Impact of COVID pandemic on team dynamics in a clinical setting

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Original purpose of study

Our original purpose of this study was to increase our understanding of how work has changed since Covid-19. The researchers targeted clinical professionals working in a COVID-19 testing sites and vaccinations sites in a South Texas Health System. Their work in the testing cites moved them to a new workplace venue, where they worked throughout the pandemic with a new work team. As a healthcare professional they worked in a critical role and were unique positions to give firsthand information from their personal own perspectives.

Sample

The researcher worked through the University's School of Medicine to secure the list of full-time employees working in the schools of medicine clinics. Initially, 22 participants were initially invited with 13 accepting to participate in the study. Participation was on volunteer basis and participants had the option to withdraw ant any time throughout the process. Information provided was strictly held confidential. Interviews were conducted one-on-one either via zoom or in person. Each interview lasted roughly 45 – 75 minutes long.

Initial Interview questions

Again, the focus of the inductive research hoped to elicit understanding as to how work changed during the pandemic, especially in their public facing test and vaccination cites. To assess such changes we asked the participants the following questions:
1. Primary Research Question: How have the ways of working changed since COVID
2. What was work like in your work setting prior to COVID-19 Pandemic?
3. What were some of the challenges while working in the testing site?
4. What has work been like since returning to your original work setting?
5. What is the biggest change about your work since Covid?
6. What has been the biggest change in your work since returning (or since others have returned) from Covid testing or Vaccination hubs?

Methodology

At the completion of the recorded interviews, the lead researcher took the following steps. First, each zoom recorded interview was transcribed. Then, the researchers conducted at thematic analysis using a grounded theory approach (Gill, 2020). Following a grounded theory approach, lead researcher assigned a code (theme) to a piece of text. This process was followed such that unique themes were identified to address important concepts within a set of data in the interview transcript. This process of assigning codes in the transcript data allowed the researchers to derive the themes and patterns. Next, these themes were grouped and served as a way of summarizing sections of data. Based on this process, the following are the current themes that emerged.

Findings that emerged

The thematic analysis revealed a cluster of themes that described the nature of the participants' work and personal experiences during the pandemic (See Table 1). The themes appeared to fall into work-related and personal experiences. For the work-related themes, the participants focused on protocol-based themes surrounding their new work environment, and themes related to environmental conditions of the job. The personal experience themes included transitioning, mental health, and teamwork.

These themes further informed the temporal nature of the participants' experiences during the pandemic (see Figure 1). For instance, the participants' responses suggested that the work-related themes of an emphasis on protocol and environmental factors resonated during the onset of the pandemic. A focus on teamwork also presented itself in 73% of the participant interviews. Interestingly, new themes were emphasized as the participants transitioned from the testing/vaccination cites and back to their original places of work in the hospitals. At this point, participants emphasized the hardships of transitioning back to their initial work and home life, the missed connections from the testing sites, and the diminished job engagement and meaningfulness. The themes that emerged as participants returned to their original jobs suggested loss and lack of meaning in both their work and home lives. In this sense, it seems like participants expressed a lack of psychological involvement as they returned to the original job placements suggesting that their heightened job engagement during the pandemic led to disengagement.

Basic working framework
Working meditating factor model.
Figure 1.
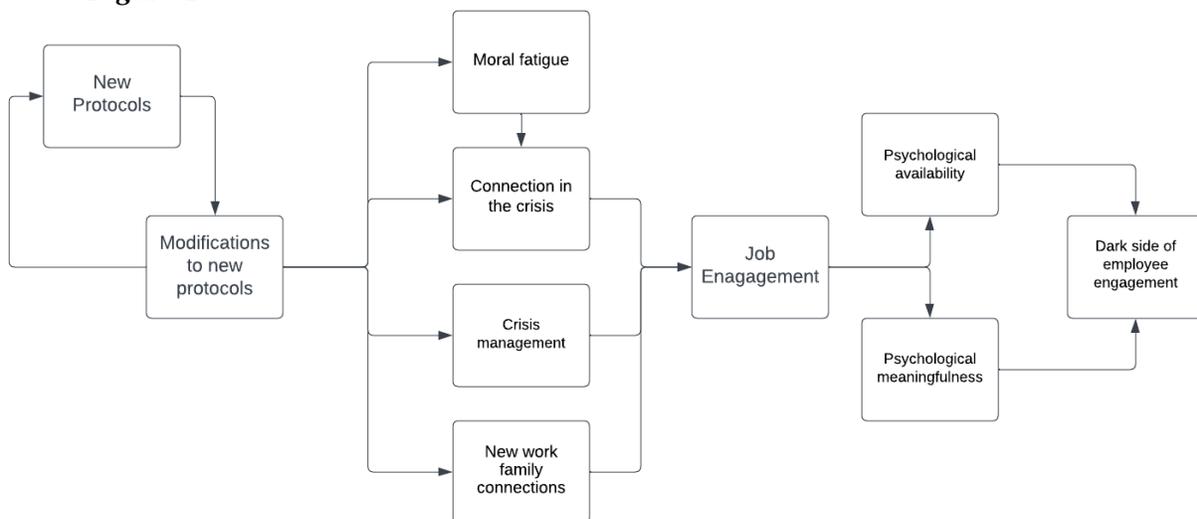
Other potential outcomes of study
To be determined
Working Tables.
     Table 1.

Pre-COVID *Assignment* Work Location	During *Re-Assignment* Work Location	Post *Return* to Original Work Location (Notes: Post Crisis moment
Original Location	**Temp Location Assignment Period** **(14 – 18 months)**	**Return to Permanent Location** **(4 – 6 months returned)**
• Calm • Standard • Predictable	• Adapting new protocols (96%) • High level of Teamwork (73%) • Difficult environment/Work (35%)	• Transitioning back to office (35%) • Missed connections (76%) • Job engagement & meaningfulness

The following are a brief outline summary of phrases and sentiments that reflect dependent variables.

Sub-Themes.
Table 2.

Themes	Frequency
Protocols	**96.15%**
Patient Interaction	100.00%
Learning as we go	100.00%
Flexibility	92.31%
Stress	92.31%
Teamwork	**73.08%**
Lifting each other	92.31%
Emotional Connection	76.92%
Seeing them Again	61.54%
Friendship	61.54%
Transitioning	**35.90%**
Clinic	53.85%
Still using PPE	30.77%
Family Time	23.08%
Slow down	7.69%
Environment	**35.04%**
Weather Conditions	61.54%
Following Protocols	53.85%
The Rush	38.46%
Long Hours/Days	38.46%
Operations - Line of Cars	38.46%
Family Time	23.08%
Dr Nelson	23.08%
Social Interaction	23.08%
Early Riser	15.38%
Mental Health	**34.07%**
Dedicated/Motivating Mindset	53.85%
Personal Care	46.15%
Being Valued/Appreciated	38.46%
Tired/Exhausted	30.77%
Frustrated	30.77%
Scared	30.77%
Depression/Loneliness	7.69%

Table 3.

Demographics

Gender	Total	*%*
Male	2	15%
Female	11	85%
Total	**13**	**100%**

Age range	Total	*%*
20-29	5	38%
30-39	5	38%
+ 40	3	23%
Total	**13**	**100%**

Table 3.

Title	Total	*%*
Authorization Specialist	2	15%
Medical Assistant	4	31%
Patient Access Coordinator	1	8%
Patient Service Representative	3	23%
Nurse Practitioner	1	8%
Registered Nurse	1	8%
Sr. Dir of Clinical Operations	1	8%
Total	**13**	**100%**

REFERENCES

Bhaduri, Raka M. "Leveraging culture and leadership in crisis management." *European Journal of Training and Development* (2019).

Coombs, W. Timothy. "Crisis management and communications." *Institute for public relations* 4.5 (2007): 6.

DeTienne, Kristen Bell, et al. "The impact of moral stress compared to other stressors on employee fatigue, job satisfaction, and turnover: An empirical investigation." *Journal of Business Ethics* 110.3 (2012): 377-391.

Gill, Michael J. "How can I study who you are? Comparing grounded theory and phenomenology as methodological approaches to identity work research." *The Oxford Handbook of Identities in Organisations* (2020): 295-310.

Hernandez, Morela, and Cristiano L. Guarana. "An examination of the temporal intricacies of job engagement." *Journal of Management* 44.5 (2018): 1711-1735.

May, Douglas R., and Catherine E. Schwoerer. "Employee health by design: Using employee involvement teams in ergonomic job redesign." *Personnel Psychology* 47.4 (1994): 861-876.

Rich, Bruce Louis, Jeffrey A. Lepine, and Eean R. Crawford. "Job engagement: Antecedents and effects on job performance." *Academy of management journal* 53.3 (2010): 617-635.

Taylor, Susan. "Moral fatigue—A nursing perspective." *Bioethics Forum*. Vol. 18. No. 1-2. 2002.

Timmons, Shane, and Ruth MJ Byrne. "Moral fatigue: The effects of cognitive fatigue on moral reasoning." *Quarterly Journal of Experimental Psychology* 72.4 (2019): 943-954.