



GÖTEBORGS
UNIVERSITET

Working conditions in obstetric and neonatal care during COVID-19 - lessons learned



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Secure access to care

- Care can not be refrained
- No other facilities or health care providers who can assist during birth or care for severely ill neonates
- High levels of sickness absence
- Uncertainty about best practice





Sahlgrenska University Hospital 10 000 births per year

- COVID-19 survey
– September 2020
n= 382, 35% response rate
- Pre-COVID-19 employee survey
– October 2019
n=660, 75% response rate

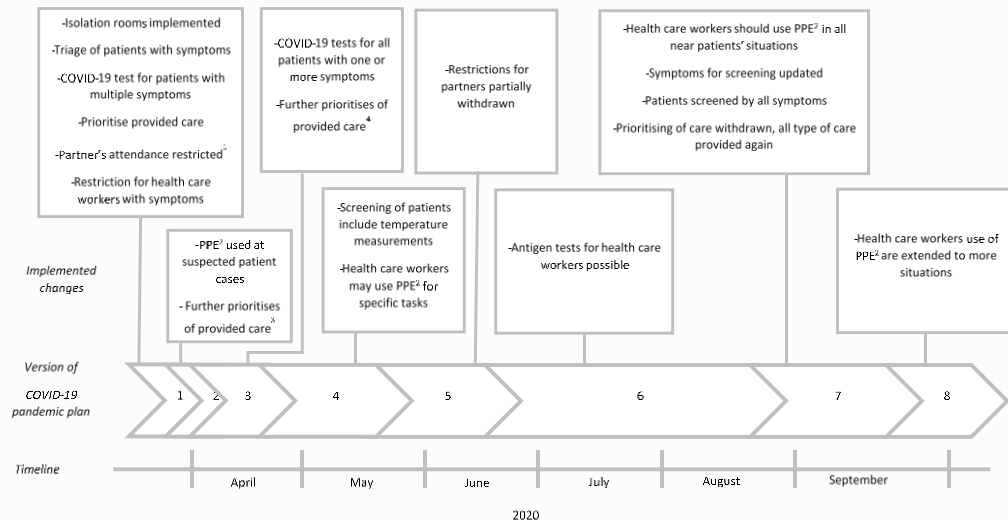
Demographics

- women (92%, n=350)
- < 30, 10% (n=40)
- 30 -39, 23% (n=88)
- 40 – 49, 23% (n=87)
- 50 – 59, 27% (n=104)
- > 60, 16% (n=63)
- physicians 7% (n=27)
- midwives , 25% (n=96)
- registered nurses, 21% (n=82)
- assistant nurses 30% (n=113)
- administrators and other occupations, 17% (n=64)



Document analysis of organisational changes

1 Figure 1

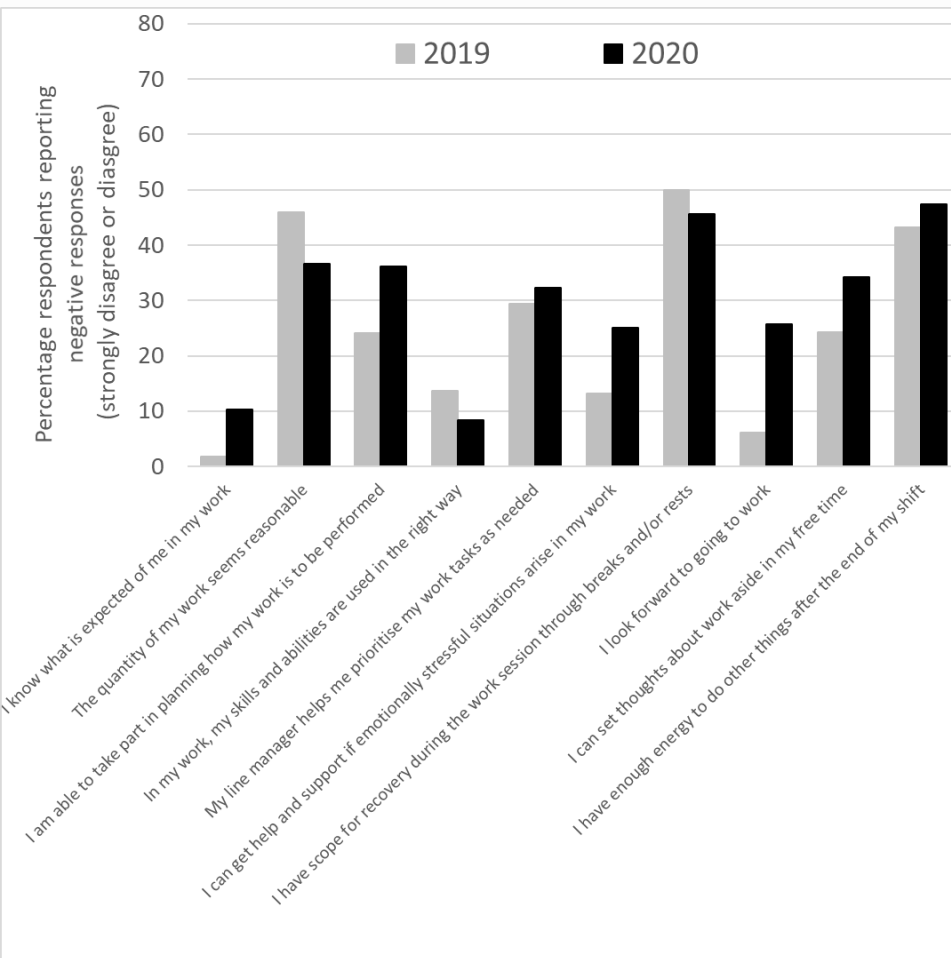


¹ Partners only allowed at delivery, ² PPE=Personal protection equipment



Results

- 62% Cared for COVID-19 infected patients (n=238)
- 20% Had been transferred to another ward (n=54)
- Strong worry for being infected
 - several times a day 9% (n=33)
 - daily 19% (n=71)
 - occasionally 23% (n=87)
 - rarely 23% (n=121)
 - never 17% (n=63)
- 88% had access to enough PPE while working with COVID-19 infected patients (n=249)



Changes during the pandemic



- Being transferred to another workplace did not affect the perception of working conditions
- Caring for COVID-19 infected patients and having a strong worry for being infected had a negative effect of their perception of their working conditions and possibility for recovery
- Not having access to sufficient PPE when caring for COVID-19 infected patients reported less emotional support and to a lesser extent considered that their skills and abilities were used in the right way



- Employees between 30-39 and 40-49 reported worse working conditions compared to the other groups

Experiences of safety and security

- Under-use of PPE
- No standardisation of routines
 - especially between the obstetric and neonatal departments





Emotional responses

- Increased working morale
- Emotionally drained
- Fear of making fatal mistakes

Physical work environment

- Insufficient number of isolation rooms
- Frustrations that there was not enough infrastructure in place



Possibility for recovery and rest

- Lack of recovery between shifts
- Longer shifts
- Shortened summer vacation



Organisational work environment



Unfair economic compensation



Rapid changes in work routines



Difficulties to access information

Take home message

- Create a work climate that acknowledge and handle employee worry
- Routines needs to be standardised between departments
- Secure adequate pre-conditions for managers
- Develop infrastructure – physical and informational

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