

# White noise, white heat: A call to action from the frontline

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Whilst the Covid-19 pandemic moves into a new phase with the successful roll out of vaccines in adults in the UK, there is an opportunity to reflect, re-evaluate, and reconfigure public health responses. Of importance is the need to defend and protect the frontline workforce who have sacrificed so much over the last 18 months. The present essay summarises key recommendations from frontline workers to policymakers with specific reference to the preparation needed for the Autumn and Winter to come. The participants from the CV19 Heroes Project give voice to concerns over the unique challenges posed by the coming months, and speak of the need to embed evidence into future policy to both compensate existing, and prevent future, occupational exposure to Covid-19, the experience of Long Covid, and the overall psychological and physical scars experienced from what has been a traumatic period of their working lives.

## Key Points

- Frontline workers want to see strong and quick action taken in any further surges of the pandemic. Messages should be consistent to support a feeling of solidarity.
- All workers wish to see the key public health measures of mask wearing and physical distancing to remain for now to help control spread.
- Recognition of the importance of each of these frontline sectors, and their consultation in pandemic strategy, can help to reduce strain and anxiety.
- Key protections (i.e. PPE, and booster vaccinations) for all sectors should be planned for all with occupational exposure to Covid-19. This can help to minimise further Long Covid fallout in those in frontline roles, and will keep the vital workforce healthy should further surges or variants emerge.
- Mental health support is needed for all frontline workers, and needs urgent prioritisation to prevent a mental health crisis and further issues with NHS capacity and staffing.

## Introduction

The CV19 Heroes project<sup>1</sup> was established in March 2020<sup>2</sup> to track the welfare of frontline workers of all sectors across the UK and Republic of Ireland (RoI) across the pandemic. To date, we have collected survey data from participants in health and social care, community supply chains (retail and logistics), and civil defence, as well as carrying out in-depth interviews along the way. We have highlighted key differences in the way that UK-based and RoI-based frontline workers have experienced their roles, and how these have been driven by perceived timeliness, effectiveness, and appropriateness of government response of government action. For example, in the earlier stages of the pandemic, frontline workers in the UK were in a poorer state compared to those in the RoI with regard to their levels of resilience, burnout, and wellbeing, and these key differences were associated with the significantly lower judgment of timeliness on the part of the UK government in their action against Covid-19 (1). Since then, we have also found that the lack of clarity and consistency of government advice altogether has caused much consternation in our frontline workers, across all sectors, often adding to the significant stress and burden of their complex and demanding work (2). The very public rule-breaking by key figures in leadership has resulted in weakened and undermined feelings of solidarity with those in legislature and with the general public, particularly where government leadership-breaches gave members of the general public a ‘green light’ to cherry-pick (or at worst, disregard) the public health recommendations (3). Alongside this, while the labelling of frontline workers as heroes is sometimes perceived positively, it has more recently and commonly been perceived as meaningless appreciation from those in leadership where adequate compensation and conditions are not provided, and offering a license to leave the ‘heroes’ to tackle the pandemic on their own (4). With policy in the UK (and other nations) recently changing amidst an escalating surge of infections, the question of how to proceed during the difficult winter months is urgent. Given the weight of evidence now available from the pandemic, it is possible for policymakers to switch from a reactive to a proactive stance when dealing with the challenges raised by Covid-19. The present report presents the perspectives of the frontline workers that have witnessed the impact of pandemic policy first-hand, and who call upon governments to use the available evidence to inform their public health measures going forward. The present issues are not simply recommendations, but they are issues that need immediate attention via the implementation of public health measures to prevent further occupational injury and excess morbidity and mortality in the healthcare workforce and beyond. Here we offer recommendations based on data collected from those on the coalface.

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<sup>1</sup> [www.cv19heroes.com](http://www.cv19heroes.com)

<sup>2</sup> OSF registration: <https://osf.io/nm83c/>

## The present analysis

The focus of this analysis is the question of how we – as a country – face the challenges ahead in the pandemic over the Autumn and Winter of 2021, and in the longer term as the pandemic continues. The findings here have direct relevance to the UK setting, but will likely also be relevant to the developing pandemic situation in other nations also. The work we have conducted so far has taken a unique perspective of examining frontline working across two nations to understand the impact of policy. The project has utilised a multi-method approach to allow both breadth of information and depth of experience, and incorporates several traditions of psychology (health, social, occupational) to provide a detailed overview of what has happened, why, and what can be done to put things right. We asked our participants to provide an overview of their perspectives of preventable problems that have occurred (Table 1), and their recommendations for the future, particularly in the context of the Winter ahead (Table 2). From these perspectives, we have developed policy recommendations (Table 3) with potential actions. Our analyses reveal key factors that protect frontliners: feeling that their lives and work have meaning (1, 2), well-defined social support both in the workplace and beyond (2), timeliness in government action (1), and clear, trustworthy messages from leadership that reinforce social solidarity and genuine recognition of the sacrifices made (2-4). Unfortunately, many do not feel supported, prioritised or appreciated, and observe that the apparent disparity in rules between leadership and the public continue.

## Messages from the front

Our analyses highlight common themes across all frontline sectors, but also bring to the fore sector-specific concerns that require attention in the months to come (Table 2). Mitigation of infection spread remains a key area for action, both to minimise strain but also to protect those with occupational risk. Across all sectors, there has been a clear voice for continuing with basic public health measures of physical distancing and mask wearing. It must be recognised that frontline workers of any and all sectors that have contracted Covid-19 have suffered in their line of duty – and sometimes this suffering may have been avoided through adequate preparation and support. Many frontline workers are angry about being exposed to Covid-19, some (particularly in the care sector) have lost their precarious contracts due to sickness from Covid, and many speak of worry over continuing to work whilst experiencing the effects of Long Covid. Some in retail have commented on the flouting of rules by co-workers regarding mask wearing and physical distancing in the workplace, and a lack of reporting of outbreaks by management to affected colleagues. Stronger guidance on what is expected in the occupational setting, and the development of some clear

whistleblowing policies to protect those having their health endangered by the decisions of others will prevent further issues associated with occupational infection and Long Covid.

#### I. OVERVIEW OF PREVENTABLE PROBLEMS HIGHLIGHTED BY UK FRONTLINE WORKERS AT 6 MONTHS (OCTOBER 2020) AND 12 MONTHS (MARCH 2021) INTO THE PANDEMIC.

NHS workers (hospital- and community-based, excluding community-based pharmacists)	<ul style="list-style-type: none"> <li>• Insufficient supply and inequitable distribution of PPE.</li> <li>• Lack of sufficient provision of mental health support throughout sector.</li> <li>• No respite from stretched working (Covid-19 surge replaced by backlog of routine appointments and procedures).</li> <li>• Inequitable pay review (not just within NHS, but within public sector, and disparity with pay review of government officials).</li> <li>• Insufficient support during redeployment to navigate change in work role and context, but also psychosocial support.</li> <li>• Long Covid is causing problems for individuals and for the sector, which will impact working capacity.</li> <li>• Under-staffing in many areas (both hospital-based and community-based).</li> </ul>
Care home workers	<ul style="list-style-type: none"> <li>• Lack of government recognition for their critical roles in the pandemic.</li> <li>• Lack of employment protection for agency workers who contract Covid-19.</li> </ul>
Community Pharmacists	<ul style="list-style-type: none"> <li>• Lack of government recognition for their critical roles in the pandemic.</li> <li>• Frustrations and fears over public not using face coverings correctly.</li> </ul>
Education and childcare sectors	<ul style="list-style-type: none"> <li>• Not being prioritised for a vaccine despite high occupational exposure.</li> <li>• Lack of government recognition for their critical roles in the pandemic.</li> <li>• Government rhetoric of schools being “safe” at sharp odds with lived experience.</li> <li>• Insufficient supply and inequitable distribution of PPE.</li> <li>• Issues with access to effective testing.</li> </ul>
Police officers	<ul style="list-style-type: none"> <li>• Not being prioritised for a vaccine despite high occupational exposure.</li> </ul>
Social care and social work	<ul style="list-style-type: none"> <li>• Not being prioritised for a vaccine despite high occupational exposure.</li> <li>• Lack of equity in risk for social work visits (i.e. some sectors still required to conduct home visits, others not).</li> <li>• Lack of government recognition for their critical roles in the pandemic.</li> <li>• Lack of provision of mental health support.</li> </ul>
Essential retail	<ul style="list-style-type: none"> <li>• Lack of provision of mental health support.</li> <li>• Insufficient safeguards in place to mitigate Covid-19 infection risk such as PPE, and requirements to distance and wear masks.</li> <li>• Issues arising with flouting of rules and inadequate communication regarding outbreaks amongst staff.</li> </ul>

Our participants also noted the need for stricter regulation of international travel. Critically, not just to prevent incoming variants, but also to protect other countries that are less affected. The way in which international travel and inter-UK travel is managed has impacts for our neighbouring nations, and this should be addressed. Many participants in the RoI (across several sectors, but notably in healthcare) mentioned that the “loophole” approach to international travel between the UK and the RoI<sup>3</sup> has damaged their ability to cope with Covid-19, and has been a key vector for infection. Finally,

<sup>3</sup> <https://www.irishpost.com/news/outrage-as-loophole-is-discovered-allowing-people-arriving-in-ireland-via-the-north-to-avoid-mandatory-hotel-quarantine-204458>

an ongoing concern is the clarity of guidance, and its consistency in application. Ensuring equity of application of guidance (to the leadership and public) is crucial to minimise the spread of Covid, and provides a key message of morale and solidarity. The recent lack of solidarity felt by frontline workers has been felt keenly (3), and its importance in supporting interdependent efforts to tackle the pandemic as well ensuring our frontline workers do not lose faith cannot be understated.

For healthcare, seeking meaningful long-term change in NHS funding to address issues of resource and capacity is needed. NHS workers have, thus far, experienced no relent, with continued surges of Covid-19 and delayed business-as-usual patients from an ever-increasing waiting list. The need for many staff to be redeployed to cope with the surges of infection has presented unique and very stressful demands on these professionals, and has been commented on by others in parallel research (5, 6). Redeployment in such a way can be complicated for professionals, who – after a time of being confident and assured in their work – are suddenly then in a situation that they are not familiar with, in a high-stakes context, with minimum familiar collegial support (5). Given the changing shape of the pandemic in the coming months, with a particular focus on the potential for Covid surge patients to be the very young (given the effective vaccine rollout in the adult populations of the UK), there may be further need for redeployment, which will present additional stressors for an already exhausted workforce. Arguably, the creation of specific protocols for such redeployment within the NHS would substantiate a key feature of future emergency response both for this pandemic and for preparedness for any further to come. For these workers, mental health support is critical to provide the support they need, and also to retain vital staff as many of our participants have mentioned colleagues leaving or thoughts to leave the profession themselves (2, 4). Organisations such as [The Healthcare Workers' Foundation](#) are attempting to answer that call, but more central support for this is also needed.

## 2. FRONTLINE WORKERS MESSAGES TO THE UK GOVERNMENT ON FUTURE PANDEMIC RESPONSE.

NHS workers (hospital- and community-based, excluding community-based pharmacists)	<ul style="list-style-type: none"> <li>• Act faster, and go into lockdown sooner.</li> <li>• Prepare for further surges by buying in stocks of essential wares (e.g. PPE and drugs).</li> <li>• Retain key public health infection mitigation measures (especially mask wearing and physical distancing).</li> <li>• Address the understaffing and under-resourcing in the NHS.</li> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Ensure rules made for all are also enforced for all, and that guidance is consistent.</li> <li>• Close borders or limit travel where needed (to prevent both incoming and outgoing infection).</li> </ul>
Care home workers	<ul style="list-style-type: none"> <li>• Act faster, and go into lockdown sooner.</li> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Ensure rules are enforced for all, and that guidance is clear and consistent.</li> <li>• Provide boosters to all frontline staff.</li> <li>• Close borders or limit travel where needed (to prevent both incoming and outgoing infection).</li> <li>• Retain key public health infection mitigation measures (especially mask wearing and physical distancing).</li> </ul>
Community Pharmacists	<ul style="list-style-type: none"> <li>• Act faster, and go into lockdown sooner.</li> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Address the understaffing and under-resourcing in the NHS.</li> <li>• Allow pharmacies to support the vaccination rollout.</li> <li>• Meaningful financial support for those that need to self-isolate. Statutory sick pay is insufficient.</li> <li>• To recognise community pharmacies as key aspects of healthcare and provide support.</li> </ul>
Education and childcare sectors	<ul style="list-style-type: none"> <li>• Address the understaffing and under-resourcing in the NHS.</li> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Ensure proper quarantining after international travel.</li> </ul>
Police officers	<ul style="list-style-type: none"> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Address the understaffing of frontline roles.</li> <li>• Ensure rules made for all are enforced for all, and that guidance is clear and consistent.</li> </ul>
Social care and social work	<ul style="list-style-type: none"> <li>• Act faster, and go into lockdown sooner.</li> <li>• Prepare for further surges by buying in stocks of essential wares (e.g. PPE and drugs).</li> <li>• Retain key public health infection mitigation measures (especially mask wearing and physical distancing).</li> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Close borders or limit travel where needed (to prevent both incoming and outgoing infection).</li> <li>• Ensure rules made for all are enforced for all, and that guidance is clear and consistent.</li> </ul>
Essential retail	<ul style="list-style-type: none"> <li>• Implement a plan for Covid-19 vaccination boosters, alongside investment in winter health contingencies (such as flu vaccination).</li> <li>• Address the understaffing and under-resourcing in the NHS.</li> <li>• Meaningful financial support for those that need to self-isolate. Statutory sick pay is insufficient.</li> <li>• Ensure rules made for all are enforced for all, and that guidance is clear and consistent.</li> </ul>

There are common themes across each of the sectors with regard to where things have gone wrong regardless of the sector of their employ, but also areas where sectors have experienced some very specific problems that require very specific action. Throughout these key points, the underlying psychosocial factors that both harm and hinder workers are deeply rooted. The work from this project has already uncovered those factors that serve to protect those on the frontline: feeling that their lives and work have meaning (1, 2), well-defined social support both in the workplace and beyond (2), timeliness in government action (1), and leadership that delivers clear, trustworthy messages that reinforce social solidarity and genuine recognition of the sacrifices they have made (2-4). The comments from our participants here show that they do not feel prioritised or appreciated, that they do not feel supported, and that the apparent disparity in rules between leadership and the public continue.

Synthesising our existing findings with the indications from the present analysis, it becomes apparent that there are three key areas of focus for planning for the future. Firstly, there is a need for strong and consistent leadership that presents clear messages, acts quickly to prevent damage, and to ensure that frontline workers feel solidarity and support. Solidarity can be built through ensuring that guidance applies equally to those in leadership as well as the public, and is a key issue that frontline workers have highlighted here, but also in our prior work (2, 3). Secondly, the frontline do not feel protected physically or psychologically. There is a need to ensure they are protected from occupational exposure to Covid-19, and supported emotionally and financially if they do contract the virus, and if they subsequently go on to experience Long Covid. Beyond this, psychological support is needed across sectors to help workers deal with what they have experienced and what is yet to come. Thirdly, there is a need to acknowledge the inherent weaknesses in systems, to learn lessons from where decisions have resulted in less optimal responses, and to think beyond the short-term when developing strategy. This latter point is particularly salient, as much as the fallout from any known and as-yet unknown long-term consequences will be the remit of successive governments for decades to come. We have summarised these themes and specific actions that can be taken in Table 3.

### 3. KEY RECOMMENDATIONS FROM FRONTLINE WORKERS AND HOW GOVERNMENTS CAN ENACT THEM.

	What is needed	What governments can do
Leadership	<ul style="list-style-type: none"> <li>• Quick action</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that measures to protect the health of the public and the capacity of the NHS are enacted quickly and strongly.</li> </ul>
	<ul style="list-style-type: none"> <li>• Encourage trust and confidence</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate the conviction behind public health measures by ensuring that those who break the rules are held to account.</li> <li>• Ensure that rules are applied equally to prevent the message from being undermined.</li> </ul>
	<ul style="list-style-type: none"> <li>• Messages of solidarity</li> </ul>	<ul style="list-style-type: none"> <li>• Show frontline workers and the public that their roles are important and have value.</li> <li>• Encourage mutual responsibility to protect and support each other.</li> <li>• Conduct a pay review of healthcare workers to ensure they are not left behind inflation.</li> </ul>
Protection	<ul style="list-style-type: none"> <li>• Reduce risk of exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Retain safeguards to protect those whose work endangers their health and wellbeing.</li> <li>• Provide full support for self-isolation to ensure those exposed can protect others without sacrificing their financial security.</li> <li>• Minimise the risk of importing or exporting Covid-19 by tighter regulations on international travel.</li> <li>• Consider the implications of travel regulations, and how this affects countries with land borders (to the UK and to England in the case of single nation approaches).</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide meaningful support for those who have been infected.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide sick pay for Long Covid beyond statutory sick pay, both in amount and duration.</li> <li>• Psychological support will be needed to help those deal with the emotional toll of long-term health implications of occupational exposure.</li> <li>• Provide fail-safes for those in precarious contracts if they become infected with Covid-19.</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide meaningful support for the psychological impact of the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>• Fund the provision of counselling and mental health support for those that have worked on the frontline.</li> <li>• Ensure that mental health support is available across all sectors, to all roles.</li> </ul>
Learning	<ul style="list-style-type: none"> <li>• Do not repeat previous mistakes.</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in meaningful review of legislative decisions, their impacts, and their prospective consequences.</li> <li>• Think beyond the current term of government. Decisions made will have repercussions for decades.</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide meaningful support for NHS redeployment.</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in regular cross-training for NHS staff in areas that will be required in the event of future pandemics.</li> <li>• Implement guidance on how to manage the psychosocial challenges of redeployment (such as a mentor or buddy system, and with counselling).</li> </ul>
	<ul style="list-style-type: none"> <li>• Improve preparation.</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in the NHS. More resource (staffing, beds, equipment) is needed as we navigate this pandemic, and will be needed again in the future).</li> <li>• Develop and implement a Covid-19 immunisation booster programme.</li> <li>• Use community assets (such as pharmacists) to support vaccination programmes.</li> </ul>



## The shape of things to come

Across all sectors, there is a clear voice for continuing with basic public health measures of physical distancing and the wearing of masks. As we are currently in a third surge in the UK, the level of concern expressed by these workers about what is to come, despite the apparently “broken link”<sup>4</sup> between infections and deaths, is noteworthy. Occupational exposure to Covid-19, and the resulting experience of Long Covid will be a key area of concern within all sectors of frontline workers for some time to come. It is imperative that the perspective of any leadership decisions encompass not just the here-and-now, but also look forward to what future successive administrations will inherit. To date, we still do not understand the long-term implications of the damage that Covid can wreak on those who suffer it, and the shockwaves of this disease will be felt for a generation.

To conclude, much of what is highlighted within this report echoes the opinions and advice of key scientific voices across the UK. Our frontline workers really are the most important experts when it comes to understanding what has been happening on the ground, and their voices must be heard. Much of the advice within this analysis cannot be implemented without central governmental buy-in, and exists beyond the remit of the general public to enact. It is hoped that these findings will add weight to the existing corpus of recommendations for leadership in the coming months, providing recommendations from not just “an” evidence base, but “the” evidence base, as it has come from those who have seen and experienced the real lived experience of the frontline of Covid-19.

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<sup>4</sup> <https://www.reuters.com/world/uk/uk-coronavirus-vaccines-have-weakened-link-between-infections-death-says-2021-06-27/>