team response and interventions to address employee wellbeing before or during a pandemic	Non organisationally focused interventions or studies looking at outcomes at work
Outcomes	Any health and wellbeing outcomes	

Nine articles were identified that examined interventions to address employee wellbeing during or after a pandemic, epidemic or disease outbreak. Five papers were from the UK, one from Italy, one from Sierra Leone, one from Taiwan and there was one systematic review. The six papers from the UK and Italy were conducted during the COVID-19 pandemic whereas the Taiwan paper had been conducted during the SARS pandemic and the Sierra Leone paper during the Ebola epidemic. The systematic review explored interventions implemented to support health and social care professionals during and after a range of pandemics and epidemics; the studies explored interventions implemented during the outbreak of SARS (2), Ebola (9), MERS (1) and COVID-19 (4). Four of the papers are cross-sectional, three longitudinal, one was a pilot Randomised Controlled Trial and one was a systematic review. Most of the research (n = 7) conducted in this area is focused on healthcare workers (with the systematic review also including social care professionals); one UK-based study focused on financial services employees; and one focused on employees from corporate and academic institutions. The results from the evidence review have been synthesised with the interview findings in section 3.2.

Review Process

The review took the following process (Barends et al. 2017).



3.2 Stage 2: Interviews with employees, managers and stakeholders

Employees were recruited through the Affinity Health at Work research consortium. In total, 57 employees employed by five organisations from a range of sectors participated in the study and interviews were conducted via Zoom/MS Teams or telephone. The five organisations were from the following sectors: banking, education, facilities management, government departments, and non-governmental public bodies. Employees were men (N=24) and women (N=33) aged between 23–62 years old with an average age of 46. Employees' average length of service with their organisation was 12 years, with a range of between 3 months and 31 years.

There was some attrition during the study. At Time 2, four employees dropped out and at Time 3, eleven employees dropped out.

Table 2: Number of interviews and focus groups at Time 1, Time 2 and Time 3

	Time 1	Time 2	Time 3
Employee focus groups	5 (n=19)	6 (n=20)	6 (n=17)
Employee interviews	1	2	2
Manager focus groups	1 (n=3)	1 (n=5)	1 (n=3)
Manager interviews	11	11	11
Stakeholder interviews	13	14	12

Employees were asked their work location at Time 1 and Time 3 and the results are displayed in Table 3.

Table 3: Work location at Time 1 and Time 3

	Time 1 (November 2020)	Time 3 (June 2021)
Combined working and workplace	17%	18%
Homeworking only	60%	44%
Workplace only	23%	12%
Unknown due to dropout		26%

4. Results

4.1 Outcomes of the pandemic on employees, managers and organisations

Table 4: Outcomes of the pandemic themes

Theme	Time identified		
	Time 1	Time 2	Time 3
<i>Impact on mental wellbeing</i>	✓	✓	
<i>Weariness and fatigue</i>		✓	
<i>Working from home challenges</i>	✓	✓	✓
<i>Increased operational challenges</i>	✓	✓	✓
<i>Positive outcomes from the pandemic</i>	✓		✓
<i>Transitional concerns</i>			✓
<i>Cumulative impacts on health and performance</i>			✓

4.1.1 Impact on mental wellbeing

It appeared that while employees experienced a negative impact on their mental health at the start of the pandemic (from November to February/March) seven months later, in June, this was no longer a dominant theme. At Time 1, employees in the study had experienced or witnessed a wide range of threats to mental wellbeing since the first wave of the pandemic. These threats arose from both personal and work-related factors and were particularly challenging where these had both occurred. Employees described having to deal with Covid-related challenges, including illness and bereavement of loved ones due to COVID-19, family job loss and relationship breakdowns, alongside

work. Managers said they had needed to support their direct reports with such challenges, alongside coping with them in their own lives, creating a double burden. A range of specific home circumstances were named as a particular threat to work mental wellbeing (including juggling work with caring responsibilities, isolation from living alone or in a house share, living in unstable conditions or with a violent partner). The loss of previous positive habits, including physical activity during a daily commute, gym visits, or a watercooler chat with colleagues, were seen as having contributed to unboundaried work practices, with one participant sharing they were having to schedule in time to eat. Having started a new role during the period was also named as particularly stressful.

At Time 2 there was a clear sense among employees from all organisations that COVID-19 was impacting directly upon the workforce, manifesting in the serious illness of employees and their families, and in family bereavements. As one participant put it *“Covid has come close to home in this lockdown...we are not as safe as we thought”*. Employees gave examples of trying to cope with work while family members were seriously ill in hospital. Long Covid had also become an increased concern, with one participant sharing that 60-80% of current Occupational Health referrals in their organisation were related to Long Covid. On the other hand, the beginning of the vaccination programme and widespread testing regimes was starting to provide hope, although scheduling for testing and vaccination was proving challenging in some contexts. Employees also raised concerns about different generational impacts, noting that younger employees would need to wait much longer for the vaccine and were often living in cramped house-share arrangements. Increasing loneliness and the exacerbation of existing mental health concerns were seen as additional negative outcomes. This finding on increased loneliness was also reported by Parry et al. (2021), whose research found that as the lockdown period progressed, employees had an enhanced need for connections and social support due to the minimal interactions experienced.

Anxiety about the future was also a common experience in the Time 2 interviews. For some employees, this anxiety manifested as a fear that the pandemic would never end, with employees questioning *“Is this how life is going to be now?”* Other worries were related to the future shape of work, especially for people who were currently homeworking. Return to the office was recognised to be a cause of heightened anxiety for some and a cause of excitement for others; some workers were nervous about returning to the workplace, while others feared that office spaces could be lost in the future, leaving them permanently relocated to working from home. Not knowing was tough, and one participant speculated *“Is it going to be like riding a bike, where things run smoothly, or will there be a period of adjustment?”*

As the pandemic had progressed, economic anxieties had also heightened. On the whole, employees noted that they felt lucky their organisations had done reasonably well over the period or operated in an area where demand for their services was likely to remain high. However, some managers noted an increased anxiety among their staff about redundancy, which was difficult to assuage in contexts where they were working at a distance from these staff. Other employees noted that the economic vulnerabilities of lockdown were unequally distributed within their organisation, with lower paid staff (such as cleaners) from poorer parts of the country and economically disadvantaged ethnic groups left significantly more vulnerable and anxious.

4.1.2 Weariness and fatigue

Weariness and fatigue was a theme highlighted from Time 2 interviews. These interviews were conducted during February and March 2021, a period through which parents were home schooling and the country was in another lockdown.

Many employees felt that the winter lockdown had caused a greater level of weariness and fatigue in themselves and their colleagues than had been the case in the 2020 lockdown, with even highly robust and resilient individuals struggling to cope. Some employees attributed this to the relentless nature of COVID-19 related demands, with one participant noting that the first lockdown was a bit of a novelty but that this novelty had now completely worn off, with the cumulative impact of stress telling upon employees and leading to a sense of disorientation: *“I have felt a little bit more lost this time round”*.

The experience in Time 2 where employees felt lost and the novelty of lockdown had worn off can be explained by the third-quarter phenomenon (Bechtel & Berning, 1991). Although this area of academic research typically examines individuals in isolated, confined and extreme conditions, the environment experienced throughout lockdown might be compared to the separation from friends and family, as well as the threats of COVID-19, whilst dealing with uncertainty in the environment. Despite being over the peak of the pandemic wave, many individuals experienced irritations, frustrations and negative moods.

The timing of the lockdown over the winter months was also felt to contribute to the sense of weariness experienced by many, with some employees noting that Seasonal Affective Disorder might have a part to play. Going outside had also become far less appealing in the cold weather, with one participant noting that they had left the house only twice in the period.

4.1.3 Working from home challenges

Challenges with homeworking were experienced throughout the seven-month research period. However, these challenges moved from relating to the initial shock and settling-in experienced at Time 1 and the differential experience at Time 2 to an experience of homeworking as relentless and fatiguing at Time 3. At Time 1, while some employees had worked from home for many years, others were new to the practice and described how homeworking had previously been mistrusted by their organisation or had been deemed unsuitable for certain grades or roles. This had led to greater challenges in implementing homeworking, including a perception that employees needed to prove themselves. Felstead and Reuschke's (2020) findings showed that those who previously hadn't worked from home had the largest initial drop in wellbeing, which eased as individuals became accustomed to the practice and restrictions eased. However, as the current research made clear, what was new to everyone was homeworking in the context of general social restrictions, which magnified the negative impacts of homeworking. Employees in the current study discussed the negative physical health consequences of homeworking as a result of unsuitable home office equipment and the lack of built-in opportunities to leave their desks, although many employees felt that their organisation had sought to counter these with the provision of advice and ergonomic equipment. These findings align with Parry et al. (2021) who examined survey and interview data to understand wellbeing implications while working from home during COVID-19, and who noted in particular the physical challenges employees had experienced in the context of the home office environment.

A lack of boundaries between life and work was associated with challenges to mental wellbeing in the current research, notably where employees were juggling work with caring responsibilities, as well as working generally longer hours. Many employees said they missed the connections that could be forged between colleagues and managers in a face-to-face context but, on the other hand, many employees felt "Zoomed out" by relentless meeting schedules, with one participant describing how they were incredibly busy, yet not productive. Several organisational stakeholders noted that there had been a decrease in absenteeism among new homeworkers, which was seen to be a mixed blessing. On the one hand, it might be that where staff members felt a little unwell, the later start and loss of a requirement to commute afforded by homeworking enabled them to successfully remain working. On the other hand, presenteeism might be arising from the loss of boundaries and anxieties about the labour market experienced by many during the pandemic and so might represent a threat to longer term wellbeing.

At Time 2 there was a strong sense that, as the pandemic had progressed, marked differences between different employees had emerged, and that people were facing diverse challenges, both in terms of their personal circumstances and of their work roles. The difficulties of home schooling children was raised as a particular concern. However, there was a sense from other employees that the flexibility offered to employees to home school children had impacted negatively upon their own workloads, causing some resentment. These findings are consistent with previous research that reports the intensification of pressure felt by parents and carers due to the role conflict they experienced while balancing work and family demands (Parry et al., 2021). Additionally, differences in impact according to role were also mentioned, with particular roles seen as more challenging to engage in wellbeing activities, either because these roles had a very high workload, were part of sub-cultures (such as in construction) that were seen as resistant to wellbeing activities, or because

challenges existed with scheduling and communications (such as for cleaning contract roles where staff worked irregular hours and did not have access to a laptop). One participant noted that while highly time-regulated roles had been regarded as challenging to transfer to remote working at the start of the pandemic, as the pandemic had progressed, it was increasingly challenging to ensure a manageable workload for more complex, knowledge-worker roles with far less rigid role descriptions, but frequently a high number of concurrent tasks and deadlines.

At Time 3, working from home continued to present challenges for those employees who were home-based, with one participant noting: *"It's quite oppressive being at home all the time"*. Employees spoke about the ongoing challenges of loneliness and isolation. Felstead and Reuschke (2020) reported similar findings that indicate the growing challenges employees had faced as the lockdown period endured. Our findings highlight that employees were able to concentrate much less than usual, felt under constant strain and struggled to enjoy day-to-day activities. Conversely, while many employees had gained skills in videoconferencing and technology that could alleviate the situation, the sheer length of time since face-to-face contact had been possible had created new challenges. Team away days, typically an annual source of connection and warmth, had moved online, with lukewarm uptake. Employees spoke of only knowing colleagues by their voice, and of a particular challenge for new joiners who might find it much harder to reach out for support to a manager they had never physically met. It could also just be much harder to judge how colleagues were really doing: *"We're all working in silos at the moment, and one person can be feeling really down and then pick up the phone to somebody else, and then that can have an impact on them. And I'm kind of oblivious to it."* Digital fatigue was a concern for many employees. As disciplines and practices had shifted during the pandemic, new issues had emerged. Employees complained that camera etiquette was unclear, with people switching off and not concentrating in meetings.

4.1.4 Increased operational challenges

Initially, employees described the operational stressors and challenges that had arisen within specific organisational functions. Staff within functions directly impacted by Covid, including wellbeing stakeholders, were managing a sharply increased workload, with one stakeholder describing this as like *"running on a treadmill with someone throwing ping pong balls and [needing] to keep catching them."* Staff in customer-facing telephone roles were interacting with highly distressed, even suicidal customers, in which they had little experience. An "always on" work culture and a greatly increased workload due to COVID-19 impacts were given as additional wellbeing challenges for some employees, with one participant saying: *"Some teams have never worked so hard in their careers. Working 16-hour days is the opposite of heroic."* On the other hand, others were experiencing the uncertainty of being furloughed.

Most participating organisations included groups of designated key workers, whose wellbeing challenges were quite distinct from those of the homeworker base. Ensuring the consistent implementation of health and safety standards, including on client sites with diverse cultures, had been an operational challenge prioritised by employees. Anxiety over COVID-19 exposure, through commuting on public transport or within the workplace, was a concern for site-based workers. Some managers found themselves in the position where their teams were designated key workers, but they as managers were not. This meant that they needed to manage staff with little experience of using technology remotely, which made it much harder to support wellbeing. Employees also described difficulties in scheduling mandatory, face-to-face health and safety training for workers. A new challenge for construction workers had been physical deconditioning while at home during the initial lockdown, which had led to an increased injury rate when duties were resumed.

At Time 2, many employees noted that there had been an increase in work demands since Time 1. Some of this workload was directly attributable to the virus: for instance, caused by taking on the workload of colleagues who were isolating, furloughed and being ill with Covid; by increased health and safety demands; and negotiating complexities relating to the tiered system. However, many employees also felt that, while wellbeing remained an ostensible priority for their organisation, the requirement to be economically profitable or meet objectives despite the pandemic was now dictating the workload in their organisations, with one focus group participant noting that her area of work was dominated by the need to make money. Another participant said, *"The fact is that, although as an organisation we are recognising very explicitly that we are working through extraordinary times and*

that people's circumstances are pretty awful, we have not reflected that in the demands that we place upon them and our organisational objectives." The increased pressure on meeting objectives was seen widely to have had a particularly severe impact upon managers. It was proving challenging for managers to focus on employee wellbeing alongside these increased demands, with some managers stating that, at the end of the day, the survival of the organisation was paramount: *"I personally am working ridiculously long hours at the moment. If I took the view that I had to let people take leave whenever they wanted, we wouldn't have a business."*

Compared to previous waves of the study, at Time 3 employees focused strongly on the work and economic challenges of COVID-19, and how these had impacted and would continue to impact upon wellbeing. Within different organisations, certain areas of operation had come under threat or had even been rendered unviable due to the impacts of Covid, resulting in furlough or redundancy processes. Employees were acutely aware that these pressures would continue and intensify as furlough ended and this anxiety about job loss meant that staff were in some cases working harder than ever before to keep their jobs. Many employees felt that, while some areas of their organisation might have lost work, in other areas COVID-19 had resulted in a large increase in workload and work demands. This had arisen from a number of factors, including Covid-related administrative tasks, Brexit-related labour shortages in some areas, and the need to compete for business to secure the organisation in a post-Brexit landscape. These factors, alone or in combination, could result in severe challenges to wellbeing brought by the working hours needed to meet demands. One participant noted, *"it's going to be an interesting challenge with regard to this better world at work for everybody when you know you've got a target which has got to be met and you've got to maintain, you know, 70-75% of your current client base and still grow more on top of that."*

4.1.5 Positive outcomes from the pandemic

Interestingly, a theme that was identified during both at Time 1 and Time 3 was positive growth from the pandemic.

At Time 1, employees from all organisations gave examples of positive work outcomes from the pandemic. Many employees also shared their gratitude for small kindnesses - a colleague who had checked that they were ok, a Christmas gift from their organisation, a flexibility extended at work to ease personal circumstances. This had led to a sense that the employee worked for an organisation that cared about their wellbeing. For those working from home, the loss of a commute had enabled some employees to exercise more, spend more time with friends, or get outside in daylight hours. Where employees had previously worked in more regimented work settings, the increased flexibility offered during the period had been welcomed. Many employees noted that, following the pandemic, a future organisational challenge would be to retain flexibility in working hours and homeworking, while maintaining productivity.

At Time 3 employees reflected ways that they perceived they and their organisations had grown positively as a result of the pandemic. Organisations and managers had moved from a rigid perception of what hard work looked like to an acceptance that flexible working practices could be effective, offering better future opportunities for working practices that supported different needs and lifestyles. Parry et al. (2021) provide similar organisational recommendations that focus on promoting an environment that engages in flexible working and work-life balance. The workforce had increased in digital confidence and competence, affording employees new skills in how to express themselves effectively in a remote capacity. These findings are consistent with recent survey data that found 45% of employees felt their confidence with using technology at work had increased (Deloitte, 2021). In our research, it was widely felt that wellbeing had risen up the organisational agenda due to the pandemic, and that these gains should be crystallised. Talking to colleagues and opening up about oneself had changed in status from being seen as a waste of work time, to being widely recognised as an important ingredient of wellbeing, with some organisations adopting an explicit strategy for senior leaders to model openness where they felt able.

One participant related how, during a challenging time, *"I had a knock on the door one day and it was one of my engineers with a pint of milk and a pack of chocolate biscuits... I think certainly making the awareness that [the organisation] has about wellbeing has probably made us think a little bit that we're not all superhuman blokes."*

Employees shared how honest conversations about how to surmount difficulties had created trust between colleagues and many felt that they had become kinder, more empathetic and more understanding of other people's circumstances due to insights gained during the pandemic.

Two themes were only identified at the end of the research period; at Time 3.

4.1.6 Transitional concerns

At Time 3 organisations and individuals taking part in the current study were at different stages in terms of returning to the workplace and assuming working patterns that resembled those from a pre-Covid era. Some employees had been engaged in front-line, site-based work for some time, while others remained fully home-based. Nonetheless, the challenges of transition were evident across all accounts, with many employees feeling that this was the most difficult time in the pandemic, partly because life was opening up in directions that were still unclear: *"in a strange way, while we were still on lockdown, there was something oddly certain about that."* Another participant highlighted how we, *"shouldn't underestimate the huge psychological barrier for those people who have been told for the last 15 months that they're doing the right thing and the only safe thing by staying at home, we're now saying, actually, that public transport we told you was really, really dangerous, we've decided you've got to go on that every day now to go to and from work."* Where organisations were in the midst of transferring back to office based or hybrid working patterns, a number of practical concerns had emerged around managing footprints on sites, and supporting managers with a double workload challenge of managing home and office-based staff.

Issues from a pre-Covid era - of commuting, road traffic accidents, work health and safety incidents - were re-emerging alongside new transitional issues. In relation to transitional concerns, a number of employees shared that their workloads had risen substantially during the past year of homeworking, and with a requirement to return to the office reducing productivity, they found themselves unable to cope with the demands, and found that client demands had also risen exponentially as the economy had started to open up.

Coping with *uncertainty*, even before practical transition, was also a major challenge. Some employees felt that their organisation had not yet defined its new identity and place in a post-Covid world, and that this represented a source of anxiety. Others who had not yet returned to the office felt that waiting to find out how future working would work in practice was an especially challenging aspect of transition and the unknown element was making people feel quite anxious. This was exacerbated by the fact that transition was all-encompassing, affecting all aspects of life: *"this is just the first of many changes that are probably going to be happening to our personal lives or where we live, do business, go on holiday if we can, and work."*

4.1.7 Cumulative impacts: health and performance

At Time 3 across organisations, employees noted how many people were struggling to manage the cumulative effects of the pandemic on themselves, their colleagues, and their direct reports. Mental and physical health and job performance were coming under strain from the impacts of the pandemic, and it was difficult to remain motivated and energised, even in the absence of more serious mental health concerns. The evidence suggests that many employees feel they are languishing, which manifests in a lack of motivation and inability to function at full capacity (Keyes, 2002). Bassi et al. (2021) recently examined healthcare workers who had experienced languishing during COVID-19, with evidence suggesting that the risk of these workers being diagnosed with post-traumatic stress disorder had increased threefold, highlighting the concern for their long-term health.

In our study, some employees who had experienced periods of work-related absence due to mental health issues and Long Covid gave especially vivid descriptions of how physical disease, social isolation and other challenging aspects of the pandemic had taken their toll. A number of employees gave examples of how they'd needed to manage the emotions of others at work. Highly distressed customers, an increased incidence of mental health issues among direct reports, and the need to support staff who were lonely, anxious, and experiencing bereavement were among the challenges

that had been experienced. As one participant said, “*People are really feeling it out there. I think people have burnt out, they’re done*”; and another saying, “*People have just had enough*”

4.2 Organisational response to the pandemic

This section includes the findings from the rapid evidence review in addition to the interview and focus group findings.

Table 5: Organisational response to the pandemic themes

Theme	Time identified		
	Time 1	Time 2	Time 3
<i>Providing learning opportunities</i>	✓		
<i>Cross cutting communications</i>	✓		
<i>Leveraging existing assets and strengths</i>	✓		
<i>Mixed data collection</i>	✓	✓	
<i>Maintaining wellbeing as a priority</i>	✓	✓	✓
<i>Localised and differentiated responses</i>		✓	✓
<i>Integrating and embedding wellbeing beyond the pandemic</i>		✓	✓
<i>Job design and the future of work</i>			✓

4.2.1 Providing learning opportunities

4.2.1.1 Qualitative data

At Time 1, it was clear that the COVID-19 pandemic had required employees to develop many new skills, particularly in relation to situations where office-based workers had transferred to homeworking for the first time, especially for managers learning how to manage remotely. Employees shared a number of learning opportunities that their organisations had provided in the period. Learning was provided through skills-based webinars, focusing on subjects such as resilience and virtual management skills. Mental Health First Aid ‘clinics’ and “Let’s Talk” sessions, where employees could bring a range of issues for discussion, were regarded as valuable. For many managers, formal and informal peer interactions were named as an especially valuable source of learning and information. Organisations had also developed bespoke materials that could be accessed independently, such as videos about specific mental health issues, and policies relating to health and wellbeing, which some had brought together in a “Covid hub” on the intranet. The importance of regularly updating materials and learning opportunities, and of signposting and curating materials effectively, was mentioned by several employees.

4.2.1.2 Evidence review

In line with these findings, the systematic review identified that a facilitator of the implementation of interventions was a positive learning climate (Pollock et al., 2020). Conversely, limited resources such as a shortage of equipment, time and skills was a barrier to implementation (Pollock et al., 2020), whilst frontline workers’ knowledge and beliefs about interventions were identified as either a barrier or facilitator to implementation.

4.2.2 Cross-cutting communications

4.2.2.1 Qualitative data

At Time 1, employees felt that wellbeing-related communications had been a priority for their organisations in the pandemic. Organisations had needed to swiftly translate government information into health and safety advice for employees; they had also used channels to promote new and existing organisational wellbeing resources and to signpost external expertise. Information sharing through meetings was also seen as an important resource. There was widespread recognition that it was challenging to get communications right for everybody, with one participant commenting on

feedback by saying that “14% said we’d communicated too little, 14% too much, so I have to assume it was about right”, and another participant noting that “e-fatigue” had become a barrier to dissemination, meaning that a variety of channels and approaches were required.

Employees also noted that it was generally much easier to communicate within the organisation’s central function, and that some groups, especially those engaged in manual work, were difficult to reach, even via text. Materials for line manager updates were seen as critical for these groups, with line manager buy-in to a wellbeing agenda regarded as highly important in contexts where staff might otherwise be cynical about health and wellbeing messages. One participant shared how the organisation’s provision of masks and hand gel had actually represented an especially effective message for site workers, conveying required health and safety actions and a sense of care and support. Communication channels had also been deployed to keep employees connected through the sharing of personal perspectives, via discussion forums and mental health storytelling in blogs, which had helped to highlight the diverse challenges employees were experiencing during the pandemic. It was noted by several employees how warm and personal leadership communications had established trust during the period.

4.2.2.2 Evidence review

Examining organisational factors, Pollock et al. (2020) found that effective communication was central to successful implementation. This was achieved through both horizontal and vertical networks and was associated with stronger social capital and increased team resilience.

4.2.3 Leveraging existing assets and strengths

At Time 1, employees talked about a number of ways their organisation had built on distinctive assets and strengths in order to support wellbeing during the COVID-19 epidemic. Academic and practitioner expertise in health and wellbeing had been swiftly harnessed for the benefit of the workforce; for instance, through training and policy formation. Established Gold/Silver/Bronze response systems for crisis management, established EAP programmes, and existing policies and protocols were revised to meet the circumstances of COVID-19. As well as enabling a swift response, such measures were a reminder to some employees of their organisation’s mission and strengths, and therefore a source of pride.

4.2.4 Mixed data collection

4.2.4.1 Qualitative data

Mixed data collection was identified as a theme at both Time 1 and Time 2. At Time 1 all participating organisations recognised the importance of collecting and making sense of data related to employee wellbeing since the first wave of COVID-19, with one participant noting, “*Staff have never before been able to speak more openly.*” However, despite a wealth of potential data sources, there were a number of challenges in terms of measuring wellbeing. Finite resources meant that organisations had in some cases needed to prioritise action over measurement. There were significant differences between the wellbeing challenges and needs of home workers and operational staff, and a difficulty in collecting data across all employee groups. One participant commented that many of those working from home were middle class managerial grades and therefore might not represent the diversity of the working population. The novelty of COVID-19 meant that organisations did not generally have a clear baseline against which to measure wellbeing falls or gains during the pandemic. One stakeholder noted that it was in any case challenging to obtain a composite indicator of employee wellbeing, since wellbeing might be expressed in many different ways. However, measurement was nonetheless an essential aspect of getting the wellbeing offer right, and for making the case for prioritising wellbeing, with one stakeholder noting that being able to provide adequate data on wellbeing outcomes was essential for future planning.

At Time 2, organisations differed in terms of the extent of wellbeing data they had collected. For some, integrated analysis of health and wellbeing remained a key priority; for instance, by running a mandatory occupational health and wellbeing survey, or by engaging in benchmarking processes to assess employee wellbeing. For other organisations, measurement had not been emphasised in the period.

Table 6: Types of data collection

Outputs of regular staff engagement surveys
Information on sickness absence data and musculoskeletal complaints
EAP usage
Performance data derived from the monitoring of customer call duration and usage of work equipment
Risk assessment data
Compliance rates with health and safety and technical training
Compilation of wellbeing issues that had been raised through staff engagement with their union, or through other staff meetings and discussion forums
Specific, Covid-related surveys, as well as pulse surveys designed to check engagement with particular initiatives, such as organisational communication.

4.2.4.2 Evidence review

Data gathering is central to understanding the needs of employees, particularly when there are diverse groups with differing requirements. Pollock et al. (2020) identified that one of the barriers to implementation is a lack of understanding of the resources and requirements of frontline workers.

4.2.5 Maintaining wellbeing as a priority

4.2.5.1 Qualitative data

At Time 1, even where gaps were identified in wellbeing strategy or provision, employees from several organisations expressed their gratitude that organisations had adopted a strategy to put employee wellbeing above commercial concerns, with one employee commenting, *“In putting our people first everyone felt it, everyone believed it.”* For employees in customer-service orientated, front-line roles, this had meant increased flexibility and reduced pressure in meeting goals such as customer numbers and call length during the period. In other contexts, organisational generosity through flexible working, additional leave and generous furlough provision for carers were all given as examples of how an organisation had put people before profit. Several employees noted that uneven work pressures in the period had meant some employees had been unable to take advantage of increased flexibility or leave provision. However, measures to put employees first were widely appreciated.

There was evidence that across both Time 2 and 3, these efforts to prioritise wellbeing were sustained. Some of the efforts were expressed through the behaviours of senior leaders, who continued to try to be human, to express vulnerability and to continue to reaffirm to staff that they understood the challenges to wellbeing that staff were going through, and also by showing they were working to mitigate these challenges. The behaviour of line managers was identified as being fundamental, and there were some examples of line manager training and support activities. Employees also noted that the provision of staff wellbeing programmes and resources and opportunities for staff to connect and engage with each other had been sustained or intensified in the period, and that new initiatives had been trialled, including Time to Talk sessions, the rejuvenation of wellbeing champion initiatives, and an increase in tech provision to enable staff to access wellbeing resources. Some employees noted that their organisations were even in danger of doing too much, that it was important to select and focus on the right activities.

4.2.5.2 Evidence review

Opportunities for staff to connect and the provision of emotional support can be key strategies that organisations use to maintain staff wellbeing. Examining the literature review, two of the papers identified evaluated the impact of Supported Wellbeing Centres (Blake et al., 2020, Blake et al. 2021). In this context, two wellbeing centres were instigated at two sites of a hospital trust during the COVID-19 pandemic. The purpose was to provide a relaxing space where, if needed, employees could also access emotional support (eg Psychological First Aid). The feedback and evaluation suggested that

the Wellbeing Centres had a positive impact and higher wellbeing scores were seen in those who attended the centres compared to employees who had not. However, the required staffing of the centres meant this was not sustainable in the long term. This research also highlighted that the importance of feeling valued by the organisation was critical to employees, which is reflected in this theme in the current study. While the research was conducted in the context of healthcare, there are important learnings for other organisations, including the need to prioritise rest, recovery and psychological support. The literature also highlighted the importance of line manager training, particularly training that demonstrated the link between wellbeing and workplace outcomes.

4.2.6 Localised and differentiated responses

4.2.6.1 Qualitative data

At Time 2, employees shared many examples of how their organisations had differentiated and localised wellbeing provision and messaging. This followed the realisation that some employees had been challenging to reach or had particular communication needs; for example, to receive messages and advice through mobile phone or print platforms. Differentiation strategies had emerged from instances earlier in the pandemic where wellbeing messaging had not worked effectively in all areas, with one participant explaining a revitalised network of Wellbeing Champions in operational areas: *“Cascading information through the middle management has been hard, so the Wellbeing Champions are there to localise.”* Other strategies included the provision of tablets for staff who did not previously have convenient digital access. The role of the line manager in localising and translating wellbeing information was seen as key, particularly in male-dominated teams with a macho culture, yet was very difficult to achieve consistently throughout an organisation.

However, despite these efforts, many employees still felt that organisations should go further in their efforts to understand the diversity of employee wellbeing needs and avoid one-size-fits-all solutions, with one participant saying, *“I feel unsure about how health and wellbeing translates to the coalface at the moment”* and another saying, *“I think that it would be helpful if there was a recognition that impacts are different in terms of the job people have. Given the speed, it’s about honing and tailoring the offer that people have.”*

At Time 3 many employees in the study felt that wellbeing provision in their organisation varied locally and had been maintained by the small daily actions of enthusiastic individuals, rather than always being the result of central strategies. Teams had drawn upon the strengths of their members; for example, utilising a Mindfulness enthusiast to run team sessions. Local offices ran initiatives that ranged from coffee mornings to walking challenges. This approach had the advantage of authenticity and localness but left some employees unsure as to who owned the responsibility for wellbeing.

4.2.6.2 Evidence review

The literature review provided examples of interventions which may be implemented at a local level. For example, Waden and Cartwright (2021) examined the outcome of an online yoga intervention for UK-based employees working from home, with the results suggesting this had a positive impact on perceived stress, mental wellbeing, depression and coping self-efficacy in addition to improvements in mental and physical health. In their study, van Nieuwerburgh et al. (2021) explored the experience of positive psychology coaching amongst six employees. Although this was a small sample, the study suggests that the coaching had a positive impact on employees, and they experienced an increase in their confidence and energy. The coaching also offered employees space to reflect and an opportunity to develop their self-awareness and to reduce negative emotions. Giordano et al. (2020) investigated the impact of music therapy amongst Italian clinical staff working in a COVID-19 unit. Employees were given three playlists (breathing, energy and serenity), with each playlist about 15-20 minutes in length. The clinical staff reported reduced intensity of the following emotions: tiredness, sadness, fear and worry; however, this intervention may be more suitable for those in high-risk settings. Blake, Bermingham, Johnson and Tabner (2020) evaluated a digital learning package designed to support the psychological wellbeing of healthcare workers during the COVID-19 pandemic. The package includes a range of resources and evidence-based guidance, support and signposting as well as steps to create psychologically safe workspaces. The package was well used within its first week of release, with the findings suggesting it has its high usability and practicality that made it so popular.

Supporting this, in their systematic review Pollock et al. (2020) found that a facilitator of successful implementation was adaptable interventions that were tailored to the local context.

4.2.7 Integrating and embedding wellbeing beyond the pandemic

Although the Time 2 interviews took place at the height of lockdown, wellbeing stakeholders spoke in particular of ways in which they were endeavouring to plan beyond the pandemic. Some planned activities related to COVID-19 issues expected to predominate in the post-pandemic period included skills training in managing Long Covid and technical upskilling, plus a planned focus on manager training, in anticipation of different working patterns in future. Other planned activities - such as a focus on menopause and men's health - were in recognition of the fact that, while COVID-19 had posed a major threat to employee wellbeing, it was by no means the only area that needed to be addressed and managed. Reflecting on the broad context of wellbeing, employees from some organisations noted that there was a need to ensure that the wellbeing agenda was integrated with other areas, such as diversity and inclusion, and was effectively represented at the highest organisational levels to safeguard and build on the focus on wellbeing necessitated by the pandemic. As one participant put it, *"I want to show the doubters that there are people that care, and that there is an ongoing commitment to health and wellbeing."*

At Time 3, the focus was more on how wellbeing can be integrated and embedded across all areas of policies and practice. Several employees spoke about how their organisation had integrated and embedded wellbeing, spurred on by the needs of the pandemic. As one stakeholder put it: *"The biggest thing that we've been doing is making sure wellbeing is front and centre of how we work in the future."*

Integrating wellbeing meant ensuring that initiatives reached the whole organisation, meeting diverse needs and supporting inclusion. Communications was deemed to be central to this, with many organisations sharing the challenges of targeting information through channels that reached the whole workforce; all institutions had instituted cascade processes. It also meant ensuring that wellbeing was emphasised by organisational leaders and adopted within everyday practice, such as in conversations about mental health and wellbeing.

While organisations were at different stages in terms of their wellbeing strategy, the adoption of psychosocial risk assessment and wellbeing maturity modelling were other ways that organisations were assessing and integrating their wellbeing offering.

4.2.8 Job design and the future of work

4.2.8.1 Qualitative data

A theme that was only dominant during the Time 3 interviews was that while individual wellbeing interventions can be highly effective and were well appreciated by employees, workers expressed a view that they could not make up for major flaws in job design. With sweeping changes to how work had been conducted during the course of the pandemic, employees shared how their organisations were considering issues of job design and the skills that would be needed for the future world of work. This process was regarded as an essential ingredient of future wellbeing.

Thinking about job design meant alleviating short-term pressures on roles, such as excessive workloads, with targeted recruitment processes in some areas: *"It's suddenly unblocked. You know, when you turn a tap back on after the water's been off, and it splurges out. It's a massive workload"* said one participant. It meant there was an explicit focus on the management skills that would be needed to support wellbeing during a prolonged period of transition and change, including manager training in return-to-work support, managing remote workers and supporting hybrid teams.

More broadly, it meant a re-examination of organisational work tasks and roles, with organisations sharing examples of smarter working initiatives, considering where and how future work could be completed effectively.

4.2.8.2 Evidence review

Job training to support job design was an element of the theme above which was also identified in the literature review. For example, examining learnings from previous pandemics, Waterman et al. (2018) trained staff to deliver a Cognitive Behavioural Therapy-based intervention to staff working in Ebola Treatment Centres. The results showed a decrease in stress, anxiety, depression and alcohol use, as well as improvements in sleep disruption and symptoms of PTSD, which suggested CBT-based interventions could have beneficial outcomes in a pandemic context, although the prevalence of Ebola decreased during this study, which could have confounded results. Chen et al. (2006) explored the impact of a SARS prevention programme amongst nursing staff in Taiwan. The prevention programme focused on space (eg patient isolation), staff (eg preventative measures such as hand washing and personal protective equipment), environment (eg minimising equipment usage and thorough cleaning), staff training, adequate staffing, limits on working hours, the provision of nutritional supplements where needed, and introduction of a mental health team. There was a significant decrease in anxiety and depression and an improvement in sleep quality.

4.3 Barriers and facilitators to addressing and managing employee wellbeing during the COVID-19 pandemic

Barriers and facilitators in addressing and managing employee wellbeing as highlighted by employees are presented using the IGLOO framework, which identifies factors at the Individual, Group, Leader, Organisation and Outside levels (Nielsen et al., 2018). Initially, the framework was used in the context of supporting employees to return to work after sickness absence. However, recently, it has been used more broadly. In this context the framework is used to identify barriers to addressing and managing employee wellbeing during the pandemic and facilitators used by organisations to help overcome these barriers. Table 8 shows the framework in the context of this research. In this research the barriers and facilitators are presented together.

Table 7: IGLOO framework

IGLOO category	Definition within this research
I – The individual	The individual employees
G – The group	Groups of colleagues and teams within organisations
L – The leader or manager	The line manager or organisational leadership
O – The organisation	The organisation
o – The outside context	The outside environment/wider context

Table 8: Barriers and facilitators to addressing and managing employee wellbeing

IGLOO level	Theme	Time 1	Time 2	Time 3
Individual	Use of stress management tools and resources	✓	✓	✓
	Technology skills	✓	✓	✓
	Individual circumstances	✓	✓	✓
	Satisfaction with organisational prioritisation of wellbeing			✓
Group	Job design and workload	✓	✓	✓
	Group culture/behaviours		✓	✓
	Social connection	✓		
	Technology and systems	✓		
Leader	Authentic and compassionate leadership	✓	✓	
	Leading the wellbeing agenda	✓		✓
	Line manager behaviour	✓	✓	✓
Organisation	Wellbeing maturity and integrating the wellbeing agenda with strategic and commercial imperatives	✓	✓	✓
	Communications reach	✓	✓	✓
	Structural and job design	✓	✓	
Outside	Changes of legislation and the frequency of changing government communications	✓		
	Time of year		✓	
	External uncertainty and global recovery			✓

themes

4.3.1 Individual level barriers and facilitators

Four individual level barriers and facilitators were identified:

- Use of stress management tools and resources (such as access to wellbeing resources, strategies to cope)
- Technology skills (such as connectivity issues, learning new skills and 'Zoom' fatigue)
- Individual circumstances (differing by type of role, additional responsibilities, line manager support, job security and motivation)
- Satisfaction with organisational prioritisation of wellbeing.

4.3.1.1 Use of stress management tools and resources

At Time 1, while some employees felt they already had the tools they needed to deal with wellbeing challenges faced by their teams, others considered some of the resources to be 'a bit fake' and others felt they did not have time to access the resources. Amongst employees, there were variations in the perceived need and time to access the wellbeing resources (some feeling more resilient and able to cope, others feeling 'a bit abandoned') and the quantity of available resources.

Being aware of and acting upon personal mental health 'red flags', drawing on the support of family and friends, and utilising the wellbeing resources provided by their employer were all named as examples of effective strategies. However, not all employees were aware that there was an EAP available in their organisation. Many employees shared the personal strategies, qualities and resources that had helped them to get through the pandemic including healthy eating and exercise, establishing work-life boundaries and utilising prior experience such as military experience of adapting to constrained circumstances.

At Time 2, when the impact was much more about exhaustion, strategies such as detaching, relaxing, reducing 'Zoom time' and getting into nature predominated.

4.3.1.2 Technology skills

Initially, employees felt that technology had sometimes been a barrier to addressing and managing employee wellbeing. For example, some organisations were slow to provide the relevant IT provision, which had resulted in increased stress with one employee talking about "*becoming agile by default.*" One participant explained that they had had to share their personal mobile number, which resulted in difficulties maintaining boundaries between work and home. There had also been some technical issues in the implementation of new systems intended to help employees, or difficulties with access (such as security clearance) or signal, again resulting in increased stress levels. By Time 3, many cited feeling tired from the continued reliance on screens for interaction with colleagues and for work meetings.

At Time 3, employees' ability and aptitude to learn the technical and personal skills they needed to cope with the changing demands continued to work as either a barrier or facilitator for employee wellbeing. Managers talked about how continuing to encourage some employees to engage with computers and online means of communication had become wearing. Where adjustment to online working had been effective, employees felt more engaged with their organisation and noted higher levels of wellbeing.

4.3.1.3 Individual circumstances

There were differences in facilitators and barriers for those who were operational and still physically going in to work and those who had shifted to homeworking, with operational staff barriers including concern for physical health and the pressure of keeping the environment Covid-secure. Some employees also spoke of tensions between those who had been furloughed and those who had not, which could lead to employees feeling they were forced to feel grateful they had not been furloughed, regardless of the conditions. There were also large differences in experiences among those who were homeworking. Some employees had been overloaded with work whereas others had experienced very little work, which had resulted for some in concerns about job security.

In addition to their shift to working from home, many employees had also experienced new personal challenges, such as home schooling, carer responsibilities and the risks and concerns of their partners being frontline healthcare workers. For some, the pandemic coincided with a new job role, including challenges of having to onboard and manage a new team remotely. There was also a recognition that there will be different degrees of need for connection among employees; some may be caring for children and craving space, others may be isolated.

It was generally found that the role of the line manager had assumed greater importance and, depending on whether the line manager had been supportive or not, the employee experience would differ.

While some employees found that demand for their organisation's services continued to be high, others experienced the vulnerability of increasing economic uncertainty and concerns about redundancies, particularly for those in lower-paid roles.

Differences in motivation were also experienced, with some (particularly at Time 2) feeling an apathy or joylessness akin to languishing, where they lacked enthusiasm for their role, organisation, wellbeing initiatives and a return to normal. Others demonstrated an enthusiasm for the future and articulated how they had drawn strength from their colleagues and organisations.

4.3.1.4 Satisfaction with organisational prioritisation of wellbeing

At Time 3, in light of increased discussion about new ways of working, employees talked about the extent to which they saw wellbeing as a priority for their organisation. For some, there was a growing cynicism towards management and the suggestion that some organisations had temporarily paid lip service to wellbeing throughout the pandemic. For these employees, anxieties about a return to the office had increased and there was concern that this would be forced upon them with little or no consultation, with some employees questioning whether they could trust what the organisation was saying. For others, employees felt gratitude for how they had been included in discussions about new ways of working and their organisation's genuine commitment to supporting and protecting their wellbeing.

4.3.2 Group level

Five group level barriers and facilitators were identified:

- Job design and workload (such as a lack of coordination and prioritisation in contrast to empowerment and localised decision making)
- Group culture/behaviours (such as a lack of collaborative culture and closed decision making versus a warm and open group culture with high levels of support)
- Social connection (experiences varied from a lack of connection and relatedness and the loss of informal opportunities to communicate to new and increased ways of maintaining social connections, such as virtual coffee mornings, quizzes and virtual team walks)
- Technology and systems (increased technology skills using software such as Zoom and MS Teams).

4.3.2.1 Job design and workload

At Time 1, across all organisations, work design was a key theme. Employees discussed how a lack of coordination and prioritisation of work could reduce flexibility and increase workload. This could even apply to wellbeing activities, which could come to constitute an additional source of stress if they were not adequately factored in to the working day. There was short staffing, either as a result of the pandemic or organisational change and this led to issues of coping day to day, and was a barrier to undertaking supportive activities such as training.

Examples of helpful aspects of job design included empowerment, where employees felt able to make localised decisions that were right for the team. However, some employees at Time 2 felt that the empowerment they had experienced earlier on in the pandemic dwindled as commercial imperatives took priority in their organisations once again: *"it feels like we're losing the ability to make decisions*

that are right for the team now. You are paying us a salary to do a job. Set expectations and then let us get on with it."

At Time 3, rising or continued levels of workload remained a concern for some professional groups, with employees talking about a 'relentlessness' and 'impossibility' of workload and meeting schedules. The transition to a hybrid working model was having an impact on managers' workload: *"the hybrid model, in terms of being a manager, it's a double workload, in a sense."* For some employees there was a rising frustration that workload was not being managed by their employers: *"something which is a bit galling is that they put a lot of effort into wellbeing...and using this to communicate the good things about [the company] as an employer. But, the thing is, the one biggest thing they could do would be to give me time to do things."*

There were also concerns that the decisions organisations were going to take about returning to the physical work environment might not consider all individual circumstances and wants and needs. One participant commented they would, *"like to see senior leaders consider wellbeing when they decide how work is organised and who does what and how much work there is etc."*

4.3.2.2 Group culture/behaviours

Unhelpful aspects were a lack of a collaborative culture, such as decisions being made without explanation; the challenges of a male-dominated group; and issues around being able to discuss mental health. Over time, behaviours cited as problematic in the group included working in silos, not knowing team members' work schedules, others not observing breaks and people turning off videos in Zoom meetings. Additionally, there were some clear individual differences that could affect group cohesion and make it harder to meet group needs, such as individual working mode preferences and differences in a willingness to talk about feelings and mental health.

On the other hand, some employees talked about the positives of having a warm and open group culture, with high levels of team and colleague support. Some teams described increases in empathy, where they felt more supported by their team than ever before: *"this is a cultural thing – our attitude has changed... we tend to be a bit more open and a bit more aware of how other people are doing and, you know, what effect things might have on them."* In articulating how they felt their team had developed a new 'togetherness', employees shared examples of group behaviours including leveraging individual skills (ie an interest in mindfulness), an ongoing commitment to scheduling face-to-face team interactions where possible and scheduling virtual get-togethers, just for fun and interaction.

4.3.2.3 Social connection

Initially, at Time 1, across the majority of organisations, employees highlighted a lack of connection and relatedness. The shift to working from home had resulted in a loss of informal opportunities to communicate, such as the *"watercooler chat"*. Many employees were missing these opportunities provided by working in the office and felt that there were several barriers to asking for support. Specific barriers that impacted on the opportunities to maintain human connection included: the varied work patterns amongst team members; not all team members being eager to physically meet up for a socially distanced walk; and geographical barriers due to the location of the team members. Employees also talked about the need to ensure that social online events were inclusive and accommodating so that all employees could attend; for example, those with children.

Conversely, maintaining social connections with the work group, supporting colleagues, and establishing new ways of relating within the constraints of COVID-19 were seen by employees as a key facilitator of wellbeing during the period. Employees noted how team interactions could help regulate one's own emotions and how they had strengthened the sense that COVID-19 was a shared challenge, with some employees identifying a sense of 'all being in it together' and one participant stating: *"I have to say, I have got to know my colleagues more in the last nine months than in my whole eight years of being here"*. As well as getting together in regular team meetings, employees had tried out many novel ways to connect, including quizzes, virtual coffee mornings and virtual team walks. Mental health champions/allies had played a key role in facilitating informal activities in an inclusive way that ensured opportunities to connect did not simply depend on membership of a cohesive work team.

4.3.2.4 Technology and systems

Despite the challenges to maintaining social interaction in virtual forums, a number of employees said that they had gained greater fluency with technologies such as Zoom and MS Teams which facilitated the social interactions described above. Employees gave examples of how the pandemic had broken down previous silos and had created a level playing field that brought different members of staff together in new contexts which would not otherwise have occurred; for example, by bringing graduates into virtual meetings with senior staff and bringing people together from across different regions.

4.3.3 Leader

Three leader-level barriers and facilitators were identified:

- Authentic and compassionate leadership (such as leaders showing their 'human' side, providing consistent and reassuring messaging and giving kind and flexible responses)
- Leading the wellbeing agenda (this varied between employees feeling some leaders were just paying lip service, whereas others were championing wellbeing as a priority through their actions and communications)
- Line manager behaviour (facilitative behaviours such as authentic and regular communication, a supportive and understanding attitude and offering flexibility compared to behaviours which were barriers such as being unable to adapt, overworking and staff not reading the mood)

4.3.3.1 Authentic and compassionate leadership

At Time 1, some employees spoke about the need for senior leaders to show their 'human' side more often. In many organisations, since the start of the pandemic senior leaders had been more visible than ever. However, there was a clear appetite for increased transparency from senior leaders and for senior leaders to show their human side more frequently.

How employees experienced their work was impacted by the extent to which leaders demonstrated authenticity and compassion. The role of leaders in conveying this care was raised by employees from many organisations, with one participant saying: *"The Chief Exec sends out a message every week which is human in tone and content, covering what has happened in the week, the positive interactions that have been had with staff. That message from the top specifically got mentioned in the COVID survey and has been important to staff."* Consistent messaging from leaders to reassure staff that their organisation placed *"colleagues first"*, putting people's health and wellbeing above profit; messaging to reassure furloughed staff that no redundancies would occur as a result of lockdown; and kind and flexible measures for carers during lockdown - these were all given as examples of how organisations had supported wellbeing from the top down. Small gestures, such as giving staff a Christmas gift list to choose from, were also given as examples of supportive organisational leadership.

For the most part between Time 1 and 2, a welcomed shift in leadership behaviour over the period had been observed, with employees noting: *"I've seen a change in leaders' behaviours - they are more warm and fuzzy than ever before which is great"* and, *"my director is great. He's been extremely intuitive in terms of what is going on in my world."* Organisational stakeholders seemed to recognise this shift in behaviour themselves and, in observing their peers, noted, *"you can say what you want, but it's what you do that matters."*

4.3.3.2 Leading the wellbeing agenda

Initially, leaders' championing of the wellbeing agenda was seen as both a barrier and a facilitator to employee wellbeing. For example, some employees spoke about a disparity in the commitment to wellbeing at the senior level; there was a feeling that some had totally bought into it while others were just paying lip service since they themselves modelled an always-on culture. Examples were given of how senior managers had consistently championed wellbeing as a priority in their actions and communications, effectively setting a tone for wellbeing that reverberated throughout the organisation. Employees noted how empowering they found it when senior leaders talked openly about their own mental health.

Leadership structures that set the wellbeing and inclusion agenda at a sufficiently senior organisational level were also named as a key wellbeing facilitator. Employees shared examples of how organisational wellbeing provision had been improved through the recruitment of knowledgeable staff to senior leadership roles. Also, restructuring had ensured that leaders with formal responsibilities for wellbeing sat at a department head or board level, where they were able to gain the necessary traction for action. One participant commented: *"The company's response has been phenomenal and I am excited for 2021 with [my company]"*.

The 'inevitable' reduced visibility of senior leaders following the gradual return to the office at Time 3 had been witnessed and felt, but there was an appreciation that a continued ease of access to senior leaders may not be possible: *"we would really like to see senior leadership visibility continuing, but we understand the speed of change, that's hard for them to navigate too."* There was concern from some employees that wellbeing as a priority had been diluted in recent months and that some leaders were pushing back wellbeing concerns in light of commercial pressures and a need to deliver operationally.

4.3.3.3 Line manager behaviour

At all time points, employees cited the critical importance of the line manager role in facilitating, or sometimes hindering, wellbeing. Employees also spoke about the importance of managers buying into wellbeing and the cost of cynicism in terms of barriers to accessing information and receiving support and resources.

Effective behaviours that had enhanced wellbeing were described as: authentic and regular communication; a supportive and understanding attitude towards employees' individual circumstances and needs; and employees being offered a level of flexibility as to how to complete their job. One employee noted how her manager had checked in with her every day at the start of the pandemic, while another said that her line manager had *"without doubt been my most significant source of support."* Some employees explained how the pandemic had highlighted the strength of their relationship with their line manager, with one employee noting: *"I already knew she was supportive, but this period has really enforced that"* and another saying that his line manager had been, *"absolutely amazing."*

Manager behaviours regarded as barriers to employee wellbeing included: failure to read the mood of staff on Zoom/MS Teams meetings; an inability by managers to adapt quickly to managing hybrid working teams; and managers overworking themselves and not taking care of their own wellbeing. As the pandemic continued (at Time 2 and 3), there was a sense that some managers' capacity and ability to support the wellbeing of employees was compromised. Employees explained how the long lockdown had threatened the mental health and wellbeing of managers, regardless of whether they had previously experienced mental health problems and that *"whilst I love my manager, I am aware that he has no additional capacity to help me."* Some managers were finding it harder to prioritise the wellbeing of their staff, with one participant sharing that *"whether it's conscious or unconscious, the message from managers is 'get the job done, don't come to me with your problems.'" This meant that at Times 2 and 3, more employees felt that they couldn't go to their manager and were turning to their peers and wider support network.*

There was a sense from employees that the managers themselves were not sufficiently supported by their leaders. For some, the change in working environment had resulted in a loss of support from senior colleagues and, for others, the additional support and training needed to manage remote teams with differing wellbeing needs was not forthcoming. This was seen as a real gap: *"we need to support managers with supporting their own wellbeing and, through that, the wellbeing of the staff because if they are looking after themselves, they're far more likely to be able to look after the staff."*

4.3.4 Organisation

Three organisational level barriers and facilitators were identified:

- Wellbeing maturity and integrating the wellbeing agenda with strategic and commercial imperatives (such as the key strategies and objectives for wellbeing being embedded across

the organisation, compared to having a wellbeing strategy and a strategy for work which are not aligned)

- Communications reach (such as the challenge of communicating effectively in large organisations and on complex intranet sites)
- Structural and job design (barriers included jobs not being redesigned sufficiently during the pandemic and substantial organisational change, whilst facilitators included increased flexibility and consideration of the needs of diverse groups).

4.3.4.1 Wellbeing maturity and integrating the wellbeing agenda with strategic and commercial imperatives

Wellbeing maturity and the integration of the wellbeing agenda was both a barrier and facilitator. Employees talked about the maturity of wellbeing culture within their organisation, which impacted the extent to which they felt their wellbeing was prioritised and protected. A mature wellbeing approach was seen as one where there were key strategies and objectives and where wellbeing was embedded across the organisation, in both a centralised and local way. Barriers were perceived where employees still saw mental health as taboo, resulting in the lack of an employee voice, and where commercial and strategic imperatives dominated any discussions of wellbeing. This dissonance is explained in the following quotation, where an employee describes their organisation: *“(we) seem to have a strategy for our wellbeing and a strategy for our work and the two things don’t join up. So we say all the right things but it’s all about treating/dealing with a lack of wellbeing rather than dealing with the causes of the lack of wellbeing.”* A lack of a strategy with objectives and measurements was seen as key, with some employees saying that without wellbeing KPIs managers and staff were not held accountable. In explaining how the lack of a strategic roadmap had had an impact on their wellbeing and how *“for the first time in my time here I have thought of moving on”*, employees in one focus group noted: *“doing nothing is not a strategy. It’s just doing nothing.”*

4.3.4.2 Communications reach

Employees acknowledged that one of the barriers to addressing wellbeing, particularly in large organisations, was the challenge to communicate effectively about wellbeing to all groups. Employees described how information could be hard to find and while there was lots of information provided, some platforms (eg the intranet) were complex to navigate. In some organisations, the cascade system worked well for health and safety information, but was not evenly applied for wellbeing. In large organisations, it could be hard to know what communication channels were available to use. Employees also recognised that different departments and job functions (such as those working from home compared to in the workplace) might require different communications and there was a need for tailored intranets and communications.

At Time 2, communication continued to play a vital role in how employees were feeling at this stage in the pandemic; it was clear that they appreciated efforts to keep them informed and efforts to recognise the hard work they were doing despite the challenging circumstances. For some organisations, this period had brought an emphasis on communications, whether that be revised or reinforced messaging about wellbeing, one-to-one check-ins with employees, acknowledgement of people’s struggles or increased opportunities to talk: *“Anything that gives people a forum to talk has been hugely welcomed in the circumstances.”* Wellbeing messaging was particularly welcomed when it was cascaded from senior leaders: *“It has helped knowing that messaging about wellbeing has come right from the top and as a manager, it gives you the confidence to have those conversations with your own team.”* For other organisations, there continued to be challenges in ensuring a complete cascade of communication due to the size and complexity of the organisational structure.

By the end of the research period, at Time 3, it was evident that organisations faced challenges in supporting employee wellbeing where structures were large and complex and where workforces were dispersed. Efforts to centralise wellbeing offerings and strategy were ongoing but proved difficult due to variations in types of employees, roles, locations and wellbeing maturity of clients or supply chains. Where wellbeing strategy and offerings were centralised, employees felt that these were clear, coherent and excellently executed.

4.3.4.3 Structural and job design

Job design was felt to be both a facilitator and barrier, not only at the individual level, but also at the organisational level, notably where jobs had not been sufficiently redesigned to address a raised organisational workload. Organisationally, some participants felt that there had been missed opportunities to centralise tasks eg onboarding and recruitment in under-resourced areas that might have relieved stress and improved wellbeing. A number of employees noted that the first COVID-19 wave had coincided with other substantial organisational changes, including role restructures and the uptake of new contracts, which had resulted in a double challenge of new role responsibilities and staff to manage alongside adjustments to COVID-19.

While job design had been a challenge for some, many employees said that the increased flexibility offered by their employer had been an important facilitator of wellbeing. Managers from several organisations appreciated the flexibility to allow staff to end their day after they had completed their contractual hours, or to enable staff to take time out following a distressing customer interaction, or simply at the end of an unusually busy week. One participant noted: *"I know my team and I should be able to make decisions without consulting several other people"*. Several employees commented that they hoped these measures might continue beyond lockdown. Organisational efforts to consider the needs of diverse groups, including through risk assessment processes and specific policies for carers, were also regarded as facilitators of wellbeing.

As time went on, the issue of workload became more prevalent and acute: *"I mean, we operate almost as if we put enough on the intranet about wellbeing then our people will just be able to do whatever work we throw at them whereas I think you need to look at the way work is done, particularly from a stress perspective."* Organisational efforts to address workload were met with anger from some: *"saying to people go for a walk at lunchtime - actually they're starting to get quite hacked off with that kind of message because they're like, well give me a work day that enables me to do that, and I will do it."*

The workload issue could also have an impact on the viability of being able to attend wellbeing initiatives or training: *"what's going to stress you more – not going on the wellbeing training, or getting behind on your emails?"*

4.3.5 Outside

Three outside level barriers and facilitators, each at different time points in the pandemic, were identified:

- Changes of legislation and the frequency of changing government communications
- Time of year
- External uncertainty and global recovery.

At the start of the study period, Time 1, in November 2020, employees felt that a particular challenge was rapid changes to legislation and the frequency of changing government communications. This had impacted on the ability of organisations to respond in a considered and timely manner. Time 2 interviews were conducted in the winter and there was a strong sense from all employees that the winter weather had hindered their wellbeing over the period, specifically due to the impact on their inclination to adopt healthy behaviours. Many employees talked about being less inclined to leave the house for their daily walks and exercise, drawing comparisons with previous lockdowns and their ability to spend more time outside in warmer weather. As a result, employees were working longer hours and spending more time inside than in previous lockdowns. At the end of the research, at Time 3, employees talked of how continued external uncertainty and a lack of a known timeframe for a global recovery from the pandemic remained as an outside barrier to employee wellbeing. Employees felt that while other countries were moving on from the pandemic, they were still waiting for clarity in the UK, amidst ambiguity and concern over COVID-19 variants.

5. Recommendations

This report provides important insights into both the employee experience of working through the pandemic within the UK context and the experience of the organisational support provided to promote and protect employee wellbeing. In using an evidence-based practice methodology, and collecting data over a seven-month period, deep insights have been captured around the whole of the changing experience. It is clear that the impact on employee wellbeing has been both significant and wide-ranging; it is also clear that although all organisations taking part in this research attempted to support their employees as best they could, barriers to this were met at every level.

What is striking is how the pandemic has been seen to accelerate the development and provision of mental health and wellbeing support within organisations. The report's recommendations, whilst emerging from research specifically related to the pandemic, are applicable to all organisations intending to further develop the maturity of their offering in this space. These recommendations, set out below, have been written at the organisational or stakeholder level:

1. Demonstrate senior management commitment to employee health and wellbeing

The research demonstrated the extent to which senior management 'set the tone' for how employees experienced organisational support and how quickly those efforts could be seen as merely 'paying lip service' and actually detrimental to wellbeing where there were inconsistencies between leader messages and behaviour. Good practice included providing consistent communication and updates from senior management, the sharing of personal experiences, opportunities for Q&As and feedback from employees, evaluating and acting upon data and changes, and a clear alignment of communication and practice.

2. Focus on line manager skills and resources

Perhaps the strongest message in the paper was how central line managers were to employees' experience of wellbeing, to their perceptions of support and to the availability of resources, interventions and tools. It was also clear that line managers did not always have the buy-in, the skills, resources and capacity to provide that support for their reports, particularly as the pandemic progressed and workloads and a return to business-as-usual began. It is vital that organisations invest in their line managers, working with them to redesign and prioritise their roles and equip them with the skills, knowledge and understanding to be able to better promote and protect employee wellbeing.

3. Prioritise job design in collaboration with employees

Central to improving job design and creating sustainably good jobs for employees is designing good work; that is, work where employees have a choice over when, how and where they do their job; have reasonable demands and workloads placed upon them; are supported by good relationships at work; are clear about their role; and can develop and progress. Many people perceive workload to have increased through the pandemic and that this is a significant cause of mental ill health. Flexibility may be one option, but it is about working and collaborating with employees to develop solutions that work for them rather than designing one-size-fits-all policies. Efforts should be focused to gather feedback from employees who may be underrepresented or vulnerable within your organisation. Finally, as can be seen from this research, employee wants and needs differ across time and circumstances, and therefore both job design and the wellbeing offering need to be flexible and dynamic.

4. Promote an environment of social connection and trust

The research demonstrated just how important social connections were within the hybrid world. Through good social connections and informal communications, managers and peers were able to identify risks, support their own needs and the needs of colleagues and so provide and access support and resources. Within organisations, informal conversations pre-pandemic were seen as 'distractions from work' or 'nice-to-haves' but this research, along with a growing body of research, demonstrates how central these social relationships are to fostering a wellbeing culture. There are many examples of how to do this, from team socials, to protected time in meetings for informal conversation and to more formal methods, such as network groups. The physical environment also has a part to play to support this, with appropriate spaces available for informal meetings and conversation and a clear understanding of the need, for some employees, for physical face-to-face social interaction.

5. Communicate your wellbeing approach consistently and continually

A key learning from this research is that employees are not always aware of what organisational support and resources are available, either due to the complexity of the programme, a lack of management signposting, lack of availability and access, or information overload. Organisations must therefore promote their wellbeing resources consistently and continually in as many communication channels as possible. This goes beyond relying on all materials being in a central repository such as the Intranet, to move towards providing tailored, relevant and proactive communications across the organisation, both locally and globally; as well as making particular efforts to communicate to hard-to-access groups.

6. Embed wellbeing across culture at the organisational and local level

Embedding wellbeing is more than aligning wellbeing alongside strategic objectives and related policies such as CSR and Diversity and Inclusion, and embedding wellbeing considerations within operational practices, such as induction and training and development. It is about wellbeing considerations being part of everyday business communications and contexts to create a culture where issues can be raised and wellbeing discussions encouraged, and where talking about wellbeing is a daily part of work life. This also ensures that for large organisations, where systems may be unwieldy, employees can still access the core messages.

7. Conduct an internal audit of your wellbeing provision to identify your existing assets and development areas

The research demonstrated that organisations are at different stages in their wellbeing journey. An internal audit of your data, policies, practices and training provision will enable you to identify a clear strategy for your wellbeing provision. It may also be useful to analyse your offering against a framework such as ISO45003 or the Mental Health at Work commitment, or against accreditations or awards in order to provide you with clear steps to progress your offering.

8. Monitor your organisational wellbeing

The research suggested that organisations were generally not well equipped to measure and monitor wellbeing. Without having clear objectives and KPIs attached to wellbeing, it is difficult to understand the impact of your efforts, to recognise and spot issues in particular groups or particular locations or to continually improve and develop your offering. It is also difficult to recognise employees for supportive wellbeing practice in the context of their overall role performance. There are no 'right' metrics, but it is a case of taking time to understand what you want to achieve from your wellbeing approach and what you can harness to measure and monitor that.

6. References

- Barends, E., Rousseau, D.M. & Briner, R.B. (Eds). (2017). CEBMa Guideline for Rapid Evidence Assessments in Management and Organizations, Version 1.0. Center for Evidence Based Management, Amsterdam. Available from www.cebma.org/guidelines/
- Bassi, M., Negri, L., Delle Fave, A., & Accardi, R. (2021). The relationship between post-traumatic stress and positive mental health symptoms among health workers during COVID-19 pandemic in Lombardy, Italy. *Journal of Affective Disorders*, 280, 1-6.
- Bechtel, R. B., & Berning, A. (1991). The third-quarter phenomenon: do people experience discomfort after stress has passed? In *From Antarctica to outer space* (pp. 261-265). Springer, New York, NY.
- Blake, H., Bermingham, F., Johnson, G., & Tabner, A. (2020). Mitigating the psychological impact of COVID-19 on healthcare workers: a digital learning package. *International Journal of Environmental Research and Public Health*, 17(9), 2997.
- Blake, H., Gupta, A., Javed, M., Wood, B., Knowles, S., Coyne, E., & Cooper, J. (2021). COVID-Well Study: Qualitative evaluation of supported wellbeing centres and psychological first aid for healthcare workers during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 18(7), 3626.
- Blake, H., Yildirim, M., Wood, B., Knowles, S., Mancini, H., Coyne, E., & Cooper, J. (2020). COVID-Well: Evaluation of the implementation of supported wellbeing centres for hospital employees during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(24), 9401.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Business In The Community (2021). Mental Health at Work 2020: key findings. <https://www.bitc.org.uk/report/mhaw2020/>
- Chen, R., Chou, K. R., Huang, Y. J., Wang, T. S., Liu, S. Y., & Ho, L. Y. (2006). Effects of a SARS prevention programme in Taiwan on nursing staff's anxiety, depression and sleep quality: a longitudinal survey. *International Journal of Nursing Studies*, 43(2), 215-225.
- CIPD (2021a). Health and Wellbeing at Work 2021. https://www.cipd.co.uk/Images/health-wellbeing-work-report-2021_tcm18-93541.pdf
- Deloitte (2021). Working during lockdown: The impact of COVID-19 on productivity and wellbeing. <https://www2.deloitte.com/uk/en/pages/consulting/articles/state-of-the-worker-a-year-in-the-pandemic.html>
- Economist Intelligence Unit (2020). The future of work and digital wellbeing: Protecting employees in a Covid-19-shaped world. <https://www.allianzcare.com/content/dam/onemarketing/azcare/allianzcare/en/docs/Allianz-EIU-Digitalisation-White-Paper.pdf>
- Felstead, A., & Reuschke, D. (2020) Homeworking in the UK: before and during the 2020 lockdown, WISERD Report. https://wiserd.ac.uk/sites/default/files/documents/Homeworking%20in%20the%20UK_Report_Final_3.pdf

Giordano, F., Scarlata, E., Baroni, M., Gentile, E., Puntillo, F., Brienza, N., & Gesualdo, L. (2020). Receptive music therapy to reduce stress and improve wellbeing in Italian clinical staff involved in COVID-19 pandemic: A Preliminary Study. *The Arts in Psychotherapy*, 70, 101688.

Hou, W. K., Lai, F. T., Ben-Ezra, M., & Goodwin, R. (2020). Regularizing daily routines for mental health during and after the COVID-19 pandemic. *Journal of Global Health*, 10(2).

Keyes, C. L. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 207-222.

Maunder, R. G., Lancee, W. J., Balderson, K. E., Bennett, J. P., Borgundvaag, B., Evans, S., ... & Wasylenko, D. A. (2006). Long-term psychological and occupational effects of providing hospital healthcare during SARS outbreak. *Emerging infectious diseases*, 12(12), 1924.

Mind (2021). Coronavirus: the consequences for mental health.
<https://www.mind.org.uk/media/8962/the-consequences-of-coronavirus-for-mental-health-final-report.pdf>

Nielsen, K., Yarker, J., Munir, F., & Bültmann, U. (2018). IGLOO: An integrated framework for sustainable return to work in workers with common mental disorders. *Work & Stress*, 32(4), 400-417.

Parry, J., Young, Z., Bevan, S., Veliziotis, M., Baruch, Y., Beigi, M., Bajorek, Z., Salter, E., & Tochia, C. (2021) Working from Home under COVID-19 lockdown: Transitions and tensions, *Work after Lockdown* <https://www.employment-studies.co.uk/resource/working-home-under-covid-19-lockdown>

Pollock, A., Campbell, P., Cheyne, J., Cowie, J., Davis, B., McCallum, J., & Maxwell, M. (2020). Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: A mixed methods systematic review. *Cochrane Database of Systematic Reviews*, (11).

van Nieuwerburgh, C., Barr, M., Fouracres, A. J., Moin, T., Brown, C., Holden, C., ... & Thomas, P. (2021). Experience of positive psychology coaching while working from home during the COVID-19 pandemic: An Interpretative Phenomenological Analysis. *Coaching: An International Journal of Theory, Research and Practice*, 1-18.

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