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Introduction

The CV19 Heroes Project¹ was established in March 2020 to track the welfare of frontline workers in the UK and Republic of Ireland across the pandemic. The project has recruited over 1700 participants from multiple sectors (e.g., health and social care, essential retail, civil defence, education), and has been tracking a variety of psychological welfare markers (wellbeing, posttraumatic stress, burnout, anxiety, physical health) on a six-monthly basis. The aim was to recruit a wide variety of workers from both nations to understand the impact of social policy and public health response on the welfare of those working in demanding and dangerous conditions. Two chartered psychologists lead the project, both specialising in areas associated with occupational health and wellbeing. Evidence from the project has been presented to the UK All Party Parliamentary Group (APPG) on Coronavirus (March 2021, August 2021) as well as the People’s Covid Inquiry (June 2021).

This report offers new evidence in response to the question “What are the principal factors driving staff to leave the health and social care sectors, and what could be done to address them?”. This evidence includes findings from peer-reviewed, published research, as well as data trends from our 18-month follow-up survey (October to November 2021) and the ongoing “Have your Say” survey (December 2021 to January 2022).

¹ www.cv19heroes.com

Intention to leave

“While I am proud of my efforts during the pandemic, if I knew what was coming at the time and what I would be asked to do, I would not have continued with my role due to the emotional toll it took” (Nursing Home Care Assistant)

Quantitative findings

Since the summer of 2020, some participants have indicated their intention to leave their profession due to the unsustainable pressures of the pandemic, as well as policy- and organisational-level issues (1, 2). Eighteen months into the pandemic, 49% ($n = 90$) of the total sample ($n = 184$) of UK health and social care workers indicated that they intended to leave their role. At this point, 21.6% ($n = 40$) responding participants had changed roles since the previous survey (12 months, March-April 2021). Of those stating their intention to leave their role, 31% ($n = 28$) stated that they would remain in their current sector, with the remainder indicating they were actively looking to change their employment sector or currently had no further plans for paid employment. For those considering a change to their employment, 22.5% ($n = 23$) indicated that they were looking immediately and 2.9% ($n = 3$) indicated they would wait until the pandemic was over. Most (50%, $n = 51$) were not sure when this change would take place.

From these findings, we can see that approximately half of the sampled health and social care workers were considering leaving their role (in the short-term or long-term) which points to high levels of discontent in their current work lives.

Qualitative findings

“[I am] Feeling betrayed by the whole country.” (Advanced Nurse Practitioner)

At the 18-month follow up survey, participants were invited on a voluntary basis to offer open-ended comments to offer more detail about how they were feeling. Participants described feeling both exhausted and unsupported at work (across both health and social care sectors), as well as undervalued and unprioritized for support by the government and consequently the public. Many cited experiencing Long Covid, and were either struggling to work alongside this, or were on long-term sickness whilst trying to recover. There were frequent comments of being under even further pressure due to the rate of sickness of colleagues, either for acute Covid, Long Covid, or for reasons of mental health. Many (particularly those in primary care) cited the acute pressure from media rhetoric of the NHS under-performing or otherwise neglecting their duties, which was in stark contrast to their personal experience of being under intense and escalating pressure. Participants commented frequently on “government mismanagement” of the pandemic. They also expressed

their frustration with the rhetoric of being “back to normal”, which created unrealistic expectations from the general public during a period when it felt far from “normal”.

“Drained, defeated.” (NHS employee)

In addition, participants who had changed their role since the last survey (12-month follow-up) were invited to share why they changed their role. For those participants that had changed roles and chose to provide further information, the cited reasons broadly fell into either “personal” or “occupational” categories. Occupational categories were reasons such as retirement, redundancy, redeployment, secondment, and relocation. The majority of those citing personal reasons for leaving their employ attributed this to stress or mental health, feeling undervalued, and experiencing a lack of managerial support. Other reasons provided were having insufficient mental health support, poor recognition, Covid pressures, and government decisions regarding the pandemic. Among the less-commonly mentioned reasons were what one participant termed “forced vaccination”, and the pay award.

“It is very hard not to take horrid comments on social media, radio, and TV to heart when you come home from a 13-hour day to see people accusing GPs of being lazy, ‘hiding behind Covid’...especially when patients get angry and quote these articles on the phone.” (General Practitioner)

The most recent “Have your Say” survey was released in December 2021 to offer frontline workers an opportunity to comment on a number of current events (e.g., new variants, policy changes, alleged government misconduct). So far, 102 UK-based employees in health and social care sectors have taken part. The majority of participants cited feelings of extreme exhaustion, tiredness, and anxiety. Many participants described feeling despondent, depressed, and hopeless. Some were angry and frustrated by the response of the government and/or the “getting back to normal” rhetoric. Participants also described physical health ailments such as poor sleep, inability to fight off common infections, and acute or Long Covid.

Overall, the frontline staff in health and social care are presenting a profile of traumatisation and burnout. Perhaps unsurprisingly, many staff in these sectors are not coping well over time. Many frontline workers are experiencing intense psychological suffering due to the relentless spread of the virus and associated impact on workloads (e.g., escalating waiting lists) and work experiences (e.g., traumatic caring experiences). Their psychological suffering is impacted by negative interactions with patients and members of the general public, as well unhelpful media narratives and the spread of misinformation. The physical health of many frontline workers is suffering and negatively impacted

by acute Covid infection and Long Covid, which in turn affects their financial security as well as organisational staffing levels.

There is a great risk of workforce attrition directly related to frontline workers' experiences of working through Covid. Whilst the picture provided herein is worrying, there are points for action to improve the situation.

“Working in healthcare is more difficult than it has been throughout the whole pandemic. Our teams are depleted, and patients have lost any patience and respect that they had at the beginning. My team are constantly being abused, and it is harder to provide a quality service.” (NHS employee)

Recommendations

1. A stronger pandemic response from central government: Suppress the virus

The UK government needs to adopt a robust pandemic response characterised by organisation, promptness, and appropriate resourcing. The use of non-pharmaceutical interventions (physical distancing, mask wearing) should be employed to reduce the transmission of Covid-19 now and in the longer-term. Governmental leaders should offer clear and consistent advice, and apply the same rules and advice in their own lives.

When asked how participants felt their government was dealing with the pandemic thus far, the overwhelming majority cited their action as insufficient. Some participants specifically mentioned the different approaches taken by the Scottish and Welsh governments as being far more favourable and effective, but whose efforts may be doomed to fail due to the lack of similar safeguards in England. When questioned about the devolved administrations' responses to Covid, the words “compassionate” and “supportive” appeared very regularly, and the overall tone of the opinion levied toward Scotland and Wales in particular is that of higher organisation, more prompt action, and appropriate resourcing.

Participants frequently mentioned that the use of non-pharmaceutical interventions (NPIs) such as wearing masks and physical distancing should not have been abandoned from July 2021, and should be reinstated with full enforcement immediately. Participants noted a common theme of “jabs, jabs, jabs” from central government, and see this as insufficient to stemming the consequences of mass infection, which is being seen over this period. Many favoured a multi-pronged approach that included vaccines as well as other key NPIs to *prevent spread* of Covid, which they all wish to see continuing to be a priority. A large number of participants also commented that the guidance from Westminster was often confusing and unclear. Moreover, there were frequent comments of the central UK government not leading by example, and this having a devastating impact on public

confidence and behaviour, which ultimately led to worsening work conditions for them in the form of non-compliance, the escalating infection rate, and sometimes abuse from the public.

“Every day my team ask me why do they bother? Why do they continue to put their life on the line with no thanks, and to find out that the government have breached so many of their own Covid laws?” (Social worker)

The participants often cite feeling overwhelmed by Covid despite the everyday narratives of getting “back to normal”. Health and social care staff are clearly still suffering the burden of a peak in Covid infection, and coupled with this mismatch of government and public tone, this seems to be causing a deep level of frustration that is worsening their feelings of burnout and trauma. The confusion in public health messaging was mentioned frequently. A key action is to adopt more consistent and clear messaging from government, which will build confidence in the public and frontline staff. Government planning for key actions to be undertaken by those in the sector without consultation or notice was also a point of concern. Participants cited that whilst the announcement of the acceleration of the booster programme was welcomed in December, there was no advance warning to those expected to implement it, which caused further frustration and worry.

“The lack of compassion and understanding from this government is hard to ignore. They are treating the British people and NHS as if they are disposable, and it is beginning to feel deliberate.” (Hospital nurse)

2. Managing misinformation and injurious media rhetoric

There is a need for political leaders and trusted public figures to offer strong factual alternatives to misinformation and injurious media rhetoric. There needs to be a focus on building trust around health messaging and advice in social groups that have greater historical reasons to distrust government and healthcare providers, drawing from empirical evidence from the social and behavioural sciences (3). There is a need for longer-term strategies to increase levels of education and awareness surrounding public health.

Many participants have cited the counterproductive and often hurtful narratives that have been present in the media regarding the NHS. It is important that government leadership does more to rebut the unhelpful and damaging rhetoric if it emerges to both assure the public and stabilise the impact this has downstream on frontline health and care staff. Further, the damaging potential of misinformation was commonly cited by our participants, and has been discussed previously in our work on this project (2), suggesting this is a longstanding issue that still requires action. Our

participants have cited that they have felt “at a loss” to know what to do when there is so much misinformation around that is affecting the way that the public (their patients and the families of their patients) behave towards them.

“I feel frightened at the moment. There is so much misinformation. No one can advise about important medical decisions for me personally.” (Paediatric nurse)

More can be done by leadership to address the problems of misinformation both from a public health perspective, but also to minimise this unnecessary burden on frontline health and social care staff.

3. Providing meaningful support

Psychological supports need to be freely available to all frontline workers immediately and for many years to come. Political leaders should begin to consider how their words and actions promote solidarity and feelings of support for workers ‘on the ground’.

Frontline workers are calling for meaningful support in terms of instrumental factors (i.e., workplace protection), recognition and meaningful support in legislation, and support for their mental health while they are struggling to cope with the demands of pandemic. Many have felt resoundingly unsupported by government and by their organisations. Those in social care have felt a very strong lack of appreciation from government throughout the pandemic, and have cited feeling unconsidered when decisions have been made regarding public health policy and workplace protection from Covid. With the apparent level of trauma, depression, and anxiety among the workforce evident in these data, it is vital that frontline workers are provided with meaningful and accessible mental health support. Some participants have talked of not being able to access their local organisational mental health services due to those services being overwhelmed, and others have mentioned there are no such supports available. Many have called into question the government’s choices when it has come to providing instrumental support to the sector, with many commenting that strategies like the Nightingale Hospitals, which they believe were set up with great expense and insufficient staff to operate them, along with the army deployments to areas of less need, have been hollow gestures for publicity that have done more harm than good.

“They [the government] also put troops into London hospitals despite saying Northern England was the epicentre. All they care about is their voters. Everything re Covid is London centric.” (Social care manager)

We have shown in our related work that frontline workers' perceptions of genuine solidarity from key groups (particularly the government and the public) are important in the overall wellbeing of frontline workers whilst they continue their difficult and dangerous work (4). More recently we have found that the lack of solidarity from key groups appears to be impacting workers' feelings of meaning, which is consequently associated with poorer welfare outcomes (anxiety, PTSD, burnout, wellbeing, and physical health: article under review; 5), further underlining the need for support and recognition from leadership.

4. Protecting workers from occupational exposure to Covid

Adequate PPE and testing must be available to all frontline workers. Frontline workers who are unable to work and earn in the short- or long-term should be financially compensated.

Participants have also mentioned insufficient protection from Covid infection in the workplace, with the downgrading of PPE and the inability to source rapid testing kits or even to book PCR tests. Some participants, particularly those in social care, have felt they have not been sufficiently prioritised for protection from occupational infection from Covid. Further, many participants mentioned the hardship of having to self-isolate or be off sick with Long Covid and only having Statutory Sick Pay (SSP) to live on. Covid is currently an occupational risk for frontline workers, and so proper financial support to deal with this somewhat unavoidable risk is warranted.

“Large portions of the population were given furlough pay to stay at home, but when essential care and healthcare workers need to isolate for the safety of their patients they are expected to cope on just SSP.” (Pharmacist)

As with other frontline sectors, the exposure to Covid by virtue of being in these roles means that infection with Covid is significantly more likely to occur. This has a consequence for the families and contacts of frontline workers, incurring both health and financial costs. Many participants cited significant home-life challenges — such as isolating from family to protect them or living with the guilt of infecting their loved ones and witnessing the consequences. Some have mentioned that these risks are now outweighing the benefits of continuing to work in the sector, and so providing robust protection for those in high-exposure environments as well as substantial support if they are infected due to occupational exposure may tip this balance back once more.

Note: While these findings are stark and clear patterns are evident in the data, it must be noted that these findings may not represent all frontline workers in health and social care – instead, these

findings represent the views of a sub-sample of the population who signed up to participate in the CV19 Heroes project between March 2020 and January 2022.

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