



# The Impact of the COVID 19 Pandemic on Aviation Workers & The Aviation System

## BACKGROUND

### Pre COVID Pandemic

- 33% of the population experience mental health (MH) issues at some stage in their life, while 16% will experience MH issues at any given time
- Ample evidence of wellbeing and mental health (MH) issues amongst pilots.
- Delays to implementation of regulation for wellbeing & MH (pilots).
- Little attention to wellbeing and MH of other aviation workers.
- Peer support services not provided for ALL aviation workers.

### COVID 19 Pandemic

- Impacts for people, communities, workplaces, and societies.
- Increase in MH suffering for whole population
- There has been a huge impact for aviation workers and the industry.



### Research Objectives & Strategy

1. Understand and evaluate the impact of the COVID 19 pandemic on aviation workers and the aviation system.
2. Identify solutions for aviation workers and for airline industry, in collaboration with stakeholders.
3. Dissemination of evidence to support (1) recovery roadmap and strategy, (2) organisational action & (3) policy/regulator approach.
4. Locate wellbeing in the human factors & safety/risk management space.

### Ethos

- Promotion of safe work.
- Promotion of healthy behaviour (i.e. coping, self-efficacy and self-care) & healthy attitudes/states (i.e. trust, compassion, acceptance, awareness, psychological safety).

## METHODS, PARTICIPATION & PROFILES

- Anonymous online questionnaire, using Qualtrics.
- Targeted at ALL aviation workers.
- Incorporates validated instruments predicting presence of depression (PHQ 9) & anxiety (GAD 7).
- Involvement of stakeholders in survey design
- Ethics (including GDPR) approval, REC, School of Psychology, Trinity College Dublin, Ireland
- Administered over 3 weeks (July/August 2020)

- Total (2,050), Completed (1,518), Completed PHQ 9 (1,796), Completed GAD 7 (1,796).
- Diversity
  - Social/personal: age, gender and time in role.
  - Organisational: aviation roles, areas and types.
  - Roles: types, seniority, contract types
  - Top 4 respondent roles: Pilot (38%), Cabin Crew (19%), Air Traffic Services (11%) & Maintenance (8%).

## EVIDENCE BASED RECOVERY ROADMAP & IMPLICATIONS

1. Those people who have lost their jobs and/or are experiencing MH difficulties require immediate support.  
Higher number meeting threshold for moderate depression (17.7%), moderately severe depression (7.4%), and severe depression (4.5%) – numbers higher than 2018/2019 survey.  
High levels of anxiety 36% (mild), 12.8% (moderate), 11.3% (severe).  
50.95% of respondents have lost jobs, with 41.41% indicating that this is permanent.  
Of the 50.95% who have lost jobs, 88.94% intend to return to work after pandemic & 65.84% are actively seeking reemployment within aviation.  
56.70% obtaining financial support from government or another agency.
2. Organisations and workers need to manage specific sources of stress and anxiety, and specific impact of COVID 19 on aviation workers.  
23% indicate that their companies are providing supports for employees to manage wellbeing issues since COVID, but the use of these supports is very low (24.27%).
3. The roles and responsibilities of different stakeholders (i.e. workers, organisations, regulator, society/charities, government) in relation to managing wellbeing require rethinking and clarification.  
78% indicate a lack of willingness to disclose MH issues to employer.  
Aviation workers are more likely to disclose to spouse (23%) or medical professional (22%) – low figures for Peer Support Service (2.55%) and EAP (1.52%).
4. Aviation workers across different roles are practising self-care – this should be encouraged at all levels – linking to promoting a wellbeing culture and safe behaviour.  
58.27% using coping strategies/self-care to deal with Work-Related Stress (WRS) and wellbeing challenges since COVID.  
86% feel they will be fit to return to work, post the COVID-19 pandemic.
5. Need for peer support for all aviation workers – not just pilots.  
Strong willingness to seek help if had MH issue (68%), to use org supports if provided (60.14%), and to approach peer support service if provided (68.92%).  
Many companies providing peers support service (69.62% aware of service in company).  
Almost zero access to Peer Support Programmes provided to Maintenance Engineers.
6. Aviation organisations need to address issues pertaining to their wellbeing culture – promoting healthy behaviour, supporting disclosure around mental health issues/challenges, promoting awareness of MH.  
80% feel that wellbeing is not a priority for their organisations.
7. Aviation organisations need to rethink their objectives and approach in terms of providing appropriate wellbeing supports for those currently in work and off work.  
92% indicate need for wellbeing supports for those currently in work and off work.
8. Fitness to work assessment is required for those currently working and those returning to work.  
61% indicate need for fitness to work evaluation for all people returning to work.
9. The regulator needs to address the timeline for new regulation in relation to the management of wellbeing and mental health for safety critical workers – this cannot be postponed.  
Changes in morale negatively impacting on aviation worker engagement (69%) and job motivation (47%).  
33% of respondents feel that safety oversight, both within the organisation and from the regulator has deteriorated.  
25% of respondents feel their competence to do their job safely has deteriorated.



All stakeholders need to identify a path to integrating different wellbeing functions within aviation organisations (i.e. peer support, EAP, safety/risk management, health promotion) - linking to aeromedical assessment and regulation. This might be 'guided' by the regulator.  
Society and government need to address provision of health supports for those who are no longer in employment (i.e. with no access to organisational supports which may have been previously used).

## SURVEY LIMITATIONS & NEXT STEPS

- Survey limitations: sample size/saturation, participants recruited using social media (self-selection of candidates/bias in relation to interest in wellbeing), data is self-reported (bias/perception) & survey data is cross-sectional in nature.
- Extensive analysis of survey findings (all & specific roles), including triangulation with past and ongoing research.
- Further research & stakeholder engagement focusing on how wellbeing, safety and change issues might be addressed at (1) individual, (2) organisational, (3) industry, (4) regulator and (5) societal levels.

