

THE EXPERIENCE, SECONDARY STRESSORS, AND COPING STRATEGIES OF UK  
SOCIAL CARE WORKERS DURING COVID-19: AN EXPLORATORY STUDY  
PROVIDING A DIAGRAM OF THE INTERACTIONS BETWEEN STRESSORS, DE-  
STRESSORS, AND COPING STRATEGIES

by

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I, William Nicholls, declare that I have read, understood, and adhered to the BPS ethical guidelines and that this study was approved by the Faculty of Science, Engineering, and Social Sciences Ethical Panel.

## Abstract

Previous literature focuses on HSCWs (health and social care workers) in conjoined health and social care settings because both populations have different but overlapping roles. This study sought to evidence the exclusive experiences of social care workers (SCWS) during Covid-19.

Thematic analysis exploring the experience, secondary stressors, and coping strategies of SCWs during Covid-19 were informed by 8 semi-structured interviews, from a Critical Realist epistemology. Participants were female (23-70years).

Participant experiences conceptualised into 4 themes: The Integration & Protection of Service Users; Assailed on All Fronts; Collision & Collusion; The Tools & Tactics of the Perseverant. The themes represent participants' care for their clients; feeling unprotected and threatened from all sides; conflicts between social roles and the discordance between policy and action; and changes in action and thought to promote endurance and wellbeing, respectively.

Secondary stressors existed across domains and social roles, characterised by fear, lacking physical and social resources, and uncertainty. Conflicts existed primarily within the individual, between personal and professional ethics, and social roles and domains.

Participants' coping strategies were inductively analysed and compared against current coping literature. Emotion-focused coping strategies significantly dominated participant approaches to Covid-19, potentially signalling participants' attempts, or failure, to cope. This finding may be a pre-Covid artifact.

This study contributes a diagram suggesting the relationships between the individual, and their stressors, coping strategies and de-stressors; and includes a qualitative differentiation and description of stress modifiers.

Key words: social care, SARS-CoV-2, thematic analysis, secondary stressor, coping

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## Introduction

### Global Emergency Events and Stressors

Though this dissertation is concerned with the experience, secondary stressors, mental health, and coping strategies of social care workers (SCWs) during Covid-19; it is conducive to contextualise these factors within the global and national, social and individual domains. SARS-CoV-2 is an emergency event, and like climate change it is considered a disaster in progress impacting global human society. It is at this scale that SARS-CoV-2 and other near-future pandemics ought to be regarded, considering previous research from emergency events and with the intention of facilitating the necessary planning, adaptation, and preparation within and between nations.

Communities are affected by natural, as well as by orchestrated, disasters: acts of interpersonal violence, terrorism, oil spills and vehicle accidents. Effects on individuals are direct and indirect, known as primary and secondary stressors (Williams et al, 2021). Incidence of negative psychological reactions are greater than physical injury for any form of disaster by up to 40-1 (Links, 2017), and incidences of post-traumatic stress disorder (PTSD) are greater near the epicentres of earthquakes (Neria et al, 2008) and Wuhan (Lai et al, 2020), the origin of SARS-CoV-2. SARS-CoV-2 is a global event affecting countries and societies differently and is therefore similar to climate change. Hayes et al (2018), reviewing disaster literature and mental health outcomes, report that extreme weather events and the psychosocial reactions are frequently considered as isolated incidents, separate from the meta-event that is climate change. They warn that a myopic narrative, characterised by intra-national focus, excludes events of the same category but in different geographical zones, overlooking and minimising the impact that a changing climate is exerting upon global society. This oversight translates within countries to a reactionary response without “appropriate and effective adaptation planning and preparation” (Hayes et al, 2018). Climate change is used as an example of a global phenomenon whose impact varies between countries and across social systems, much like SARS-CoV-2.

Stress is an ambiguous term, so I shall use the McEwen’s psychophysiological definition regarding human responses, “a real or interpreted threat to the physiological or psychological integrity (i.e., homeostasis) of an individual that results in physiological and/or behavioural responses” (McEwen, 2005; McEwen 1998); and Williams et al’s (2021) refined concept of ‘stressors’ for the social and psychological structures which precede, experience, and succeed an emergency event. They aim to support and protect against psychological, social, and

systemic failures at critical times. A review of natural and man-made disasters, acts of terrorism and pandemics suggests that the incidence of mental distress increases after any disaster event, as does the use of coping strategies such as alcohol use and community support (Galea et al, 2020).

Stressors are external stimuli such as events and situations, internal perceptions, attitudes, and responses which trigger a physiological stress response (Stokols, 1985). Media reporting of disasters focus on death-tolls and incidence of infection, the primary stressors which are described as inherent to and arising directly from an emergency event and include: risk of infection, illness and debilitation, and death (Lock et al, 2012). What is unreported, and often unrecognised in scientific literature are the variables in the structures of society at global, national, local, familial, and individual levels which affect psychosocial wellbeing both before and after the event as occurred; despite psychosocial wellbeing being an amalgamation of the social and psychological constituents that shape human welfare (Hayes et al, 2018).

Williams et al (2021) conceptualise secondary stressors and their typology as “causes of stress that are indirectly related or non-inherent and consequential to the incident”. Both primary and secondary stressors are significant predictors of a range of mental health outcomes including distress, depression, anxiety, and PTSD (Norris et al, 2002).

Lazarus & Folkman (1984) proposed 2 styles of coping: emotion-focused, and problem-focused. Coping strategies engaging with stressors (PFCs) are often more effective than EFCs or avoidant coping (Carver & Connor-Smith, 2010). EFC, automatic negative thought and depression are correlated and EFCs partially mediate negative thoughts and depression (Clarke & Goosen, 2009). A core component of EFCs is venting, often precluded by rumination – a factor associated with psychological distress (Ben-Ezra & Hamma-Raz, 2020). A pandemic presents a stressor which the individual cannot control, only curtail and avoid at best, thus precluding PFCs. Though EFCs are associated with maladaptive coping (Lazarus & Folkman, 1984), it is the appropriate application of coping strategy against stressor which determines efficacy (Zeidner et al., 2012).

Adjustments to daily life (Sun et al, 2020) and coping style reduced the negative affect of Covid-19 (Santarnecchi et al, 2018; Jensen et al, 2001), including the use of emotional regulation (Restubog et al, 2020), rational cognition (Jensen et al, 2001), and positive reframing (Zacher & Rudolph, 2020) were utilised. However, the absence of negative and avoidant coping strategies is more beneficial than the presence of positive coping strategies

(Mark & Smith, 2011) and the effects of coping strategies variously affecting psychology and physiology are mostly insignificant (Zacher & Rudolph, 2020), and were not associated with increases in subjective wellbeing.

## Pandemic Response and Lessons

Historically, pandemics have changed the course of human history (Hurimovic, 2019; Jester et al 2018; Saunders-Hastings & Krewski, 2016), necessitating adaptation and the development of knowledge. There are 219 known virus species capable of infecting humans (Woolhouse et al, 2012), with 4 human-to-human pandemics in the last century (Saunders-Hastings & Krewski, 2018). Since 1900 there have been 115 viral outbreaks of varying severity and mortality (List of Epidemics, n.d.). The medical sector has developed antimicrobial, antibacterial, and antiviral drugs to work alongside vaccination programmes. There have been advances in Infection Prevention and Control practices (IPC), diagnostics, and intensive medical procedures. Pre-emptive seasonal influenza testing, tracing, and surveillance techniques have been developed and deployed in at risk communities (Jernigan et al, 2011), which also monitor the mutations and movements of novel viruses (Jester et al, 2018; Saunders-Hastings & Krewski, 2018). Scientifically, there has been significant progress.

In terms of definitions, global policy and guidelines, the World Health Organisation (WHO) oversees the classification, reporting, and monitoring of viral outbreaks (Implementation of the International Health Regulations, 2005). The WHO also provides information and recommendations to nations regarding pandemic preparedness strategies and manages vaccine stock piling and donations to developing countries (Fineburg, 2014). Significant economic consequences exist for a country reporting an epidemic or pandemic-capable virus, notably trade and travel restrictions and cessations, though such reports are unilaterally agreed to by member states. The WHO works with the World Trade Organisation (WTO) to monitor trade agreements and travel advice in the event of an outbreak to prevent national economic destabilisation, which affects the world economy (Mackey & Liang, 2012). Military action, international travel, and globalisation have all been recognised as significant risk factors to infection control and containment (Saunders-Hastings & Krewski, 2018).

Nationally, there has been an increased recognition of the importance of community involvement in infection monitoring and containment in the USA (Jernigan et al, 2011), in



Africa, and in the UK (Marston et al, 2020). However, with the global adoption of social media there is concern for the reliability of publicly disseminated information and the effect that social media has on individuals and communities for pandemic preparedness and resilience (van Bavel et al, 2020; Almaghrabi et al, 2020).

Scientifically, there has been much progress in the identification, tracing, and combatting of viruses capable of reaching pandemic levels. Though present understanding and methods of infection prevention are advancing, there are neurophysiological and individual differences affecting the individuals comprising each level of global society such as gender and stress-reactivity. Before discussing the individual differences in stress responses and their effect on mental health, an overview of the similarities and differences between health care workers (HCWs), and SCWs who will be the focus of this study.

### Differences and Definitions between Health and Social Care Workers

One of the driving principles of this thesis is the recognition that current scientific literature focuses predominantly upon the experience and observation of HCWs and disregards the commensurate experience of SCWs. SCWs exposure to SARS-CoV-2 in the UK was highlighted when hospitals began the discharging of elderly patients into social care settings without adequate, comprehensive testing which put SCWs in direct risk of infection (Emmerson et al, 2021).

Some authors make no differentiation between the two, grouping participants under the abbreviation HSCWs (Greene et al, 2021). Others, such as Nyashanu (2020a; 2020b) acknowledge there are similarities and differences between the two and, when their sample populations involve both, encircle them all under the abbreviation HSCFWs (health and social care frontline workers). This report, in accordance with the National Health Service's (NHS) '*National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care*', has sought to differentiate between HCWs and SCWs specifically because the introductory literature reports predominantly on HCWs in health and social care (HSC) settings, or on HSCWs whose roles and responsibilities are not specified. Therefore, considering that the sample population of this report are SCWs without healthcare duties, it was felt necessary to specify the difference and the supporting rationale.

“51. Whilst there is not a legal definition of a health need (in the context of NHS Continuing Healthcare), in general terms it can be said that such a need is one related to the treatment, control, management or prevention of a disease, illness, injury or disability, and the care or aftercare of a person with these needs (whether or not the tasks involved have to be carried out by a health professional).

52. Similarly, there is not a legal definition of the term ‘social care need’ in the context of NHS Continuing Healthcare. However, the Care Act 2014 introduced National Eligibility Criteria for care and support to determine when an individual or their carer has eligible needs which the local authority must address, subject to means-testing where appropriate. These criteria set out that an individual has eligible needs under the Care Act 2014 where these needs arise from (or relate to) a physical or mental impairment or illness which results in them being unable to achieve two or more of the following outcomes which is, or is likely to have, a significant impact on their wellbeing:

- managing and maintaining nutrition;
- maintaining personal hygiene;
- managing toilet needs;
- being appropriately clothed;
- being able to make use of the home safely;
- maintaining a habitable home environment;
- developing and maintaining family or other personal relationships;
- accessing and engaging in work, training, education or volunteering;
- making use of necessary facilities or services in the local community, including public transport and recreational facilities or services; and
- carrying out any caring responsibilities the adult has for a child.”

(Department of Health and Social Care, 2022)

So far, this report has explored disasters, pandemics and advancements in tracking, testing, and infection control, the terminology of primary and secondary stressors, and the imbalance in scientific literature in the favour of HCWs. Following this, details the individual differences in stress responses, and the impact of work on health and wellbeing.

## Can Work Make You Unwell?

The impact that working conditions can have on individuals' health and wellbeing is becoming apparent. An exploration of the effects of individual differences on stress responses provide a biological context for the following discussion of psychosocial factors pertaining to mental health.

### Individual Differences in Stress Responses

Gender is one of the most important factors in health determination (Katantie and Phillips, 2006) with females experiencing worse mental health, and greater neurological emotional reactivity to problem-focused stress tasks than males (Wang et al, 2007). Taylor et al (2000) offer development to the 'fight or flight' stress response theory, suggesting that the ratio of male to female human participants in stress studies was 66:34, and 96:4 in rat studies. The main reason cited for this imbalance was that menstrual cycle fluctuations confounded data interpretation. They postulate that the social role differences between males and females will have produced a socially nuanced counterpart named 'tend and befriend'. Where predator and adversarial conflict were present, the individual would be better served by fight vs flight; whereas tend and befriend would be more appropriate when dealing with dependents in social groups, as utilising social connections may increase chances of survival. There is some endocrinology evidence in support, namely the lack of androgens in females and the production of testosterone in pre- and post-natal males which facilitates aggressive behaviour in threatening situations. Acute physical and psychological stress also produce testosterone, whereas estrogen has been shown to buffer against arousal of the sympathetic nervous system and hypothalamic-pituitary axis (Wang et al, 2007).

In a review of gender differences and the hypothalamic-pituitary-adrenal (HPA) axis which connects the central nervous and endocrine systems, Kudeilka and Kirschbaum (2005) report that a dysfunctional HPA axis is associated with psychosomatic and psychiatric disorders. They suggest that HPA axis functionality may be indicative of allostatic load, the index of cumulative stress-load on the body; a high allostatic load may result from chronic over-activation of stress circuitry and is linked with disease morbidity. The authors clarify the generally understood link between stress and the onset and exacerbation of illness. The HPA axis is thought to counterbalance the inflammatory response (Galvis et al, 2022). Despite females reporting greater experiences of stress and stress vulnerability they live an average of

7years longer than males, possibly because the menstrual cycle mediates biological stress reactivity (Wang et al, 2007).

The discussion above provides a basic framework for observing the complications of gender differences in response to stress and the associated physical and mental health morbidities associated with a dysregulated HPA axis. Despite estrogen and menstruation appearing to be protective against stress, females report significantly greater incidence of anxiety and twice as much depression as males (Stroud et al, 2002) – an association which may be related to their greater stress response in social rejection tasks. With 82% of social care workers being female (The state of adult social care and workforce in England, 2021), and the loss of face-to-face socialisation through the legislation implemented by the UK government, SCWs mental health may have declined if social isolation mimics social rejection. The discussion now focuses on the situations and conditions that HSCWs are employed and some of the psychophysiological outcomes which are associated with their working environment, beginning with an examination of the workplace factors affecting mental health.

#### Workplace Factors affecting Mental Health

In a broad meta-review examining work-related risk factors to mental health. Harvey et al (2017) report 12 factors associated with a greater risk of developing anxiety and depression (high job demand, low job control, low workplace social support, organisational change, job insecurity, temporary employment status, atypical working hours, and role stress). Whilst parallel literature for SCWs doesn't exist, for HCWs the presence of high job demand, low job control, atypical working hours and role stress are present prior to a pandemic (Mark & Smith, 2011) who report a positive association between job demands, depression and anxiety. They suggest that the capacity to choose one's actions is independently related to mental health and draw attention to over-commitment as the most important predictor of anxiety and depression. Covid-19 reduced individuals' capacity to commit to other activities through social isolation policies, which could be a mechanism by which SCWs over-identify and over-commit to work. Furthermore, it is expected that novel policy will have severely limited the individual's ability to make decisions at work from their own authority.

Dalgard et al (2009) report that psychological distress significantly increased with decreased job control and increased job demand. Low job control and high job demand were jointly

associated with increased psychological distress, but high job demand alone was not, contrary to Mark & Smith (2011). Whereas, increased psychological distress at baseline was associated with increased job demand over time – which the authors suggest could be the result of participants with worse mental health perceiving their job demand increasing across time.

Theorell et al (2015) suggest moderately strong evidence for an association of job strain (described as high job demand and low job control/self-efficacy) and low decision latitude and the development of depressive symptoms. Furthermore, there is moderate evidence for depression associating with greater psychological demands at work, effort-reward imbalance, low support, unfavourable social climate, a lack of procedural and relational justice, conflicts with colleagues and superiors, limited skill discretion, job insecurity, and a long working week. SCWs are likely to have experienced many, if not all these factors during Covid-19.

Fisbane et al (2013) report that low job satisfaction was a predictor of burnout and emotional distress. Social support and a sense of community were associated with a reduced risk of burnout, because their presence reduces the impact of stressors and decreases perceptions of job demand. Social support and community likely vary among SCWs. For all staff in rural nursing homes, Morgan et al (2002) report that nursing aides felt there was insufficient time for their duties, and they were distressed by their inability to meet the psychosocial requirements of their clients. IPC procedures may negatively affect SCWs ability to meet psychosocial requirements of clients.

Ravalier et al (2017) found that carers had better mental health than managers, despite high job demand and low job control; they hypothesise that greater peer support might buffer against the conditions of the care profession (Fisbane et al, 2013). Similarly, Gilbreath & Benson (2004) present a finding that above average ratings of supervisors predicted employee psychological wellbeing would be above average by 63%. Good managerial support may also positively affect SCWs psychological wellbeing.

It is increasingly clear that physical health and mental health are inseparable (Nabi et al, 2008; Surtees et al, 2008). Ohrnburger et al (2017a) report strong cross-effects between physical and mental health, even after adjusting for confounding variables. There is evidence of increased risk of stroke (Surtees et al, 2008) and CVD events (Nabi et al, 2008) for participants with lower mental health. Ohrnburger et al (2017c) provide evidence that past

mental health has significant direct and indirect impacts on physical health, with indirect effects mediated by physical activity, smoking, and social interactions. The relationship between past physical health and present mental health was only mediated by physical activity, which suggests that inactivity in the past will negatively affect present mental health. In combination these effects appear cyclical, more physical activity increases physical health which leads to better mental health and more physical activity (Ohrnburger et al, 2017c; Bildt & Michelson, 2002). These findings are relevant to SCWs as studies suggest that physical health can be negatively impacted by their employment.

The evidence presented above suggests that high job demand and low job control are significant risk factors for the development of mental illness and job dissatisfaction. Further risk factors are poor social support and negative interactions with peers and superiors, though good peer and managerial support appears to be protective. With regards to the social care sector where there is policy and procedural guidelines for actions and interactions, a reduction in decision autonomy, and increases in job strain and working hours may be detrimental to SCWs wellbeing.

### Shift Work and Physical Health

Proper et al (2016) report strong evidence for an association between shift work and increased Body Mass Index (BMI), a greater risk of being overweight, and impaired glucose tolerances. There are associations between shift work, waist circumference, obesity, and increased markers of low-grade inflammation symbolic of metabolic disease and greater systemic inflammation markers – especially in night shift workers (Wyse et al, 2017). As mentioned above, the inflammatory system is counterbalanced by the HPA axis however dysregulation within in the HPA axis is associated with cardiovascular disease (CVD), and infectious disease (Kudeilka and Kirschbaum, 2005). Shift work was also associated with higher neuroticism which is associated with disturbed sleep and reduced job satisfaction. More shift workers smoked and were more likely to use non-prescription analgesics, gastroesophageal reflux medication, and to report unhappiness with finances and job (Wyse et al, 2017).

Torquati et al (2017) state an increased risk of 17% for a CVD event in shift workers compared with day workers; whilst the risk for coronary heart disease increased by 26%.

They suggest there is an 7.1% increased risk for CVD events per 5 years of night shifts. A systematic review and meta-analysis of 16 studies predominantly studying nurses, suggests a 5% increased risk of developing breast cancer after 5 years of night shifts, increasing every 5 years – though the authors acknowledge the low-quality evidence available (Ijaz et al, 2013).

The evidence overwhelmingly suggests that night-shift work can have long-term effects on physical wellbeing; directly in the form of disrupted sleep, and indirectly through weight-gain, CVD, and cancer. The effects of shift work on wellbeing are not limited to the physical body. The next section will explore the physiological interference that night- and shift-work can have and the association between disrupted circadian rhythms and mood disorders, followed by how these mechanisms affect individuals' mental health.

### The Relationship between Shift Work and Mental Health

This section details through meta-analyses and systematic reviews, the effects that shift work and disrupted sleep patterns have across the social and neurological levels and the associated deterioration in mental health.

Regular sleep dysregulation, as with night-shift workers, affects the sensitivity of glucocorticoid tissues to cortisol (Nader, Chrousos, & Kino, 2010). Cortisol release is significantly increased in night-shift workers (Cannizzaro et al, 2020) and is the biomarker for HPA axis load (Nader, Chrousos, & Kino, 2010). The effect is a susceptibility in the chronically stressed individual to obesity and metabolic syndrome (Nader, Chrousos, & Kino, 2010; Proper et al, 2016; Wyse et al, 2017). Furthermore, dysregulation of the circadian rhythm and the reduced HPA axis functionality disrupts immune regulation in human and animal studies increasing the risk for infection and disease (Nader, Chrousos, & Kino, 2010; Kudeilka & Kirschbaum, 2005).

Lyall et al (2018) analysed the range difference in activity levels between sleep and wake cycles, known as circadian relative amplitude. They report an association between lower circadian relative amplitude and a greater risk of mood disorders, high neuroticism and mood instability (Wyse et al, 2017), major depression, bipolar disorder, and poorer subjective wellbeing. Further associations were highlighted, notably: loneliness, lower health satisfaction, and slower reaction times. Reaction times were positively associated with higher general intelligence and white brain matter integrity which are used as measures of

neurocognitive function (Lyall et al, 2018), and therefore that which negatively affects reaction times may simultaneously reduce neurocognitive function. The associations were independent of socio-economic and demographic factors therefore suggesting a basis within the individual. The finding that lower circadian relative amplitude was associated the development of bipolar disorder is supported in a study in which the bipolar phenotype was found in participants with higher intensity activity during rest periods, and especially between 2-7am (Rocket et al, 2014).

The literature associating shiftwork with decreased mental health is inconclusive, however it is evident that shift- and night-shift work does not increase mental wellbeing. There is some evidence that older female nurses report a higher baseline depression, but the same rate of change as younger female nurses (Saksvit et al, 2011; Thun et al, 2021; Torquati et al, 2019).

Saksvik et al (2011) report that the individual differences most associated with a tolerance of shiftwork were: young age, low score for morningness, languidity, and neuroticism; high scores for extraversion, and internal locus of control and flexibility. Individuals with greater trait neuroticism may be more at risk of developing mental health issues than their counterparts (Lyall et al, 2018; Proper et al, 2016), but not all individuals are equally susceptible to the psychological consequences of shift work. Females' poor mental health was associated with: sub-clinical depression, high alcohol consumption, poor quality of social contacts, demanding life events, physical inactivity, high-perceived load outside of work, and inadequate coping strategies. As well as, shift work, job strain, no employer-funded training, low occupational pride, low stimulation at work, and poor social support (Bildt & Michelson, 2002). These factors may affect SCWs during Covid-19 due to physically and socially restrictive policy which decrease mental health.

Lee et al (2016) report that shiftwork is significantly associated with depressive symptoms after adjusting for socio-economic status and health factors. For comparison, 3% of the Korean general population report depressive symptoms, whereas approximately 64% of the nurses in this study report across the severity of depressive symptoms (38% mild, 16% moderate, 8% moderately severe, 3% severe). A finding supported in China and the USA (Cheung & Yip, 2016).

There is a positive association between nightwork and depressive symptoms, but some controversy. 3 studies reporting an association when adjusting for psychosocial factors, and 3



studies that adjusted for psychosocial work conditions found no association with depression (Angerer et al, 2017). Interestingly there is some evidence for shift selection, where participants experiencing depressive symptoms working nightshifts, change to day-shifts, a phenomenon observed by De Raeye et al (2009); greater depressive symptoms increased odds of changing to day-shifts (Angerer et al, 2017).

Contrarily then, there is some evidence that shift work does not cause or associate with decreases in mental health. Shift schedule did not significantly explain the variance in status or rate of change in mental health (Thun et al, 2021). Nurses who changed from nightshifts to day-shifts report a significant reduction in anxiety and depression across 2 years, despite not significantly differing from day workers on depression scores. In combination, these studies could suggest that the nursing profession can be a depressant regardless of shift schedule, with nightshifts having a greater negative effect on mental health than day-shifts, likely due to circadian rhythm and HPA axis dysregulation. They also suggest that there is a subjective element to depression, wherein the polarity of perceptions regarding job strain, support, work and life satisfaction may increase or decrease mental health regardless of external circumstances. A recognition that perception influences mental health, regardless of external circumstances, motivates the qualitative methodological approach towards lived experience, rather than comparative quantitative metric scales which would measure perceptions but cannot capture the circumstances.

A British longitudinal survey between 1995 and 2005 found that nightshift work for greater than 4 years increased mental ill health scores for men, but that night-shift work was not associated with adverse mental health outcomes for women. The authors suggest this may be a result of the women's personal circumstances and cumulative stress, however it is contrary to much of the current research. Considering the concurrent findings between aspects of this study and others suggesting a positive association between female gender, night-shift work, and poor mental health, one hypothesis is that the inconsistency of shift patterns, and the persistent irregularities of sleep have a greater negative impact on mental wellbeing than stable night-shift patterns of work. Which is to say that an abnormal but stable sleep routine (nocturnal) is better than the irregular and unpredictable sleep routine of varied shift patterns.

There is strong evidence for the association between shiftwork and depression. Torquati et al (2019), in a meta-analysis of longitudinal studies report that gender differences account for greater than 90% of the heterogeneity, with female shift workers more likely to experience

depressive symptoms than female non-shift workers. The authors postulate that the greater risk for depression in females may be an artifact from gender differences in the general population.

Lee et al (2017) report that nightshift work was associated with increased risk for depression, and this finding was not affected by demographic factors. Firstly, they hypothesise that this may be the result of environmental stress impacting serotonin transporter genes, as fewer of these genes were found in a high-stress cohort of nurses. Secondly, they postulate that disruptions to glucocorticoid oscillations, the strengthening and pruning of synapses, may contribute to the development of depression as increases in glucocorticoid oscillations has been observed in night-shift workers. The authors use this finding to explain why nightshift workers are 40% more likely to develop depression than non-nightshift workers, a finding comparable to the 33% risk of depressive symptoms reported by Torquati et al (2019) for shift workers. Driesen et al (2011) report increased risk of depression for current and former shift workers compared to participants who never worked shifts, and significantly more pronounced depression is shift workers than day workers (Driesen et al, 2010).

Cheung and Yip (2016) report that shift workers who did not sleep a minimum of 7-8hours four times per week had higher scores for depression than day workers. Lin et al (2012) suggest that nurses on shift rotation had lower sleep quality and poorer mental health than day shift workers. However, bivariate correlational analysis suggests that sleep was not significantly associated with depressive symptoms, rather it is suggested that the sample was disproportionately younger (Saksvit et al, 2011) and single, reducing familial and financial pressure, as well as removing the compounding effects of long-term shift work. This finding highlights the confounded nature of research into the effects of shift work on individuals. Specifically, it suggests that the impact of dysregulated sleep may be moderated by youth, which also can confer reduced social and familial demands; this interaction may somewhat explain why older nurses report more depression than younger nurses (Saksvit et al, 2011; Thun et al, 2021; Torquati et al, 2019). Interestingly, the inability to maintain hobbies was a significant risk for the development of depression (Cheung and Yip, 2016), which itself may be positively affected by increasing age and corresponding demands of employment and family. Socially restrictive policies for Covid-19 likely reduce the ability to maintain hobbies for various reasons, not limited to physical, social, and financial limitation.

It is suggested from the studies above that shift- and night-shift work are associated with decreased mental health even after adjusting for nationality, socioeconomic and demographic factors, and that mental health can be moderated by psychosocial factors. Disrupted circadian rhythms due to shift and nightshift work patterns can have a negative effect on the neurological functioning of individuals and increase the risk of depression. Given that disruption to the circadian rhythm elevates cortisol release (Cannizzaro et al, 2020) and disturbs the HPA axis, which in dysregulation amplifies cortisol sensitivity in glucocorticoid tissues (Nader, Chrousos, & Kino, 2010), exacerbating symptomology associated with obesity, depression (Musa, Cortese, & Bloodworth, 2021; Ouakinin, Barriera, & Gois, 2018), and mood disorder. Such widespread affects could be directly related to the neuro-endocrinological impacts of nightshifts on the brain's ability to function (Lyll et al, 2018), as evidenced by the rate of depression in night-shift workers globally (Lee et al, 2017; Cheung & Yip, 2016). Furthermore, the negative effect that excessive and prolonged anxiety has on an individual's ability to carry out everyday tasks (Maharaj et al, 2019) is concerning regarding the safety of personnel and patients in health and social care facilities. This chapter highlights the difficulty in understanding the individual, isolated relationships in complex cascading interactions between different neurological, endocrine, and physiological systems which have been suggested for depression (Ouakinin, Barriera, & Gois, 2018). The relevance for SCWs is evidenced through the necessity of night-shift work, the health of client cohorts, the predominance of female employees in social care work, and the psychosocial factors at work. The following section focuses on the general populations' mental health before Covid-19, providing context for comparison between populations and acknowledging the increase incidence in care workers.

### Mental Health in the General Population Pre-Covid

There is greater awareness within the general population, companies, and institutions that mental health can affect anyone and is expansively detrimental. The UK's annual cost of mental health issues, excluding dementia and sub-threshold conditions, has been estimated at £125billion or 5% of GDP (McDaid and Park, 2022). Kalin (2020) reports in a global study that 45.7% of people with major lifetime depression have comorbid anxiety disorders. Conversely, the comorbidity between anxiety and depression varies according to the anxiety disorder, 20-70% social anxiety disorder, 43% general anxiety disorder, and 48% PTSD.

Although awareness and understanding of mental health issues is becoming vernacular, and the risk that specific working conditions can pose to an individual's mental health are being researched, the current *modus operandi* is to treat signs and symptoms rather than causes. In some cases, such as health and social care, shift work is unavoidable to deliver care 24 hours each day, 365 days every year despite the risks it poses to health and wellbeing.

Significant differences exist in the health and wellbeing of caregivers and non-caregivers. Caregivers experience greater stress and depression, and lower subjective wellbeing, self-efficacy, and physical health than non-caregivers. Between-group differences were larger if participants were caring for dementia patients. Greater stress is associated with younger participants, but older participants were more likely to report depression (Saksvit et al, 2011; Thun et al, 2021; Torquati et al, 2019)– which the authors hypothesise could be due to less coping resources (Pinquart and Sorenson, 2003), though youth may be protective only in so far that generally it confers fewer social, familial, and economic responsibilities (Cheung and Yip, 2016; He et al, 2018). Combinations of factors inherent to caregiving might therefore be deleterious to health and wellbeing. The presence of dementia patients, long shifts, low physical activity, high job strain, as well as individual differences and the psychosocial components of organisations contribute directly or indirectly to reducing physical and mental health and may be especially relevant for SCWs.

Next is a thorough exploration of the mental health of HCWs during Covid-19, which provides a context for the lateral population of SCWs, for who mental health literature is scarce.

## Pandemics and Mental Health

### HCWs' Experiences of Previous Viral Outbreaks

The experiences of HCWs in frontline roles during Covid-19 and previous pandemics have been collated in a review and meta-synthesis by Billings et al (2020). They generalise that the experience of working in a pandemic, can be understood from 3 temporal points: Early, Peak, and After. Early focuses on immediate needs, preparation, protection, and information, whilst Peak is about the work at hand, and After centres on feelings towards the experience, the toll of the work, the desire for recognition and outside intervention. However, exploring Ebola

during 3 separate outbreaks in Africa, nurses faced stigmatisation within their communities, a lack of resources and information, and fear of infecting family members (Hewlett and Hewlett, 2005). Nurses during the Middle Eastern Respiratory Syndrome (MERS) spoke of a commitment to their duty, and stigmatisation from the public and media. They reported feeling afraid of the unknown elements of the virus and PPE making routine tasks harder (Im et al, 2018).

During SARS-CoV-1 a phenomenological study of nurses conceptualised: a 'Variety of Emotions', 'Concept of uncertainty', and 'Revisiting the 'taken-for-granted' aspects of nursing'. Nurses report that recognising the patient's humanness fosters feelings of compassion and empathy, whilst collecting their daily newspaper or talking with their families was felt to be important for patient recovery. Fears about when and where the nurse will contract the virus were prevalent (Chung et al, 2005). Nurses felt there were many negative experiences from the SARS epidemic, however they felt that fostering preparedness, developing resilience and the nursing skillset were positive elements (Bergeron et al, 2006).

Lam and Hung (2013) suggest that Human Swine Influenza and SARS were similar experiences for HCWs because of a low mortality and similar symptomology. Nurses report concerns about family and their own health, as well as for the wider society. There were issues with staff absence, vacancy, and PPE availability. Nurses reported a commitment to their role and high-quality care. Similarly, Ives et al (2009) suggest that NHS workers feel obliged by a duty of care to attend work throughout a pandemic, this is an artifact of training because doctors in the same study spoke extensively about duty. The discussions were focused on Ability vs Willingness to work. Ability to work often required outside support for and vulnerability of dependents and immediate family, and support if the HCWs become ill. Willingness to work was more dependent on the perception of the relationship between employee and the hospital. Balicer et al (2010) report that 28% would be unwilling to work during a pandemic. 60% thought their peers would attend work, and this perception increased their likelihood of working by 10x. Availability of PPE, vaccines, antiviral drugs and planning for dependents at home reduced absenteeism.

The above studies present a picture that HCWs are concerned for their own and their families' wellbeing during a pandemic, whilst also feeling obliged to attend work and carry out their duty towards patients, which may be an artifact of their training and therefore not present in SCWs whose focus isn't directly health related. Provision for and consideration of

dependents modified whether HCWs would or could attend work, and the availability of PPE and prophylactic medications increased the likelihood of attendance. These studies suggest that there is a degree of role conflict between parent, carer, partner and employee, as well as domain conflict between work and home. It is possible that SCWs are motivated by similar concerns for their own and familial health, obligation, and role and domain conflicts. This study aims to explore the lived experiences, perspectives, and expectations of SCWs, as well as the experiences of quarantine and conflicts between roles and domains as there is little relevant literature.

### The Mental Health of HCWs During Previous Viral Outbreaks

We now move on to discuss how previous viral outbreaks such as SARS, MERS, and Ebola affected HCWs at the outbreaks and afterwards, expanding the contextual framework into previous viral outbreaks. A qualitative study at the beginning of the SARS-CoV-1 epidemic reported that staff expressed anxiety about infection and contagion of family and friends, loss of collegial support due to reduced interactions, as well as stigmatisation and isolation (Maunder et al, 2003). These views are reflected in the Ebola (Hewlett and Hewlett, 2005) and H1N1 literature (Lam and Hung, 2013). Interestingly, this study also highlights the conflict between social roles felt by HCWs during a pandemic, notably between parent and worker, and professional responsibility and familial responsibility (Maunder et al, 2003). Contamination-related threat estimates significantly predicted anxiety for Zika (Blakey & Abramowitz, 2017), Ebola (Blakey et al, 2015), avian flu (Lau et al, 2008), and swine flu (Wheaton et al, 2012).

Quantitatively speaking, SARS-CoV-1 is thought to have had a 15% mortality rate and to have elevated depression in the general population by 3.7% in Taiwan, with 29% of quarantined persons becoming depressed (Ko et al, 2006). Approximately 50% of recovered patients reported anxiety, with 20% showing psychological distress – whilst half of patient's families reported psychological distress (Tsang et al, 2004). Similar figures are suggested for MERS, with 51% reporting clinically significant PTSD (Gan et al, 2020). Frontline workers are especially at risk of moral injury during a pandemic due to lack of training, guidance, and resources combined with the inability to care to a high standard, and the risk of, or loss of life for children and the elderly. Moral injury is the profound psychological injury suffered as the result of action or inaction which violates a person's ethical or moral code. Moral injury is

significantly associated with PTSD, depression, and suicidal ideation across professionals and across countries (Williamson et al, 2020).

Warnings about the likely threat and impact of a virus similar to SARS-CoV-1 were raised by Maunder (2009) who suggests that HCWs' fear of infecting their families combined with social stigma which arises with new pathogens, would socially isolate exposed HCWs and would therefore reduce their resilience to stress by eroding their social support networks. These circumstances feedback, further reducing the HCWs ability to do their job by increasing the stress they face, compounded by increases in anxiety (Maharaj et al, 2019).

Preti et al (2020) highlight that PTSD, depressive symptoms, anxiety, insomnia, and stress are present in between 10-80% of HCWs during epidemic and pandemic situations. Epidemic and pandemic situations are therefore significant stressors for HCWs and those in similar roles.

The discussion explores HCWs' psychological morbidity during and after viral outbreaks since the year 2000. It is clear from these studies that viruses such as SARS, MERS, Ebola, and swine flu had a psychologically detrimental impact on workers directly exposed to infected patients compared to their unexposed counterparts and the general population. The discussion now moves on to look at HCWs' mental health during Covid-19, especially between 2019 and 2020. Finally, there will be a brief exploration of how SARS-CoV-2 affects neurobiological systems and mental health.

#### HCW Mental Health During Covid-19

Lai et al (2020) report that of HCW participants, 50% experienced depression, 45% anxiety, 34% insomnia, and 71% distress; a finding supported by Pappa et al (2020), immediately following the SARS-CoV-2 outbreak in China. 76% of respondents were women, and the authors note a higher proportion employed in junior roles. They infer that significant work experience could be a protective factor for mental health but proximity to the epicentre increased the severity of distress (Lai et al, 2020; Neria et al, 2008).

Nurses aged 26-30 reported the most anxiety and depression, 33% and 19% respectively, compared to 24% and 13% of non-HCW participants. Interestingly, younger age and lower income tended to report depression, (26-30 years), whilst older (31-40years) and higher income reported anxiety (Vindegaard & Benros, 2020).

A study reviewing mental distress and illness within the NHS suggests that frontline and exposed roles, and ethnic minority groups are more vulnerable than others (Wilson, 2021). Giorgi et al (2020) reports a strong, positive correlation between incidence of distress and level of exposure, especially in HCWs. This association is explained by fear of contagion for self and family, lack of training and personal protective equipment (PPE). A lack of social support and financial security, as well as isolation and uncertainty about the future also contributed to distress.

Kwong and Marshall (2020) review the unequal mental health impacts on HCWs and SCWs, reporting that lower paid staff have worse mental health than a comparative sample of the general population. Issues with access to PPE, staff vacancy and absence are hypothesised as exacerbating the issue.

Morgantini et al (2020), in a global survey suggest that the incidence of burnout is 51%, severe enough to affect household tasks. They report that burnout symptoms are higher in countries with greater incomes and is driven by higher stress, workload, and time pressures, which are exacerbated by low organisational support. This figure supports the 41-48% of HCWs who reported burnout during SARS-CoV-1. The authors hypothesise that staff in countries with lower median incomes are more used to operating with limited supplies and in adverse situations.

With the distinction between HCWs' and SCWs' duties and responsibilities (see pg.7), and with consideration of the research inequality between the two, a study by Greene et al (2021) reports on the predictors and rates of PTSD, depression, and anxiety among frontline health and social care workers in the UK. Their findings suggest that despite differences in working environments, duties and responsibilities, government legislation, and public recognition that rates of PTSD, depression, and anxiety were comparable between SCWs and nurses during the first wave of SARS-CoV-2 in the UK (between 27<sup>th</sup> May 2020 and 23<sup>rd</sup> July 2020).

The studies presented above indicate that the presence of SARS-CoV-2 in societies is enough to increase mental illness. Greater incidence is reported by those in closer proximity and frequency of interactions with persons infected with SARS-CoV-2. The presence of Coronavirus in a society and the corresponding increases in mental health issues suggests sociological factors, which may involve secondary stressors. However, in health and social care workers who become infected with SARS-CoV-2 themselves, there is literature



reporting how the infection neurologically affects mental health. Moving away from associations between SARS-CoV-2 and worsening mental health, the following section details how quarantine, a secondary stressor, impacts mental health.

### Quarantine and Mental Health

Where SARS-CoV-2, illness, and death are primary stressors, the application of socially restrictive policies are related but non-inherent to the virus, as such they are secondary stressors. The use of extreme isolation measures such as quarantine have significant effects on individuals. Brooks et al (2020) report that hospital staff who may have become infected with SARS-CoV-1 were quarantined for 9 days; and having been quarantined was the most significant predictor for the development of post-traumatic stress syndrome (PTSS), exhaustion, detachment from others, irritability, insomnia, poor concentration, and indecisiveness. Quarantine was predictive of PTSS 3 years later. For parents, 28% of those quarantined reported symptoms significant to warrant a trauma-related mental health diagnosis, comparable to 6% of those who weren't quarantined. Within the review, 2 studies report that having been quarantined was a significant predictor of alcohol abuse or dependency among HCWs and significant engagement of avoidant behaviours, such as minimising patient contact and failing to attend work. HCWs reported more severe symptoms than the general population (Cheung & Yip, 2016; Lee et al, 2016), exhibiting more avoidant behaviours and greater psychological effects, such as anger, annoyance, fear, frustration, loneliness, sadness, and worry. HCWs also reported greater lost income and felt more stigmatization (Brooks et al, 2020).

The duration of quarantine was associated with severity of mental health outcomes, PTSS, avoidant behaviours, and anger. Greater than 10 days of quarantine was associated with significantly worse PTSS than fewer than 10 days (Brooks et al, 2020), a finding which has implication for multiple-person households where an infectious illness necessitating social isolation could systematically infect each person, thus extending a quarantine beyond 10 days. For SCWs financial worry, alcohol use, and the psychological effects were concerns after experiencing quarantine legislated by the British government between 2020-22.

Studying the population of Victoria, Australia, who experienced a low SARS-CoV-2 prevalence, Czeisler et al (2021) report that of those affected by indiscriminate government

lockdowns, one third report anxiety or depression symptoms and a tenth report new or increased substance use to cope. Of the affected population, a tenth of those surveyed reported serious suicidal ideation within the past month. The low prevalence of SARS-CoV-2, yet high incidence of mental health issues suggests that there is a relationship between infection prevention measures and indirect mental health effects attributed to Coronavirus. Similarly, Lei et al (2020) suggest that for those unaffected by quarantine and isolation, anxiety and depression was 6.7% and 11.9% respectively, but for quarantine participants those figures rise to 12.9% and 22.4% respectively.

The information presented above details some of what is known about the psychological impacts of quarantine on individuals. PTSS, insomnia, depression and anxiety are common among previously quarantined persons, whilst a host of other issues such as, irritability, anger, and avoidant behaviours appear to be related to periods of quarantine. It is difficult if not impossible to parse which consequential effects, and how much of those, are solely reactions to the quarantined state and which are related to the presence of a pandemic within the society, or proximal to places of employment. This equation is further confounded by the presence or history of infection with the pathogen, pre-existing psychiatric history, and psychosocial factors. This discussion will now examine how SARS-CoV-2 directly affects neurobiology and mental health.

#### How the SARS-CoV-2 infection affects mental health

It is likely that there is a positive association between the quantity of time in proximity to persons with SARS-CoV-2, and the incidence of infection. Recovering from the viral infection is the first step towards health, but there is evidence that SARS-CoV-2 causes neurological changes in the brain. Woo et al (2020) report 78% of participants sustained mild cognitive impairments following infection with SARS-CoV-2. Short term memory, attention, and concentration were particularly effected. A retrospective analysis of SARS and MERS data suggest 20% and 19% respectively reported impaired concentration, attention, and memory after recovery from infection. For survivors of SARS-CoV-2, 12% reported new neurological or psychiatric disorder 6 months after recovery from infection, and total incidence was 33%. For patients admitted to intensive care units, 25% reported novel neurological or psychiatric disorders, but the total incidence was 46% (Taquet et al, 2021b).

Furthermore, for people without prior psychiatric diagnoses, a SARS-CoV-2 infection was associated with a 5.8% increased incidence of diagnosis 14-90 days later, compared against 6 other health events. Anxiety, depression, and insomnia were most frequent. Across the participants with and without prior psychiatric diagnoses, the incidence of a novel psychiatric diagnosis was 18%. The authors remark that a prior psychiatric history was a risk factor for developing Coronavirus, likely due to the presence of pro-inflammatory markers which occur in some psychiatric disorders (Taquet et al, 2021a).

In a study comparing mental health outcomes prior to and during Covid-19, Xiong et al (2020) report that 15-48% experience depressive symptoms compared to 3.6-7% prior to Coronavirus. Females, people under 40 years old, and students report more depressive symptoms than males. Further relevant factors include single/divorced/widowed people, those quarantined, worried about infection and proximity to an infected person. For anxiety the reported incidence was between 6-51%, with social media, news exposure, and quarantine associated with increased anxiety.

Pierce et al (2020) compared mental health outcomes in the UK before and during the first wave of the pandemic. Levels of mental distress rose from 18.9% to 27.3% between 2019 and April 2020. Similar to Xiong et al, increases were greatest among females, those under 40 years old, as well as in those living with young children. Zacher & Rudolph (2020) report that life satisfaction, negative affect, and positive affect did not change significantly between December 2019 and March 2020, but these measures did decrease March and May 2020.

Mental health outcomes clearly deteriorated for the participants infected with SARS-CoV-2. Incidence of psychiatric diagnoses increased, as did reports of anxiety, depression, and insomnia. Given that many governments around the world implemented social distancing and quarantine policies during the pandemic, it is unclear what proportion of the mental distress experienced by people was caused directly by the virus, and how much was the result of secondary effects like legislation, access to PPE, financial pressures, and job strain. The preceding information has been predominantly quantitative and provides strong evidence for associations between decreasing mental health as the presence of primary and secondary stressors increases. The discussion continues exploring how HCWs experienced secondary stressors during Covid-19.

### HCWs' Experiences of Secondary Stressors at Work During Covid-19

In the UK, HSCWs most frequently spoke about the public not following social distancing guidelines and poor governmental handling of Covid-19, they acknowledged that a culture of blame exists and that it is useless. Emotional and physical fatigue, as well as fear of infecting family were reported across participant categories, but most frequently by carers and nurses. A process of 'letting go' of outcomes in the face of uncertainty and inability to control circumstance was commonly mentioned. The theme "Personal Growth" comprised codes describing 'what matters in life', and 'appreciating the small things' (Aughterson et al, 2021).

HCWs faced shortages of PPE, insufficient training, and conflicting guidance from different sources which changed frequently (Hoernke et al, 2020). Similarly, HCWs in nursing homes reported a lack of PPE and incorrect sizes, whilst there was insufficient space to move and isolate infected patients. Furthermore, chronic understaffing required care homes to rely on agency workers to fill rotas, whilst alternating staff between infected and uninfected patients. The guilt and grief of watching residents die was reported as increasing stress for nursing home HCWs (Seshadri et al, 2020). These factors are all considered secondary stressors as products of the SARS-CoV-2 infection and were likely experienced by SCWs.

Globally, HCWs' adherence to IPC policy was reported to be dependent on several factors: changing guidelines at international and local levels, lack of space to isolate or care for patients, increased workload, extra cleaning duties, fatigue, PPE provision and suitable sizing. A lack of training, and training specific to respiratory infections, as well as lacking support from management were also factors damaging IPC adherence. When PPE intimidated, scared, or reduced communication with patients, adherence also fell. Contrarily, adherence to IPC policy increased with concerns for self or familial infection, and when HCWs saw the value of it (Houghton et al, 2020). Similarly, work attendance during a pandemic was affected by adequate provision of PPE and childcare, as well as financial incentives for self and for family members in case of infection or death. There was a strong desire for rewards and incentives (Almaghrabi et al, 2020).

HCWs in residential and domiciliary care explain how their experience of working during Covid-19 impacted their mental health. A lack of testing and lost or inconclusive results combined with the staff shortages and absence exacerbated by unreliable tests and self-isolation policies from the government and employers; inability to acquire PPE; and fear of infection and familial contagion produced fear and anxiety for the participants. This paper

calls for centralised guidance to serve both the public and private sectors during emergencies (Nyashanu et al, 2020a), though centralised guidance lacks situational specificity (Nyashanu et al, 2020b) which is addressed in Directions for Future Research. A lack of preparedness and the difficulty of maintaining a supply of PPE lead to workers in social care settings operating without PPE. Participants report difficulty explaining Covid-19 and policies to residents, especially those with learning difficulties or dementia. Lack of testing for private carers and SCWs exacerbated fear and anxiety, whilst increasing staff shortages (Nyashanu et al, 2020a).

NHS nurses faced issues with poor fitting PPE and inadequate supplies; and difficulty keeping up with the frequency of policy changes at both government and hospital level. Lack of prompt testing and unreliable results were also concerning. Team solidarity and wellbeing structures offer support (Vindrola-Padros et al, 2020).

A qualitative exploration of caregivers for Covid-19 patients reports that self-coping strategies included psychological and life adjustments, altruistic acts, team support, and rational cognition. A key theme was '*Growth under pressure*', which comprised increased affection and gratefulness, development of professional responsibility, and self-reflection. Social support was crucial for wellbeing (Sun et al, 2020).

The studies above highlight HCWs experiences of working during Covid-19. Contrary to previous pandemics where information was scarce, it appears that frequent information and policy changes were unappreciated by HCWs during Covid-19. PPE shortages, fear of infection, and unreliable tests were common experiences and personal development was acknowledged. A discussion of the state of the social care sector, below, rounds off the discussion and context for this study, anchoring the presented literature in what data is reported for social care.

### Looking at Covid-19 and UK Care Homes

77% of NHS staff are female (Narrowing the NHS gender divide), compared to 82% of social workers (The state of adult social care and workforce in England, 2021). Job vacancy estimates within the sector range between 190,000 and 206,000 between January and June 2022 (Vacancies and jobs in the UK: January 2022; Vacancies and jobs in the UK: June

2022). According to Dunn et al (2020) testing wasn't available to all NHS staff initially, wasn't legislated for care home workers until later, and independent carers weren't mentioned in the legislation. Of the 42,189 deaths attribute to SARS-CoV-2 from 2020-22 (Deaths involving COVID-19 in the care sector, England and Wales), not all were directly related to Covid-19 infections, rather some occurred as the result of issues created or exacerbated by Covid, such as lack of social support, care, access to medical facilities, healthcare staff. It is thought that a lack of testing in social care settings attributed to the infection rises in that sector (Hodgson et al, 2020).

The NHS receives most of the funding, support, interest and recognition in the UK (Daly, 2020) whilst social care isn't well thought of (Kaehne et al, 2017), is underfunded and under-represented in the media (Daly, 2020). Social care funding is the responsibility of councils and is funded through private funds and 'means-testing'. Furthermore, there is a lack of regulatory oversight compared to the NHS. Daly, (2020) suggests that the political strategy of 'austerity measures' brought in during 2009-10 resulted in funding cuts, which necessitated rounds of emergency funding to 'prop' the sector up.

Staff wellbeing is negatively impacted by being understaffed and using temporary workers (Raleigh and Sizmur, 2018). Flexible working hours support feelings of contentment (Atkinson and Hall, 2011). Patients in hospitals with higher nurse to patient ratios had consistently better outcomes than other ratios. Hospitals with the lowest nurse to patient ratios had a 26% increased mortality (Rafferty et al, 2007). Lower nurse staffing levels were associated with increased rates of falls and deaths (Ball, 2017). Employee wellbeing in NHS settings was positively affected by perceived managerial support (Loretto et al, 2005).

ONS reports state 198,833 deaths occurred in the UK between March 2020 and May 2022 (Deaths involving COVID-19 by month of registration, UK), 42,189 occurred in the care sector in England and Wales alone (Deaths involving COVID-19 in the care sector, England and Wales). Devi et al (2021) suggest that 47% of the UKs total Covid-19 related deaths occurred in care homes and postulate that the cause of this was non-standardised care, lack of oversight, lack of government intervention and inclusion in planning and legislation for care homes and the social care sector – whereas the NHS saw extensive planning, intervention, and legislation. ONS data from 2020 suggest that 56% of care home reported at least one case, and that a single case infects 20% of residents and 7% of staff (Impact of coronavirus in care homes in England: 26 May to 19 June 2020).

## Summary

Pandemics produce primary and secondary stressors, which are moderated by individual differences, and workplace environments. Shift work is a necessity for health and social care, despite dysregulating circadian rhythms and neuro-endocrinological systems, which affect the bi-directional relationship between mental and physical health. It isn't clear how the experiences, primary, or secondary stressors of SARS-CoV-2 are affecting HCW and SCW mental health. What is evident is that incidence of mental illness has increased in both the general and HCW populations in the presence of SARS-CoV-2, and that the accompanying policy and legislation for private and professional domains has reduced individuals' capacity to make choices, socialise, participate in hobbies and therefore, perhaps, to cope with the cumulative stress.

The overarching goal of this study is to fill a gap in the literature regarding the near-invisible population of social care workers. This will involve attempting to understand their lived experience in a pandemic situation, and will necessarily involve elaborating on experiences of work, and the effects of home-life on working. Given that this study is grounded in disaster literature, I will try to understand how SCWs experience is affected by secondary stressors, and what coping strategies they utilise.

This study is important for four reasons. Firstly, scientific literature, and disaster literature especially, tends to focus on the experiences of HCWs in health care settings. The social care work is important in the UK and is underrepresented in scientific literature and lacks government oversight and regulation, which may be a result of a lack of unifying and illuminating literature. Secondly, disaster literature tends to utilise quantitative methods for data collection. Whilst this method provides vast numerical data which can be rapidly collated and diagrammatically presented for quick consumption and decision making, it fails to capture the rich humanness of the situation. For this, qualitative approaches are better suited and allow participants to tell their own story from a first-person perspective; and given that Covid-19 is ongoing, the opportunity to capture rich data of the lived experience of a population during a pandemic, rather than after or when it has been declared under control, is rare and ought to be capitalised upon. Third, current literature that does utilise qualitative methods to examine lived experience of disasters fails to do so using current terminology and concepts from that literature. Secondary stressors are currently only referenced in meta-reviews, and the point of theoretical conceptualisation is to assess whether those concepts are

representative of lived experience. Forth, science does not as yet know how SCWs cope during disasters or pandemics, such an oversight will be costly for allied professionals if this lack is not addressed.

This study aims to address these four gaps through thematic analysis of semi-structured interviews, which will allow participants to discuss their lived experience outside the rigid structured of quantitative surveys and scales. Thematic analysis provides a recognition of nuanced similarities and differences in experience which are critical for understanding and reporting lived experience, whilst informing the research aims most effectively.

## **Method**

### **Research Design**

This study was produced from a Critical Realist ontology. It seeks to develop an understanding of how participants' subjective experiences are embedded within social structures (Taylor, 2018; Ruslin, 2019). This philosophical approach acknowledges the reflexivity between the structures and the agents embedded within them, it does so by occupying a space between Positivism, the emphasis of empirical analysis of an objective world, and Subjectivism, which focuses on the multitudinous perspectives of reality that an individual can have (Taylor, 2018). Critical Realism includes domains of reference which circumscribe the experience of the individual, the unobserved events of the world, and the causal relationships between the two known as 'tendencies' (Houston, 2010). This ontology is appropriate for qualitative social science research because it posits the subjective experience of individuals within social structures, which Positivism disavows, and attempts to locate the interactions between the two.

### **Research Question**

- a) What are SCW's experiences of working throughout Covid-19?

A qualitative methodology was followed given the exploratory research question which focuses on subjective lived experience. Quantitative methods would not capture sufficiently rich, complex data for this study, as they are better suited to measuring and comparing



defined variables, rather than lived experience. Data was collected using 60minute, individual semi-structured interviews with each participant held using video-conferencing software because of social distancing requirements, the interview content was partially deduced from a lateral population of HCWs' pandemic experiences. The sample is 8 native English-speaking participants who worked in social care in England before and during Covid-19. The population sample will be referred to as participants throughout this report, but where specific experiences were mentioned only by a subsection of the sample, they will be referred to by the environment or job title.

Inductive thematic analysis seeking the essential experience of participants was employed throughout the data analysis, which predicates that truth can be divulged through language, but renditions of experience are socially mediated (Madill, Jordan and Shirley, 2000). As such data was interpreted through an employed persons' experience of work within an epidemic or pandemic ideological framework.

### Participants

Participants for this study were recruited via purposeful sampling, utilising the researchers' social network to begin the sampling and snow-ball method there-after. Purposive sampling requires some pre-existing information about the potential participant, which the researcher can then clarify to fulfil selection criteria:

- a) must be over 18
- b) must be or have been working in social care prior to and during Covid-19
- c) Be willing to discuss the effect that Covid-19 has had on your experience of working

This research did not target a specific gender, however only females participated, nor was age a selection criterion - the range was between 22-75. Only British social care workers participated, and all were native speakers.

Initially the sampling was aimed at residential SCWs, however recruiting was very difficult due to the social distancing measures in place around Covid-19. Several potential participants dropped out at various stages of the process. As such the sample was expanded to include other branches of social services, including domiciliary care, adults with learning disability care, and child protective services. Difficulty in recruiting participants played a significant role in the sample size, further considerations included the proposed length of interviews and

the corresponding transcription time allocation, considerations proposed by Rowley (2012). Following Rowley's (2012) recommendations for balancing interview quantity, length, and time constraints, as well as the difficulty in sourcing participants, the researcher felt that eight 60minute interviews would be sufficient to produce rich data.

The concept of data saturation is contentious beyond the scope of this report, with a variety of methods and rationales which "rely on rather arbitrary and largely unexplained criteria" and so producing an indeterminate operationalisation of qualitative data acquisition (Braun & Clarke, 2021). Eight semi-structured, 60minute interviews were thought to be sufficient for gleaning sufficiently rich data, recommended by Rowley (2012) and a review of data saturation by Braun & Clarke (2021). Considerations of interview length, participant's willingness to give their time, participant availability, as well as the time required for transcription, as it was done manually by the researcher, were all weighed prior to this decision being made.

For purposes of anonymity, participants' names were changed to pseudonyms, but job titles retained accuracy as it was felt that the participant's perspective provided by their job and its environment would likely impact their experience.

<b>Interview Number</b>	<b>Pseudonym</b>	<b>Job Title</b>	<b>Gender</b>	<b>Age</b>	<b>Dependents?</b>
1	Helen	Care Lead	Female	37	Yes
2	Jenny	Senior Care Worker	Female	22	No
3	Carol	Team Coordinator	Female	32	No
4	Megan	Support Worker	Female	52	No
5	Claire	Children & Care Social Worker	Female	37	Yes
6	Sally	Social Carer	Female	65	No
7	Jane	Social Carer	Female	70	No
8	Emma	Night Carer	Female	23	No

Table 1: Participant Demographic Data

Some of the participants were known to the researcher prior to the study, including friends and family members. As such it was necessary to maintain professionalism and balance the

impacts of pre-existing knowledge. The researcher engaged in mitigating the familiarity with methods outlined by McConnel-Henry et al (2010), such as acknowledging pre-existing knowledge through inclusive questioning, mitigating much of the risk that the participant would condense the information offered. Furthermore, a study by Brewis (2014) on researching peers provided significant insight into how to manage and mitigate insider knowledge, and the personal and ethical implications of researching friends' lived experiences (McConnell-Henry, James, Chapman, & Francis, 2010).

### Materials and Procedure

After ethical approval was granted by Canterbury Christ Church University's ethics panel the researcher began recruitment using purposive sampling. When a potential participant expressed interest in participating, they were requested to email the researcher stating so, to allow them to change their mind if they so wished. In reply participants were sent copies of the participant information sheet (Appendix C) and consent form (Appendix D) and asked to reply when they had read them, and if they had any questions. This email also contained a note explaining that consent would not be recorded with signatures as per usual, but rather that it would be recorded audibly at the outset and confirmed at the end of the interview recording due to the changes in procedures due to Covid-19.

Upon confirmation on the participant's intent to participate, an interview was scheduled at their convenience, considering the nature of shift work and any other pressures they may have been under. Participants were given the options of Microsoft Teams or Skype for the interview, as well as whether they preferred an audio or video call.

Immediately prior to each interview the researcher read through the interview questions (Appendix B) and used a small note as a reminder of the interview schedule such that no important information such as gaining and checking consent could be forgotten. The present study sought the experiences of SCWs during pandemics, for which there was very little literature globally, as such particular attention was paid to the themes within the reviewed literature which could be relevant to SCWs' experiences of working during a pandemic.

The interviews began with a period of general conversation which was included to build rapport with each participant by giving them time to acclimatise to the interview setup and help them feel more comfortable by answering any questions they had. Confirmation that the participant was happy to proceed and therefore that the researcher would begin recording was

sought. As the recording began, the researcher asked for confirmation that the participant had read and understood the participant information sheet and consent form, and whether they had any questions before proceeding, where-upon audible consent was sought from each participant. The interview protocol began with garnering demographic information which could, in the case of the presence of dependants, modify later interview questions before moving on to introductory questions. The last four introductory questions were removed after interview 2 because it was felt, in the self-reflection carried out after each interview, that they disrupted the flow of the interview.

Given the lack of relevant scientific literature for SCWs' experiences during a pandemic, it was necessary to use literature from HCWs to inform the interview question content. This deductive approach to producing interview questions provided a structure for this exploratory study – it is possible that this will affect the data produced. The main body of interview questions were constructed to elucidate SCWs' experiences both prior to and during Covid-19. Questions exploring the experiences prior to the Covid-19 included the topics: feelings towards work, frequent problems at work, relationships with other staff and management, access to work and support resources, fears and intrusive thoughts, the impact of working on participants' personal lives, stresses and stress management. These topics also featured in the section detailing experiences during the pandemic, which also included: changes to/within the workplace, socialisation, proximity to and feelings towards Covid-19, and feelings, experiences, and understanding of the impact and management of stress caused by Covid-19.

Participants' answers sometimes covered multiple questions but with insufficient detail. Anticipating this, the researcher prepared exploratory, probing questions which encouraged participants to expand their answers. At other times, participants would provide multiple, relevant points of context when answering a question, at the end of these explanations the researcher would remind the participant of a point they made earlier and ask for further clarification, especially if the point made by the participants was explicitly relevant to the research aims. Furthermore, the interviews often did not follow the progression of the interview script, it was therefore necessary for the researcher to keep in mind what had been covered sufficiently whilst moving through the interview script dynamically.

After the main body of the interview questions had been covered, the researcher affirmed the quality of the participants' answers before signalling that the formal interview was at an end, and there would be a short plenary before confirming consent and ceasing the interview

recording. The plenary contained questions (Appendix B) focusing on the highlights of the participants' work, in anticipation and mitigation of the reliving of their experiences working throughout Covid-19. This approach was informed implicitly by the content of the literature review, which often detailed the explicitly difficult and challenging experiences of the participants. In the debrief, participants were asked to confirm their consent to participate, and were made aware that the recording was ended. An informal conversation then took place, wherein the researcher sought to understand the participants' experience of the interview itself, as well as the reliving of their experiences for the interview. Participants were asked if they had any further questions for the researcher and offered a copy of the final report once written, which was noted. Finally, the participant was thanked for their time and for sharing their experience and the call was ended.

Immediately after each interview, the researcher reflected in a separate document (Appendix F) what went well and what could be improved for the next interview, in this way seeking to avoid repeatable errors such as the derailing of the interview script with complex introductory questions. A copy of the interview recording was downloaded from Canterbury Christ Church servers and stored in a digital vault on the researcher's laptop.

### Data Analysis

Each interview was transcribed verbatim, with additional notations for strong emotional displays such as smiling, laughter, crying, and visible distress. The transcriptions were thematically analysed according to Braun and Clarke (2012). Data was analysed inductively to allow for conceptualisation (Braun & Clarke, 2021). Analysis was careful to avoid deductive gaps which do not represent the semantic content of the data (Braun & Clarke, 2012) through repeated watching and reading of the interviews, and checking coherency between themes, codes, and evidence.

Firstly, familiarisation with each interview took place, reading the transcript and watching the interview. Annotating with semantic coding (Appendix H for examples) was used to summarise, orientate (positive, negative), and temporally locate each code on each interview transcript.

Secondly, interviews were read as part of a whole dataset to capture any themes which had presented in the other interviews. A spreadsheet was constructed containing each instance of each code, the relevant text from the transcripts, and an interview and line reference for

future proofreading (See Appendix H, page 255 ). Using the ‘Sort’ function codes were organised alphabetically, which grouped codes found between the participants’ interviews together, and grouped similar codes roughly together. Checking the evidence and codes for appropriate interpretation and distillation, similar codes were homogenised.

Third, with continued reference to the project’s research aims, codes were thematically clustered. This process rapidly developed into layers of super- and sub-ordinate themes, the descriptive titles of which were frequently revised to elucidate the contents. The final analysis used 724 distinct codes in a total battery of 1215 quotations, compiled into 4 super-ordinate themes, collectively containing 19 sub-ordinate themes.

In the first attempts at thematic organisation, the list of codes was condensed so that a code which appeared several times would become ‘Adaptation and Overcoming 9’, to show prevalence. This compact list was printed and cut out. The individual codes were laid out and, using scrap paper to draft possible thematic titles, clustered together. This process was refined repeatedly until each cluster was distinct from the others. During this process, some clusters which were distinct but related developed into super-ordinate themes, the titles of which were drafted and redrafted on scrap paper. This method was time-consuming, and space-dependent, and lacked the convenience of digital methods. However, being able to see all the codes, super- and sub- ordinate themes at once was instructive to the complexity of the undertaking. Realising this method was unsustainable, I sought a digital alternative.

The second version involved mind-mapping software called ‘XMind’. The first attempt to import each code and accompanying quote required too much computing power for the researcher’s laptop. Therefore, the compiled list of codes and their prevalence were used instead. Xmind allowed for rapid organisation, adjustment, title development of the thematic analysis. Further, being able to save layouts, and then continue a cycle of adjustment, re-titling, saving the file, and continuing development was incredibly useful as it removed the fear of losing both progress and clarity where I felt I had made some sense. This process produced 8 separate distinct files, each increasing clarity and familiarity with the data (see Appendix L for v2, v4, and v8).

During the process of clustering codes together in themes, I would refer back to the spreadsheet of individual codes and quotes to check for accuracy and integrity of the proposed theme. In the beginning, this process often resulted in the refinement of thematic ideas but was less impactful as the themes developed and became increasingly precise.

With each successive version, familiarity with the data increased, but the process was not linear. It was common that I would come across an insurmountable problem of categorisation towards the end of each version, necessitating the development of another. For example, I had described the same experience from two perspectives, which I was unable to coherently unify; this occurred at a 'dyadic' stage of analysis where I was attempting to balance the data to make sense of the participants' experiences. Moreover, I found that when I felt I had developed a 'good', descriptive, and relevant theme, I could become myopic and attach many codes to that theme – despite inconsistency. Both these examples serve to illustrate the thesis and antithesis of development that I experienced as a researcher. Each obstacle required creativity and innovation to overcome, however in many cases starting over was most pragmatic. Each successive version increased the breadth and depth of data comprehension by refining ideas of themes and relationships between aspects of experience. Inevitably, embryonic ideas would collapse as they were scaled up and out across the data, requiring continued reflection and revision to weave the threads of these experiences into a single, coherent narrative.

### Materials and Apparatus

The data was collected using Microsoft Teams, a video-conferencing software with audio and video recording functions built in, running on the researcher's personal laptop. Interviews were either conducted from the researcher's home or from a private room in the university library. Duplicates of the interviews and any sensitive data were stored on university cloud servers and within a digital 'vault' on the researcher's laptop. For each interview, the researcher followed an interview guide which structured the interview into categories and cues.

The interview questions (Appendix B) were developed from the literature review to elucidate participant experiences of working in social care during a pandemic. The questions were pre-prepared and open-ended to facilitate discussion, with additional probing questions to cultivate further conversation which would strengthen the researcher's understanding of participant experience. For example:

- Do you feel that your job is more or less a risk to your health and wellbeing now, compared to before Covid?
  - How does this affect you?

- Can you explain how your job affected your personal life? (Longer shifts, short notice shifts, Cancelled holiday, exhaustion, greater comradery)
  - How have these changes made you feel?

Questions were designed to focus participant attention on particular facets of their lived experience, as deduced from the HCW literature, and encourage them to explore what happened, how they felt about it then, what effects it had on them and their family, and how any changes affect them now.

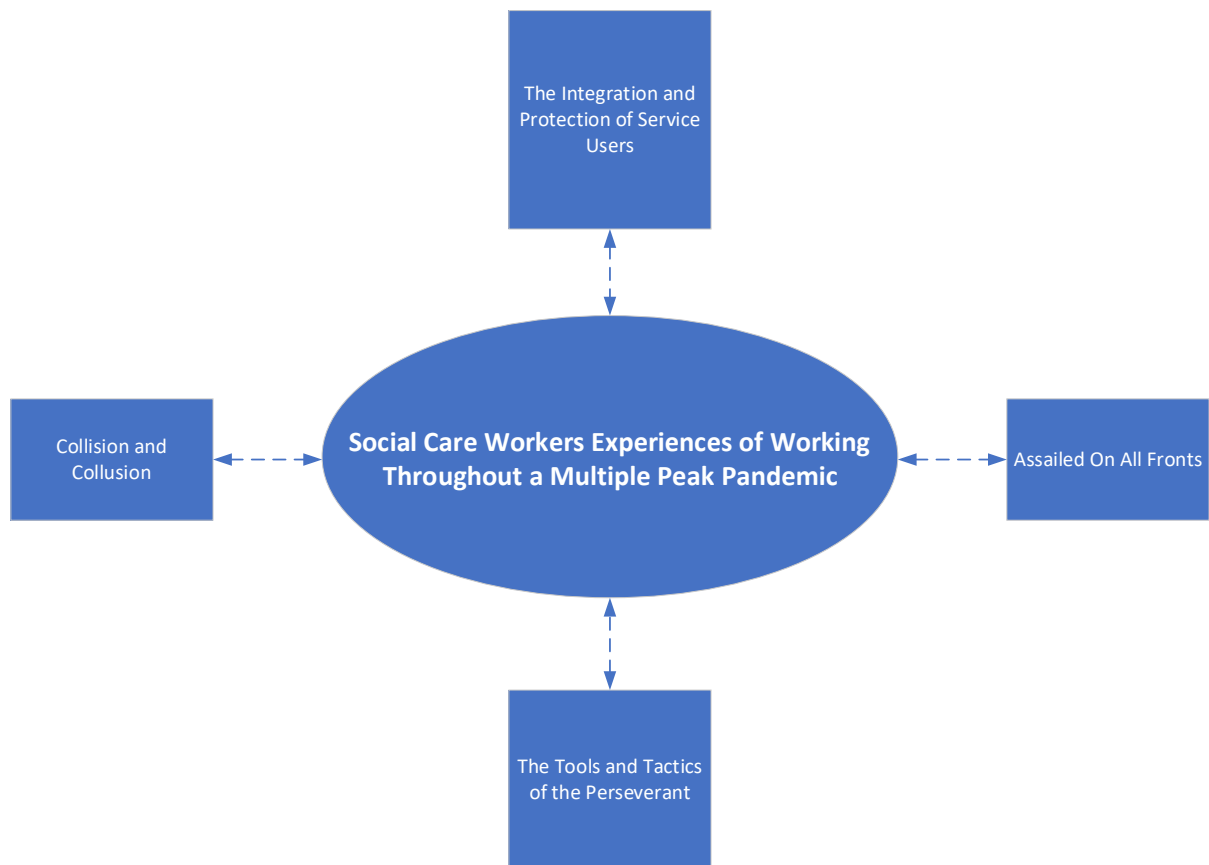
Additional documents included the participant information sheet (Appendix C) and consent form (Appendix D). Due to the social distancing measures required by the university and government, the consent form was emailed to the participants with the participant information sheet but was not required to be filled out and returned. Instead, verbal consent was sought immediately upon beginning the interview recording and clarified immediately prior to the recording being terminated.

Interviews were transcribed verbatim by the researcher to produce faithful representations of the conversation and nuances. The transcripts record the pauses, laughter, smiles, distress and other conversational elements and utterances (Appendix E). Punctuation marks were used in concordance with written prose, in some cases ellipses were extended or reduced to denote the length of the pause.

## Analysis

The analysis of the participant interviews (3 residential care workers, 2 domiciliary care workers, 2 adults with learning disability support workers, 1 child-protective social worker) provided four superordinate themes providing a higher resolution exploration of particular facets of the participants' experiences. The four superordinate themes are: 'The Integration and Protection of Service Users', 'Assailed on All Fronts', 'Collision and Collusion', and 'The Tools and Tactics of the Perseverant'. Subtitles are provided to elucidate the encompassed experiences, and each will have a brief description of its contents and subordinate themes.





*Figure 1: Social Care Workers' Experiences of Working Throughout a Multiple Peak Pandemic*

## The Integration and Protection of Service Users

Social care workers' experience of caring for others

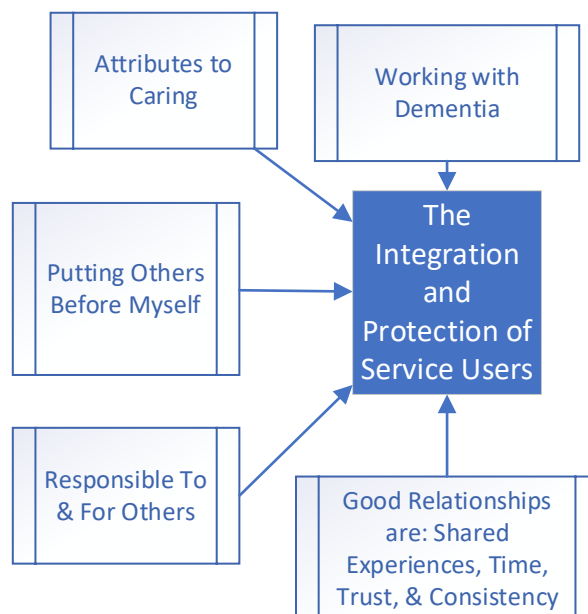


Figure 2: *The Integration and Protection of Service Users*

‘The Integration and Protection of Service Users’ is a cluster of five subordinate themes that describe what is it to care for other people: ‘Good relationships are shared experiences, time, trust, and consistency’; ‘Putting others before myself’; ‘Responsible to & for others’; ‘Attributes to Caring’; and ‘Working with Dementia’ (only applicable to the residential and domiciliary care workers). Each theme is a distinct but related important experience of care work which participants felt was necessary to do their jobs well. This superordinate theme strongly informs research question a) What are SCW’s experiences of working throughout Covid-19? It does so by describing what participants felt was important in their caring roles, the primacy of another person’s needs, and the personal relationships which exist between participant and client. This superordinate theme is an embodied exploration of being a care worker.

### 1. Putting others before myself

Notions of personal sovereignty and safety are superseded in care work with SCWs frequently changing their plans, habits, and movements to better protect their clients. This extends at least as far as neglecting IPC protocols to protect clients at risk of falling.

“You are literally running from room to room, sometimes you are making the decision between putting PPE on and being able to get into a room with someone who has got Covid who is on the verge of a fall, and they’ve had a fall before and it would probably kill them, a second fall. You are making those decisions”

Emma - Care Worker (482-485)

“it reduced my social contacts and my family contacts in a way because I was restricting myself to protect the clients I was working with because I think that was an important thing, it wouldn’t have been okay for me, even if I could, to have gone off and out to say a football match and then go and visit my clients. So whenever I am out and about I am still conscious of the fact that I am going to visit someone that is vulnerable, that I’ll be sitting in the car with them, or I’ll be sitting at the table with them, erm... there is that need, and that has had quite an impact on any social life I think I had two years ago”

Jane - Care Worker (561-567)

Thinking about work outside of shifts was frequently mentioned by participants, especially concerning the welfare and happiness of their clients. Some participants return to work outside of their shift allocations to check on elderly residents, whilst other carers organised shopping or WiFi for the families of service users during the pandemic to limit their isolation. ‘Wanting to do the best for people’ and ‘Sacrifice of self for other’ were also salient experiences, wherein the residential care home worker, on more than one occasion, didn’t have time to don PPE before attending to a resident with SARS-CoV-2 who was out of bed and a fall risk.

## 2. Responsible To & For Others

Responsibility to & for clients was mentioned by participants, often with regards to safety and social engagement. The difference from ‘Putting others before myself’ which focuses on broader, protective action, is the participants’ recognition of their clients personal and private needs, fears, and the sentiment shared between clients, their family, and friends. It is a focus on the clients’ humanity, rather than their physical, biological needs.

“They’d have just been isolated, you know, the ones that needed personal care visits would probably still have gotten those, but ones who needed the visits that we do which in some ways are just as important, would have been abandoned and that would have been horrible”

Jane - Care Worker (300-303)

“um you know and some, some people would just call because they were really worried and stressed about coronavirus and they were by themselves and what things were going to look like and so are literally just responding to, managing that, calming them down you know offering that reassuring voice, erm so yeah it was definitely just a combination of all those things, sort of just trying to keep up with everything that was changing um all the time erm and then yeah you know obviously the young people themselves, you know I had one of my young people was absolutely petrified of catching it and you know, I couldn’t, I tried so hard to manage that stress”

Claire - Social Worker (390-397)

The responsibility for others’ welfare was felt acutely by participants, regardless of whether the other was a service user, their family, or the participants’ own family. The impact that a reduction of social services would likely have, especially on elderly service users reliant on domiciliary care, is characterised above. Wherein the participant suggests that social care services and personal care services are equally important. Personal care services are often used in the period after hospitalisation and before moving to a residential care home, when the client has a reduced capacity for hygiene practices and self-sustenance.

‘Managing others’ emotions’ was a code applied to situations involving a variety of participants, including children, service users and their families, and emergency services. Frequently, ‘managing others’ emotions’ related to the dissemination or explanation of information from participants to persons in their care or related to persons in their care.

“things did get a little tricky last Christmas, so.. I think we all realised that we shouldn’t be spending Christmas together, and nobody else seemed to be... erm... around us.. so.. therefore we felt that that was the responsible thing to do”

Sally - Care Worker (366-369)

“I must admit.. at Christmas.. we did.. have [daughter] and [partner] here with the two children um.. specifically because, obviously the situation they live in in a very small house and what-have-you basically just one room... couldn't... see them doing that. We didn't have anybody else here at all, it was literally them, obviously because how I work I'm doing lateral flow tests all the time anyway so we were all okay but yeah I can't say I didn't feel a bit.. nervous I suppose ...felt like, I'm not really doing the right thing, but.. morally.. with my child I can't see them cooped up on Christmas Day”

Megan - Support Worker (400-408)

Experiences of social responsibility were reflected in attitudes to the Christmas Lockdown and job description role changes which occurred because of Covid-19. Participants reported looking to others for guidance on their actions, and contrarily, doing what they thought was best for their family despite that action going against policy.

### 3. Attributes to Caring

‘Attributes to Caring’ describes the characteristics which participants felt they brought to their jobs, and which extend before and beyond the domain of work. Whereas the other subthemes are characteristic of reflections of experience, ‘Attributes to Caring’ describes the personality of SCWs: compassionate and understanding, responsible and attentive, and the balancing of relationships against time and efficiency.

“I always felt a huge sense of responsibility when I was taking people out, somebody else's mum or grandma and trying to keep them safe, looking out for things they can trip on and then.. then I'd be relieved when I got them back home.”

Sally - Care Worker (77-79)

This theme highlights the responsibility felt by the participants for their clients and the client's family also, and that ‘to care’ is not an action of singular focus, rather it is an attitude which suffuses the target, their home, family, and friends. In this regard, the attributes of

caring can be seen as layers of padding around a client, which serve to protect them and their loved ones from the turbulence of advancing age and illness.

Experience of, and tolerance to violence were polarised, the vignettes below exemplify the different levels of violence perpetrated by elderly people, and the impact that greater incidence and severity of violence appears to have on the attitude of the carers.

“you’re at risk of getting hit scratched punched kicked you know those sorts of things, but you know its it doesn’t really worry you you know, no-one has ever been really hurt down there by anybody... so there was minimal risks attached to working in care”

Helen – Team Leader (107-110)

“you’d have very violent residents, so when you would get attacked in the night- I’ve come home with scratches and blood down my arms, I’ve been punched in the face several times in a night, pinched, trying to be bitten, kicked, you name it- and you’re paying me something like eight pounds something, or just nine pounds an hour even, for a night shift to get beaten up quite a lot, or to get verbally abused as well”

Emma - Care Worker (232-236)

The violence experienced by carers was experienced as an ingratitude and affront to one’s efforts to provide the necessary care, and an unconscionable reminder of the disparity between pay and responsibility. In contrast violence was brushed-off as a minor part of the job, an unremarkable experience however frequent, which left little trace on the skin and psyche of the carer. Violence, whether verbal, physical, or threat, was mentioned by participants caring for different persons in various stages and circumstances of life and appears a common experience in care work.

4. Working with Dementia / “you have to keep changing dimensions, realities, and time zones to keep up”

‘Working with Dementia’ exemplifies the experiences of caring for clients with dementia during Covid-19. It is characterised by significant and repeated challenges of communication and adherence to IPC, which participants reported affecting the workforces’ capacity to care for everyone.

“we had two residents, um, positive for Covid both um heavy cold symptoms at most but one of them had dementia, and trying to keep her in her room and out of the communal areas was a real real struggle so we had like a red team who would deal, would deal with the people with Covid and so they were like, literally one to one for this resident just making sure this resident keep trying to put her back in her room and stuff”

Helen – Team Leader (191-196)

“on nights for most of it there were only two of us then caring for 28-29 people, with then people in the middle of the night going into other people’s rooms or screaming, um... throughout the night...because they didn’t understand what we were doing trying to care for them”

Emma - Care Worker (24-28)

Working with Dementia applied solely to participants working in residential or domiciliary care settings and was characterised by the experience that dementia made the work harder. Participants discussed how dementia clients were difficult to control and communicate with, and as such the clients were often confused, unmanageable, and disruptive to other residents. Communicating with clients with dementia, especially regarding Covid-19 and the disruption to, and loss of appointments was reported to be easier when information was couched in relatable context. The vignette below serves as an example of how a domiciliary care worker anchored the present and fluid circumstances to a concept which the client had grown up with, and which was, it was hoped, less ephemeral.

“if you can understand how measles used to be, which again is a generational thing because not many of your generation have experienced it, because you all had jabs, but that sort of conversation is is, its an infectious disease and if you meet people with it... and all the rest of it, its explaining it in terms that are relevant to their experience and knowledge, that they can relate to and then not feel so panicked by..and also because its a fleeting thing so you might have to explain it on replay”

Jane - Care Worker (239-245)

“So its not physically tiring in that sense, but because you’re always.. you have to be on the ball because you have you, as I describe it you have to keep changing

dimensions, realities, and time zones to keep up with the clients where-ever they are. That can be like mental gymnastics, so when you get home you can be quite tired”

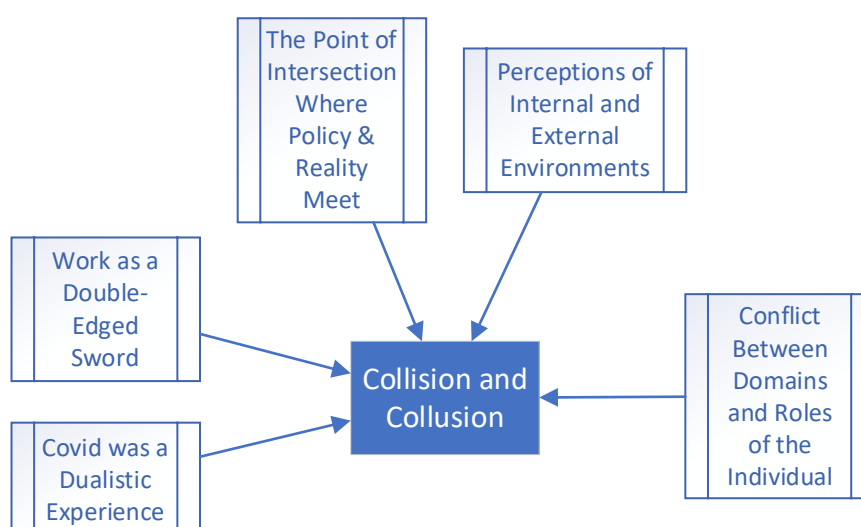
Jane - Care Worker (79-83)

Clients with dementia were experienced as ephemeral and time-travelling, switching frequently and without warning into different rooms, with different people, at different times in their lives, the care for which required “mental gymnastics” to keep up with the client’s evanescent perspective.

The Integration and Protection of Service Users sought to describe how SCWs experience the care element of their employment, focusing upon the embodied experiences and perceptions of care workers. Self-sacrifice and a deep sense of responsibility for others’ welfare permeate this theme; it briefly elucidates on the secondary stressor of dementia, which demonstrates the difficulty of neurodegeneration for communication and cooperation, and how vital for coping and positive relationships communication and cooperation are throughout the care sector. The next superordinate theme is Collision and Collusion.

### Collision and Collusion

How the individual experiences intra-personal conflicts and binary environmental influences.



*Figure 3: Collision and Collusion*

‘Collision and Collusion’ illuminates participants’ private, personal experiences of working through Covid-19. Where ‘The Integration and Protection of Service Users’ described



participants' interpersonal perceptions, 'Collision and Collusion' explores the intrapersonal experience, how it changed, and the impacts of these changes on the experience of the self. This theme also presents the intersection where policy meets lived reality, which suggests, as with the 'Conflict Between Domains and Roles' subtheme, that participants were required to be flexible and adaptable whilst maintaining balance within themselves and between layers of rigid policy.

'Collision and Collusion' is a theme describing feeling torn, such as when the needs of roles which the individual occupies impinge upon each other, as well as when personal morals are conflicting with employer or government policy, as such it informs research question A. Further, the participants acknowledged that work and the pandemic have both been rich experiences, inclusive of positive and negative factors, and that without the perceived negative impacts that the pandemic has had on everyday life, there would not have been so much growth, change, and awareness within individuals. Internal and external environments were remarked upon, notably the confining, limiting, stifling experiences of internal locations, compared against the fresh, nourishing, revitalising experiences of the natural world – irrespective of the urban and sub-urban locations of the participants' homes and workplaces. This theme illuminates the experiences of SCWs and the impact of secondary stressors.

### 1. Conflict Between Domains and Roles of the Individual

Participants frequently explained that the requirements and demands of their work and home domains, and their social roles impinged upon each other. The experience of living through Covid-19 appears to compress the 2 domains into a single physical space. Similarly, the social roles of parent and employee are expanded to accommodate home-schooled children and then compressed into a single physical space.

“it was hard going, because obviously both my children at the time were in school fulltime but suddenly we are schooling from home and I was working from home, and I was having to manage my work plus making sure they were doing their school-work and logging on and you know ensuring that they had access to everything, and you know managing the fact that their lives had been turned upside down you know not able to see friends, to do normal things, go to different school events and you know, there's no clubs anymore. Also, then there's the thing with confidentiality, obviously

in my job its really important that I retain confidentiality, so my house is quite small so I'm moving in and out of rooms to make sure no one can hear my conversations”

Claire - Social Worker (360-368)

“it's difficult because you are there trying to provide a level of care, and although you are there to be friendly in some ways you become sort of family to them, which then there is a difficult line because you can't, you can't cross, you can't be their family member unfortunately you also have to be professional at the same time, which I think obviously they knew that and the other side to that is they are sat there paying for someone to sit with them, it's like a paid family member”

Emma - Care Worker (47-51)

‘Conflict Between Domains and Roles of the Individual’ suggests that participants experienced an unwelcome overlapping between the roles and domains which comprise their lives. The examples above illustrate this through the roles of parent, employee, and educator at home, as well as self and employee. In both cases the participant felt the friction that a change of circumstances caused. There is evidently a difficulty in maintaining the delineations between roles, and that the addition of further roles, such as in the first example, exacerbate this effect. The latter example comes from a residential care worker who felt inadequate that she did not have the time nor support to allow her to socialise with residents, despite wanting to alleviate their feelings of isolation arising from being segregated in their rooms to avoid SARS-CoV-2 spreading, and mitigate the discomfort she felt within herself that the residents were not getting the service that they pay for, or they think that they pay for.

Whilst the examples above serve to illustrate how the roles of SCWs overlapped during Covid-19, the two quotations below suggest they experienced their work directly impacting their personal lives, through persistent ill-health and the merging of work and home domains.

“I quite often get ear infections and obviously doing the nights the ear infections wouldn't ever really go away, so there was a point where I had to take a weekend off for example and then thought I was well enough to go back to work on the Monday and actually wound up in hospital that night, so consequently I had to take that week off work all together which, is less impressive obviously when you're in a role, a caring role and they want you back as soon as possible, but because of obviously never really getting better from the infections, it then meant that I would have other

infections that would occur, so when I actually had a bad back, which I thought was just a bad back it was actually a kidney infection, um... which ... got to the point – probably a bit too much description – but I started to wee blood and that’s how it then got to a point where it had to be dealt with, but because obviously working the nights and the hours there was never really, unless I was really unwell the possibility to deal with the illnesses”

Emma - Care Worker (193-203)

“I mean I work with a lot of my friends so they were in the same boat as me and really most of my other friends also work in care so it was you know just a lot of “oh my god, how is it at your place?” you know and socialising was more like well it was like on the phone a lot really because we weren’t allowed to see each other but it was like even socialising was about work, all my friends work in care to some degree and so it was just like comparing “God how awful is it where you are?””

Helen – Team Leader (419-424)

The first vignette suggests that the confluence of illness, nightshifts, staff vacancy, combined with pressures and expectations from employers coalesce into further illness and absence from work and an exacerbation of stressful circumstances. In a similar vein, the second vignette suggests work encroached into home-life, and so the two domains became less distinct. In both examples, work was felt to impinge upon the individuals’ private domain to the degree that the domains were experienced as conjoined.

## 2. Perceptions of Internal and External Environments

Participants discussed how their environmental perceptions changed during Covid-19, and the effect on their experience and stress appraisals. Unanimously, ‘outside’, referring to anywhere beyond the boundaries of buildings but also outside the physical and perhaps mental domains of home and work, were seen as ‘pleasing, ‘good’, and ‘beneficial’ with participants becoming more aware or paying greater attention to the natural world.

“yeah the biggest thing was thinking about where was okay to go, you know finding places because I felt it was still very important for my clients to get out and about

...when lockdowns happened I was able to take my clients for walks around empty car parks, because getting out for a walk, getting out in the fresh air was so important”

Jane - Care Worker (198-207)

“We didn’t want to wear masks but we did because other people weren’t and when we were out and people were vaping or smoking you could see how far the smoke went ... and... pavements are only so wide so... we did that, and they were happy they were just pleased to be out”

Sally - Care Worker (230-233)

Participants reported that their clients benefited from being outside through physical movement, fresh air, and a change of environment. ‘Sunshine’ was something to look forward to, with ‘good weather’ enabling enjoyable activity. ‘Outside’ was, in one instance, referred to as ‘riskier’ than inside, due to the proximity to other peoples’ disregard for social distancing measures, but it was generally thought of to be ‘good’.

Comparatively, ‘inside’, whether that be within rooms or buildings, was perceived as confining and with multiple references to being ‘stuck’ indoors. Feelings towards internal environments were spoken about for participants, and indirectly for people they know.

“we were sort of stuck indoors for about 25 days in all because we all had it at such different times, so that was quite hard going”

Claire - Social Worker (598-599)

“it made it possible for me not to have to stay indoors all the time, so I didn’t feel locked down in that sense and if I had I would have struggled”

Jane - Care Worker (295-296)

Adhering the legislation by remaining inside was experienced as ‘hard going’, especially for those participants with vulnerable dependents. These examples highlight the secondary stressors faced by participants, including conflicting policy and needs, the health and wellbeing of dependents, and isolation. Contrarily, the relative freedom of movement provided by working was felt to aid coping against difficult circumstances.

### 3. The Point of Intersection Where Policy and Reality Meet

The experience of adhering to conflicting and rapidly changing policy was reported by many participants. They felt that navigating between the policies of government and employer, whilst also maintaining the sense that as individuals, they were doing the ‘right’ action, was challenging and stressful, especially when policy conflicted with personal morals.

“very difficult very difficult you know, young children obviously want to cuddle and kiss their parents and you know the government is saying that they can’t and we are saying, “well you know, actually the research says that, suggests just how important that is for them”, so yeah, lots of conflicting yeah, lots of conflicting- balancing lots of conflicting advice”

Claire - Social Worker (381-385)

“so we have to do a lot of that which is totally against really what we’ve always been taught in the care sector, you’ve always been taught that these people have their own independence and although we might disagree with it, it’s their choice and, unless they’re not, they haven’t got the mental capacity of course, but all the time they have whatever we think, we can guide but we can’t tell, so yeah, when you have to say, “you can’t go wash your own plate and cup, we’ve got to do it for you”, I just don’t feel right”

Megan - Support Worker (306-312)

Participants spoke of navigating between policy, the needs of their clients, and their own beliefs. Prior to the pandemic, it is inferred that participants felt that policy and legislation were criteria for guiding and informing action. During Covid-19 however, the participants felt that the policy and legislation implemented to protect themselves and their clients’ health did so at the expense of their clients’ wellbeing. Participants suggest that their desire to maximise their clients’ quality of life was impinged upon by the overarching policy and legislation designed to reduce Covid-19 infections.

#### 4. Work as a Double-Edged Sword

Work was experienced as both a benefit and a stressor, particularly in the domains of health, wellbeing, and development. Participants reported learning from work experiences, whilst work impinged upon their social life.

“spoke to [the] Dr. who is also the doctor to where I work and he just said, I explained, and he was just like “what do you want? I’ll give you anything, do you want me to sign you off? Do you want this that” “I don’t know..” “Do you want some more Propranolol, see, you know that helped you before” so I did end of going back on the Propranolol because I just got-hit this point where I was so overwhelmed, there was piles of paperwork, like no room, running out of room to store all of these crisis medications, they were bringing oxygen in, you’re having to run round checking everyone’s oxygen levels, adjusting that, just the responsibility at that point was just so phew <mimes looking up at the ceiling(skyhigh)>I just sat down at the laptop one day and was like there’s just too much for my brain to, I don’t know what to do first”

Helen – Team Leader (399-408)

“It was a lifeline. It was saving my sanity, because I was still able to do it, because we were designated as key-workers, it made it possible for me not to have to stay indoors all the time, so I didn’t feel locked down in that sense and if I had I would have struggled. It would have been really difficult for me, yeah I found it- it was a lifeline to still be able to connect with people and, you know, still have a reason to go out, even though I was being ultra-cautious about here we went the fact that I could still do it was a really important thing for me and for my clients”

Jane – Social Carer (294-299)

Some participants report that working negatively impacted their perspective, and it was felt to be a significant detriment to their mental health. While others suggest that the capacity to work through Covid-19 was a stabilising ‘life-line’ for their wellbeing. Participants acknowledge the factors affecting their mental health such as the expansion of duties, crippling responsibility, and avoiding social isolation and purposelessness.

Three participants explicitly stated that the combination of working shifts and studying in their own time was very difficult, and the additional responsibility of raising children further increased that challenge.

“mandatory trainings when you’d done nights are very difficult to attend, one of them I had just forgotten because I was so exhausted, and I just missed it... there wasn’t a lot that could be done about it, fortunately I wasn’t the only night-girl that had missed it because like I say, you’re exhausted you haven’t really got a clue what’s going on outside of work”

Emma - Care Worker (401-404)

In two cases the further education was of benefit to the employer and employee, and one participant was finishing her unrelated undergraduate degree. This is stated to highlight the extra burden that training and personal development have on an individual, as continued professional development (CPD) is a mandatory for regulated professions (Karas et al, 2020).

Work was also considered a privilege, a lifeline, and an escape from domestic monotony for some participants, as well as being educational and rewarding. More than half of the participants explicitly stated that they enjoyed their work, whether that was after expressing their frustrations and challenges or after espousing the highlights of their days, enjoying their jobs was seen as an important characteristic of their experience that they each wanted to be recorded, and which contributed to the participants’ resilience against stress.

5. Covid-19 is a Dualistic Experience / “it’s probably the stress of what the pandemic has caused my job to become”

The total experience of the pandemic was also experienced dualistically, with participants reporting benefits and obstructions, both at home and at work. The negative elements were ‘Disruption’ and ‘Negative Affect’. ‘Disruption’ focuses almost exclusively on experiences at work, whereas ‘Negative Affect’ details the psychological experience of participants because of Covid-19.

Participants working in offices reported significant disruption due to those offices closing. Working from home was reportedly difficult for participants due to a lack of suitable working space, privacy, and the loss of social support present in the office working environment. A ‘hybrid’ working agreement with working days divided between office and home were marginally better, though such an arrangement has its own difficulties, such as misalignment with team members and alternating working spaces. The experience of participants working

in residential care settings focused on changes in job descriptions and the addition of duties such as health monitoring, sterilisation, cleaning, and paperwork.

“On the day we actually, on the 23rd March I don’t know if that was the day we went into lockdown or not but I know we’d gone in to work, a few people hadn’t turned up because they were actually too scared to come into work, to be in that building”

Megan - Support Worker (171-173)

“and then sort of covid hit and it was like, like I need to step up my game <laughs> you had to be a lot more hotter on going in to somewhere and knowing what you were doing, what you were touching, cleaning up yourself if someone wasn’t feeling well at work you’d be straight on it, straight doing their temperature and PCR test”

Jenny - Senior Care Worker (259-263)

Though additional duties and responsibilities were often beyond the usual expectation of the participants, it was suggested that the disruption and accompanying stress wasn’t caused directly by these additional duties alone, but rather in combination with the increased staff absence, turnover, and the additional work.

The combination of novel, additional stresses and disruption contributed towards the ‘Negative Affect’ felt by participants, who describe the experience as ‘surreal’, whilst living and working were not consciously recognised as being so difficult.

“it was, wow... it was very surreal actually, like is this really happening?”

Megan – Support Worker (178)

“yeah I hadn’t realised just how I’d felt... no no, and I hadn’t realised how upset I’d felt... I think I did but perhaps how upset I still feel about them, those six months or so through that winter”

Sally - Care Worker (441-447)

Covid-19 increased participants feelings of seriousness towards their jobs, whilst simultaneously increasing mental health concerns and job security anxiety, as well as decreasing enjoyment through the mechanism of reducing available recreational socialisation.



Despite the disruption and negative affect prevalent because of Covid-19, participants were sensitive to any unexpected benefits which Covid-19, or its accompanying legislation provided.

“I saved quite a lot of money because I suppose you don’t have to spend your money, you pay your bills, and put the rest aside for food, and then you don’t really have anything to do so I’ll just put it into my account”

Emma - Care Worker (733-735)

“seeing, I guess, the birds seemed to be singing louder- I don’t know if that was a thing or that was in my head, but um I guess the trees looked greener and <shrugs> and you know, that sort of thing and that was quite nice I guess it’ll go back to the way it was before now we are all out and about, the a- the country seemed fresher”

Megan - Support Worker (561-565)

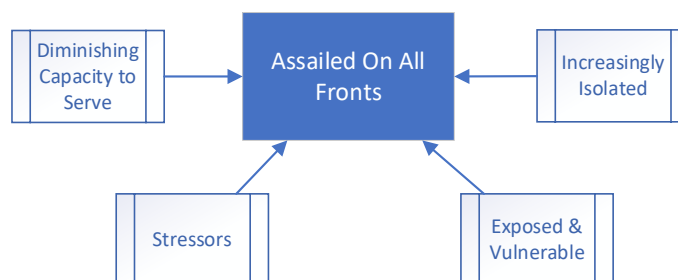
Those participants who were less affected by illness and prolonged absence from work reportedly benefited from the lockdowns and the lack of places to spend money.

Consequently, the saving of money was mentioned as an unintended positive consequence. Participants also made comments about the perceived recovery of nature during the national and international lockdowns. Sections of the interviews focused on the presence and volume of birds, the vivid luminosity of trees and nature generally, the absence of traffic and therefore traffic jams, and the reigning peace and quiet.

‘Collision and Collusion’ describes participants’ experiences of colliding domains and roles, and the feeling of being conspired against in the conflicting policies and legislations which were presented and changed so frequently. It reflects upon the stress inherent in the experience of role and domain merging because of Covid-19, and the subsequent effects this has had on participants’ personal wellbeing, sense of identity, and separate-ness from their work. Furthermore, this theme has explored the dualistic nature of living and working throughout Covid-19, highlighting the constructive and constraining influence that the pandemic as an entire experience has had on their perceptions, growth, and adaptation.

## Assailed on All Fronts

The experience of increasing pressure and decreased support



*Figure 4: Assailed on All Fronts*

Where ‘The Integration and Protection of Service Users’ describes participants’ intrapersonal characteristics and interpersonal relationships with clients, and ‘Collision and Collusion’ explores the changes and challenges of the participants’ intrapersonal experience, ‘Assailed on All Fronts’ illustrates participants’ feelings that they exist at the centre of a network of situations and circumstances which are all worsened by Covid-19, and that this worsening was exponential. Exponential in the experience that, with each absence from work the workload and responsibility increased for the remaining carers who may be required to cover extra shifts at short notice and without rest, simultaneously reducing their capacity to attend to the psychosocial needs of clients which were already suffering; the cumulative stress of this pattern would negatively affect the carers, making them more susceptible to general illness or Covid-19 and then absent from work; starting the cycle again.

This theme informs research question A by presenting an amalgam of SCWs’ experiences of working during Covid-19. It is characterised by experiences of limitation, social isolation, and vulnerability coupled with SARS-CoV-2’s rapid and ongoing development evoking fear in the participants, as well as frustration with situations and the available solutions.

### 1. Increasingly Isolated

For context, participants social experiences of work prior to Covid-19 are presented, highlighting their appreciation of and need for social connection are included. Spending time with people and involvement with the world was natural and vital, and significantly reduced during Covid-19.

“because I sort of, yeah I love my job and what I do and I love to give and I love to see the response- the biggest thing for me is the response that they give at the end of the day when they walk out and they smile and they say “thank you” and it’s like “mm you did a good job”, you know? “You did a good job, you made them smile”, and really is what it’s about, you made their day better.”

Megan - Support Worker (364-368)

“I suppose just being, just feeling that there is a positive, a positive contact erm Cake... <laughs> I have one particular lady who loves to be outdoors, and just driving over the Downs and her sort of reaction to what she is seeing and sharing her reaction to that, I think that is the big thing, is being able to share that experience. A sunset is a sunset if you’re looking at in on your own, but if you’re sharing it with somebody it’s different, and that’s what it is, it’s being able to share that experience of whether it’s cake, coffee, sunset or you know, the colours of the autumn, it’s being able to share that experience with another person”

Jane - Care Worker (638-644)

Participation in, and positive effect upon, others’ lives were important aspects of social care work before Covid-19 and served to benefit the SCW also. There appears a bi-directional relationship between carer and cared for, wherein both provide purpose to the others’ life, as well as sharing positive experiences and benefitting from the interactions.

Social recognition was important and interactions with people were stabilising and often the daily highlight for participants. Emotional stress was felt to be mitigated by positive social interactions, which were experienced as rewarding and became a focus during Covid-19.

“Sometimes you’d have really good conversations with the elderly people who were really sweet, sweet elderly people and they would really make your shift. There was a gentleman in there, because there are only a few gentlemen in there, it was mainly female dominated, he would tell me about his wife, and they were together for years and years, and they didn’t have children but they would have loved to have children and I think it was more that those conversations really made a difference”

Emma - Care Worker (726-731)

This quotation highlights the positive impact of communication and storytelling between SCWs and clients, developing bonds and strong positive sentiment before Covid-19.

SCWs, especially those in residential care homes, felt that working shifts made socialising hard, and they felt that work dominated their lives even before Covid-19. The advent of which further decreased opportunities for socialisation outside of work, including with family and friends and increasing feelings of a loss of social connectedness, the absence of physical touch, and reduced capacity to cope which culminated in comparisons to hermits and recluses.

“to the extent that it’s shift work so my par- now ex-partner lived in London and he worked during the week so I would literally only be able to see him at weekends and sometimes I’d maybe get one weekend off a month which was quite hard, that we pre-covid and not so much an issue anymore, but yeah you do have to end up working weekends and stuff and sometimes you do feel like you’re missing out on your kids”

Helen – Team Leader (121-127)

“everyone, everyone was not having a sort of social life, you couldn’t go out and see your friends, and you couldn’t just go and see your family and... do you know what I mean? There’s not, I can go to my friends and slag everyone off, whereas I can’t come home and slag my family off to my family”

Jenny - Senior Care Worker (413-416)

“seeing my family... my children.. and those times became really precious, really.. um... tried to make the most of them... but they were still... few and far between.. but they became really important and I suppose the focus of everything, had changed, that how fragile everything, life... was”

Sally - Care Worker (343-346)

The difficulty of socialising for SCWs was exacerbated by Covid-19. This was experienced as significantly harmful for intimate relationships, and reduced participants’ available coping strategies by removing face-to-face social interactions outside of home and work. Parents reported that social care work and Covid-19 significantly reduced the available time to spend with children, and that this became an important focus.

The domiciliary care workers spoke of breaking the legislation and policy to be able to communicate with their clients; this was done with the knowledge and consent of their employers, who recognised that the role their employees play is first and foremost a social one. It has been inferred through this analysis that care cannot occur without social interaction.

“They decided that it was- that we should wear it if possible, but it frightened them.. so.. um and they couldn’t hear us because they were in their 80’s, one of the ladies was eighty-odd and she just couldn’t hear, and I ended up shouting and it just wasn’t pleasant, so I think we just opened the door a bit and they said, “wear it if you can”, they reinforced that but I I didn’t in the end, I just kept my distance as far as I could and it was much better, and she could see that I was smiling or something”

Sally - Care Worker (205-212)

No such acknowledgement of policy neglect was reported by other care workers, despite a recognition that the psychosocial needs of their clients were not being met, due to communication through PPE, increased workload, and client isolation in bedrooms.

Though technology provides high-fidelity audio and video alternatives to in-person communication, participants universally reported that these methods were not comparable, providing obviously limited and insufficient social connection. These effects were felt across domains, and reportedly distressing.

“I like to be face-to-face with somebody so I found that quite difficult um, and the same with my young people you know I wanted to be there, I’d sort of do things like take them to McDonalds, go to the park or you know do different things and to suddenly not be able to do that was quite, quite difficult. And like I say, some young people just didn’t want to talk over the phone”

Claire - Social Worker (525-529)

“sometimes it made it worse, I think, it just made me want to cry more, because I just missed them, I missed being in their presence, as much as my family does my head in, when you know you can’t see them there’s a- I think it’s so much worse because then I could just hear their voices and it’s just, like... I need a hug from my Mum or a hug from my Dad and I couldn’t have it so”

Emma - Care Worker (632-635)

Technological alternatives were felt to be a barrier to clear communication due to a less personal, weak, and insufficient connection. The loss of physical proximity and touch was felt acutely by some participants, who reported significant distress at being distant from their families. The participants working from home suggest the loss of embodied social cues was distressing for their clients, and therefore negatively affected the quality of interactions – which was felt, over time, to harm the relationship. Face-to-face interactions were preferred, more comfortable and relaxed, as well as being safer for vulnerable people.

This sub-ordinate theme attempts to elucidate a prominent expression of these participants, that their social life is a combination of interactions at work and among family and friends, and that the loss of physical proximity and access to these groups simultaneously contributed to the feeling of increasing isolation, and a reduction of available coping strategies.

## 2. Exposed & Vulnerable

Exposed and vulnerable is the consequential progression of ‘Increasingly Isolated’ and explores SCWs’ dependence on others and the tensions within hierarchies caused by a combination of feeling untrained, lacking appropriate skills, resources, and equipment, as well as bravely stepping into the breach at the risk of their personal wellbeing.

Managements were distrusted because of unreasonable expectations, dishonest communications, and poor decision making; and some owners because they themselves were distrustful, deceitful, and of dubious morals. The British government was felt to be capricious for the supply of out-of-date masks, and the application of viral tests which participants felt were unreliable and that consequentially increased financial loss and disruption to life.

“There was a lot of discomfort from the girls because there was that grant from the government so that homes could buy more PPE, and our- well the owners took the grant but it wasn’t used for PPE, it wasn’t clear what it was used for... undervalued, because they want us to carry out work in a certain way, and if you can’t carry it out in a certain way it was almost like you’d be in trouble, but they are not upholding their end of the bargain...yeah definitely, not supported”

Emma - Care Worker (390-398)

“yeah masks were always a difficult thing to get hold of, and obviously once the companies cottoned on to the fact that carehomes needed them, they put all their prices up”

Jenny- Senior Care Worker (199-200)

This dependence on others was felt to be confusing because of the difficulty navigating evolving and conflicting policies. There was a distrust of other people because of a fear of contagion and questionable adherence to social distancing policy, as well as price gouging of necessary PPE equipment.

In residential care homes, the inability to administer end-of-life medication, the lack of training, and appropriate equipment to move bed-bound residents were issues. For SCWs working from home the lack of available technology and space necessary to work, as well as others' technological illiteracy, and a lack of training on how to support people through the adaptation to technology and the turbulence of Covid-19.

“yeah, we didn't really have any technology or anything at that point either, I mean I had my laptop but I think within the whole of the service there was five laptops... not for twenty plus staff, um so for the first six weeks of the lockdown the staff were logging onto the portal and they have work phones, and doing training... we only had about 5 laptops and all staff had like, Nokia 3310 style phones, so we didn't have smartphones either so as well as doing training on their personal phones we were all sharing the laptops around the team”

Carol - Team Coordinator (151-153)

“a lot of the training as well is like, “Fill out this piece of paper, what does this mean?” and they would say you can Google it, it's fine you can find out the answer. Management actually said to me, “there are other people's forms that are in the files, you can get them out and just copy them in the night, that's fine, we don't care, it just needs filling out”, basically, in case someone came in and inspected it”

Emma - Care Worker (247-251)

The lack of emotional, educative, and material support was harmful to participants as they report dependence on unreliable others, at management and collegial levels. Most significant was the lack of training, whether technological, dementia, or standardised and reliable for the role. These situations and circumstances contributed to participants' feelings of being exposed and vulnerable in the face of Covid-19, and responsible despite feeling let down by their superiors.

Participants experiences are exemplified as 'stepping into the breach' and bravery in the face of risk. This was experienced by residential and domiciliary care workers alike, probably because the roles held by other participants allowed for working from home situations in which the risk of infection and stress are reduced.

"I was having to do a lot more shifts so ... yeah. I was doing over seventy hours at points um... just because, the whole management team were off with Covid and a lot of the general staff were off as well so I was spending a lot more time at work"

Helen – Team Leader (222-224)

"although one lady deteriorated so badly I was seeing her ten times a week and um... then that started to pick up, and that was because she deteriorated and one of the carers became unwell, not Covid related, but unwell. Yes, I took her role um her slots because the client knew me and to introduce someone else at that point would have been quite detrimental I think, so I said that I would do it because it was winter time and I thought it would be best for her... and then she became, she had to be signed off the carer, so it gradually went to ten times a week"

Sally - Care Worker (280-286)

Despite sentiments of vulnerability, SCWs experiences necessitated action and sacrifice. In practical terms, this meant that participants were the last available persons capable of providing or assisting in the provision of care. Residential care home staff that were healthy and able to work were in high demand at a time of crippling staff illness and absence, and therefore would offer to work to cover their colleagues and protect residents.

SCWs were caught off-guard by the severity of Covid-19, and this experience manifested as increase in fear. There was an expectation of minor disruption, but participants suggested that the addition of face masks to their PPE protocols was the point that signalled Covid-19 was a greater threat than anticipated.



“when it first started obviously we were aware of what was going on and I mean I don’t think anyone thought it was going to go quite so, how it went <laughs> I think everyone thought it was going to be one of those things that stayed in China and it was, we were just going to watch it from the back row kind of thing, erm so yeah, so on the on the beginning part of it we weren’t, nothing was really too nothing really changed that much, we sort of just carried on day to day”

Jenny - Senior Care Worker (142-147)

“I think the day it dawned on us that this was really quite serious was when we were told we had to start wearing face masks at work”

Helen – Team Leader (151-152)

“you do feel more at risk and when it was all going on you were just walking around going “I’m going to get it eventually” like, I’m going to get it eventually like going into people’s rooms “I’m going to get it eventually” like, and yeah, you do .. so yeah, I do feel that there is more of a risk now”

Helen – Team Leader (331-334)

Participants reported greater levels of fear in their lives because of Covid-19. A fear of contagion was frequently referenced with regards to modifying behaviours, avoidance of social interactions, and worsening feelings towards work. Anxiety and dread before work was reported, as well as intrusive thoughts about the inevitability of infection whilst at work especially when Covid-19 was within care homes.

Additionally, fear because of SARS-CoV-2 was inferred by participants’ strict adherence to guidelines and social distancing measures, likely to protect the health of themselves, their family, and clients.

“the whole management team were off with Covid and a lot of the general staff were off as well so I was spending a lot more time at work and when I was coming home I was a lot more conscious of bringing it home to my family that I would sort of sit in the kitchen with a visor on at points you know, you don’t feel like you’re at home, you’re just waiting, trying not to be near anyone and waiting for your next shift so it did feel quite un- very surreal actually”.

Helen – Team Leader (223-228)

The significant elevation of fear is exemplified by the above vignette, wherein the participant was, between shifts, isolating away from her family and wearing PPE visors at home to reduce the possibility of transmitting SARS-CoV-2. The perceived threat and fear of SARS-CoV-2 was high enough to motivate the pre-emptive adoption of PPE and self-isolation procedures whilst at home, which infers an amplification of fear of exposure, vulnerability, and isolation.

### 3. Diminishing Capacity to Serve

This subordinate theme describes how SCWs experienced their capacity to serve their clients was diminished and continued to be reduced by the circumstances and situations related to Covid-19.

Participants experience time as a pressuring construct. In the workplace they felt that there was too much to do in too little time, and that following guidance, wearing PPE, and accommodating others' needs increased pressures on already finite time. In their personal lives, they report missing out on their children's lives because of shift patterns and working weekends and holidays. This lack of proximal communication translated into the feeling that time had irrevocably been lost, and that the precious and fleeting stages of childhood had been grown out of and missed by the adults.

“you are literally running from room to room, sometimes you are making the decision between putting PPE on and being able to get into a room with someone who has got Covid who is on the verge of a fall, and they've had a fall before and it would probably kill them, a second fall. You are making those decisions”

Emma - Care Worker (482-485)

“a visitor centre in the bottom of the garden with doors all around that we could keep open and people could have their visits and that in itself was hard work, testing everyone as well before they came in was really really hard so we had, so we'd allow five visits per day, you'd have to run over do the test, go back because you've got work to do, um, set an alarm to go back half hour later to tell them the result, take them to their loved one and so that was really really quite stressful, some people got forgotten <laughs>”

Helen – Team Leader (174-179)

Time was universally described as lacking, and exacerbated by additional duties and time at work, and the consequent inability to see children and family. Every activity requiring or affected by this lack was described as stressful for participants, who felt that there wasn't enough time each day to do what was required and asked of them.

Consequently, participants reported that Covid-19 brought about changes at work which reduced their capacity to care to the previous standard. Their workload increased to accommodate for the extraneous illness and absence which SARS-Cov-2, unreliable test results, and isolation policies required. Additionally, extra duties such as cleaning and sanitising everyday items and common areas within care settings; administrative tasks including communicating with allied healthcare and funeral providers; and healthcare tasks, an example being the administration and monitoring of oxygen levels, further reduced their availability for psychosocial care.

“it's difficult because you are there trying to provide a level of care, and although you are there to be friendly in some ways you become sort of family to them, which then there is a difficult line because you can't, you can't cross, you can't be their family member unfortunately you also have to be professional at the same time”

Emma - Social Worker (47-51)

“we ended up having to spend a lot more time speaking with families and stuff because they couldn't come in and see their loved ones, so we were like taking, running round with tablets so they could have Facetimes with their loved ones so it gave us less hours in the day”

Helen – Team Leader (142-145)

Participants felt that the SARS-Cov-2 infection and the government and institutional policies were instrumental in reducing the quality of care possible for clients. Participants discussed that each shift was finite, and that additional tasks and responsibilities combined to reduce the total amount of time available to care for their clients' psychosocial needs.

Participants were distressed by the cumulative circumstances preventing significant social interaction with their clients. It is inferred from their comments that the role of SCWs became more focused on IPC and household-like tasks rather than social care.

“because it wasn’t just we were taking care of these elderly people, we were also mopping and setting up breakfast, sweeping and doing paperwork”

Emma - Care Worker (179-180)

“we weren’t allowed to bring anyone with positives dishes and like plates and stuff back to the kitchen for infection control reasons so we were like washing up and sterilising everything in like the communal bathrooms before we could bring it the kitchen”

Helen – Team Leader (253-255)

Participants reported that their jobs changed to accommodate the introduction of PPE and IPC procedures. Examples of additional duties included the sterilisation of food service equipment, additional cleaning of communal and high-traffic areas, communicating with allied healthcare providers and funeral directors, and the washing and drying of resident clothes and staff uniforms. Participants did not verbalise their disdain for the extra duties, recognising the necessity of the additional duties, but they did regret the diminished capacity to care.

Participants experiences regarding PPE were mixed. PPE wasn’t mentioned by some participants at all, but for others it was hinderance to communication through the loss of facial expression and lip movement in both parties, combined with clients’ reduced hearing due to age. Access to PPE was difficult for most participants. Contrarily, a few of the participants had no trouble sourcing or accessing PPE and were regularly updated by their employers regarding availability.

“They decided that it was- that we should wear it if possible, but it frightened them.. so.. um and they couldn’t hear us yes because they were in their 80’s, one of the ladies was eighty-odd and she just couldn’t hear, and I ended up shouting and it just wasn’t pleasant”.

Sally - Care Worker (205-209)

“they are very strict on what PPE we use, the face masks have to be a certain specification, we can only have this type of one, cos I actually asked if we could have the clear ones, you know the plastic because communication with our services users is

quite a big, cos they, when you've got your face covered they can only see your eyes, and though your eyes do a bit of talking I think your expression, your whole expression is really important with them, and especially some of them a couple of them have hearing problems as well um but we weren't allowed to have them because they didn't come upto the specification so...."

Megan - Support Worker (263-270)

PPE was a common stressor for participants and IPC protocols were abandoned if clients were in immediate danger, posed a threat to others' wellbeing, or the presence of PPE was detrimental to the client's wellbeing. PPE allowed for close interaction with clients and simultaneously significantly reduced the capacity to communicate; as such it was seen as a necessary hinderance.

"the difficulties that PPE can throw up when you're dealing with people with communication issues, hearing aids and visual problems and all the rest of it"

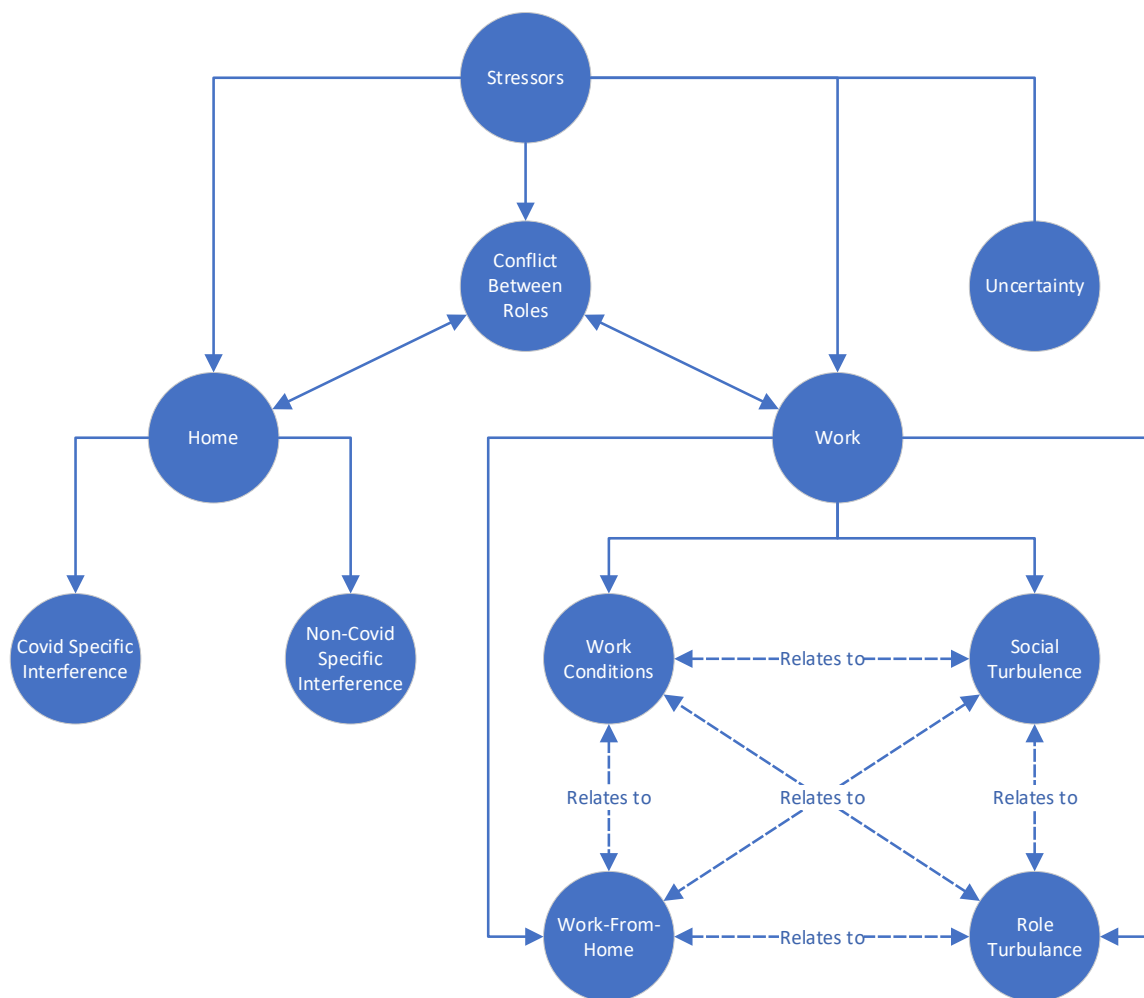
Jane - Care Worker (403-404)

"also I guess because the.. ability that some of them have to understand social distancing, face mask- they don't have to wear face masks but social distancing, washing your hands and everything like that, and "you can't go to this part of the building", you have to restrict them quite a lot and I guess some of them don't have the capacity to fully understand, "Why can't I go there? Why have I got to do this?""

Megan - Support Worker (226-231)

Participants were emphatic in descriptions of the necessity for embodied language communication involving visual cues which were hampered or removed entirely by face masks, and that the loss of conversation was crippling to communication and coordination with clients. They often felt that clear and comfortable communication with clients was imperative such that abandonment of PPE and IPC measures was justifiable, especially for clients with deafness and dementia. The conflicting demands of policy and reality have been reported above, leaving participants unable to communicate without fear of infection, or able to communicate and risking infection. The corresponding distress and worry are evident.

#### 4. Stressors, Modifiers & Multipliers



*Figure 5: Stressors affecting social care workers and the interactions between.*

This subordinate theme is an examination of the aspects of SCWs' lives which were explicitly stated to cause stress. Figure 5, above, shows the categories of these stressors and whether there were reported interactions between them.

'Stressors at Home' were reported to have existed prior to and exacerbated by the advent of Covid-19. The stresses at home which aren't specific to Covid-19 relate to the health and wellbeing of the self and family, the development and prospects of dependents, and personal development. Also noteworthy is financial security, which participants mentioned in a mixture of anecdotal and personal stories about the loss of income due to Covid policy and illness.

"So I have a problem with my ear erm which I then, I quite often get ear infections and obviously doing the nights the ear infections wouldn't ever really go away, so "there was a point where I had to take a weekend off for example and then thought I

was well enough to go back to work on the Monday and actually wound up in hospital that night, so consequently I had to take that week off work all together which, is less impressive obviously when you're in a role, a caring role and they want you back as soon as possible, but because of obviously never really getting better from the infections, it then meant that I would have other infections that would occur, so when I actually had a bad back, which I thought was just a bad back it was actually a kidney infection”

Emma – Care Worker (194-200)

Frequently mentioned as a non-Covid-19 related stressor was a pre-existing or novel health condition, though what proportion of these are affected by working is beyond the scope of this report. Everyday stresses and worries were common, involving caring for family member's needs, commuting, money, and worrying about Christmas.

‘Covid-specific Stressors’ at home generally focused on disruption for participants and their families. The presence and evolution of SARS-CoV-2, and Covid-19 policies including social distancing and PPE were experienced as ever-present reminders of uncertainty and threat.

“I think maybe the most stress at the moment is caused by the fact that this virus hasn't gone away”

Sally - Care Worker (382-383)

“we had wanted to buy a house, but we were in- not financially difficulty, but Covid, that last time, because we had had to take quite a bit of time off work, so he's self-employed, and I was in care, and just two weeks off was a lot of lost money, so it just put us in a bit of a tight position”

Emma - Care Worker (700-702)

Financial stress occurred for participants who were repeatedly unwell, regardless of whether SARS-CoV-2 was present, illness mandated social isolation and therefore lost earnings. Though SARS-CoV-2 was contracted by participants the symptoms were unmentioned, whereas, the effects of policy, notably social distancing and isolation, the loss of money and familial absence were frequently cited as psychologically distressing and stressful.

Stressors at work were characterised by increases in employer expectations, additional duties, and responsibilities, but without a parallel expansion of the workforce. As such, participants

felt overstretched in terms of capacity to maintain standards of cleanliness, IPC, and psychosocial support for the clients; and unsupported and unrecognised by their employers who expected more than participants felt they could physically provide.

“we were sort of told that we were going to be redeployed at the beginning of the pandemic and then nothing really happened apart from three or four from each team, and then we sort of got our grips with the technology and the Zoom sessions and the Facebook sessions, and then when the winter hit and we went into another lockdown, we were again told that we were going to be redeployed, and this was all coming from upper management and their attitude was, “you’re getting paid to do a job, it might not be the one you like originally signed up for but we are paying you to work however many hours a week you work and we want you to go out to where-ever needs you”, basically”

Carol - Team Coordinator (246-253)

“Probably just the expectation as they went up, that a lot of the night-staff faced, like I said with them bringing in paperwork, or they decided to bring in a third member of staff for the nights, and ... at first that was great and we felt really on top of things, and then they said that we weren’t doing enough, so that third member of staff for the start of the night had to do paperwork, and following that- before that they had to do medication then paperwork, and then they would do certain jobs in the home that the other girls couldn’t really do because they’ve been doing personal care, so really you shouldn’t be going in the kitchen to set up breakfast if you’ve done personal care, so then the third member of staff was then expected to do that, they weren’t actually expected to care until about 3am, which is then, “Why, why have you put a third person on?” Because then we are getting stick for not getting enough people up or putting people to bed at a decent time, but ... there’s still only two of us, so actually it just put more pressure on us”

Emma - Care Worker (511-521)

Between the tertiary themes of ‘Stressors at Work’ interrelation occurred. The disruption wasn’t caused by the infection directly, but by the modifications to job roles, working conditions and the consequent social and role turbulence were distressing for participants.



Beyond these examples, the degree of uncertainty present in everyday life since the outset of Covid-19 increased. ‘Uncertainty’ explores participants’ anxiety of an unknown and uncertain future including national social and financial consequence, as well as the unknown and unpredictable trajectory of Covid-19

“I think the consequences will be felt for a generation. In the same way, I suppose, that the children who are now our elderly, our eighty and ninety year olds, I mean they are not the generation that fought the war, they are the generation that grew up in it, and experienced it from a totally different perspective in that their childhoods were totally messed up...I think there will be- there will be a big impact on different generations, a big impact, I think the effect that having our normal means of survival, from our support, our peer group support, being disrupted in the way that it has, I think there will be repercussions”

Jane - Care Worker (461-476)

“and I think that’s it, we’ve lost the habits that we just automatically did you know, kicking up conversation with people if you’re waiting in a queue, now everybody’s if they aren’t masked they are still not, not going to talk to you. You know, getting in a lift at the supermarket with your trolley everybody looks to see if anybody else is coming in and it’s all of those sort of things we’ve, we’ve become so very guarded, which was necessary and still is to a certain extent”

Jane - Care Worker (422-426)

Fear for dependents futures and the ability to socialise were cited and compared against participants lived experience of life before Covid-19. Uncertainty, worry, and fear for the near future at individual, social, national, and economic levels were common among participants, such that, in some cases conscious changes to behaviour were necessary to mitigate the constant stress. Participants spoke with more fear for the future than for the SARS-CoV-2 infection; though uncertainty was present in both, infections are mitigated by readily available healthcare, however a loss of social skills nationally and economic volatility are beyond the capacity of individuals to affect significantly, which likely contributed to their worry and stress.

Overall, this superordinate theme describes the experience of being without a refuge, reprieve, or reward in the face of an ongoing and personally threatening situation. The

working environment wasn't safe, nor was any social contact and so the participant's homes lost their protective lustre. Fear and frustration permeated these participants' lives, whilst normal experiences became more stressful and opportunities to relieve such stress were reduced or removed entirely. 'Assailed on All Fronts' illustrates social care workers' enmeshment within a network of situations, circumstances, and influences whose negative impacts increased with the presences of Covid-19 (see Figures 6 & 7, Appendix J, and accompanying commentary). Threats and concerns existed across the layers of participants' lives, at a higher resolution, the loss of social structures and support, financial uncertainty, fear and uncertainty around Covid-19; whilst disruption to their own and dependents lives, a reduced capacity to serve their clients in a familiar and personal way, and the imposition of IPC procedures and policy, and PPE requirements further diminished these participants' sense of intrinsic enjoyment and reward from care work.

## The Tools and Tactics of the Perseverant

The methods and situations which were felt to aid resilience

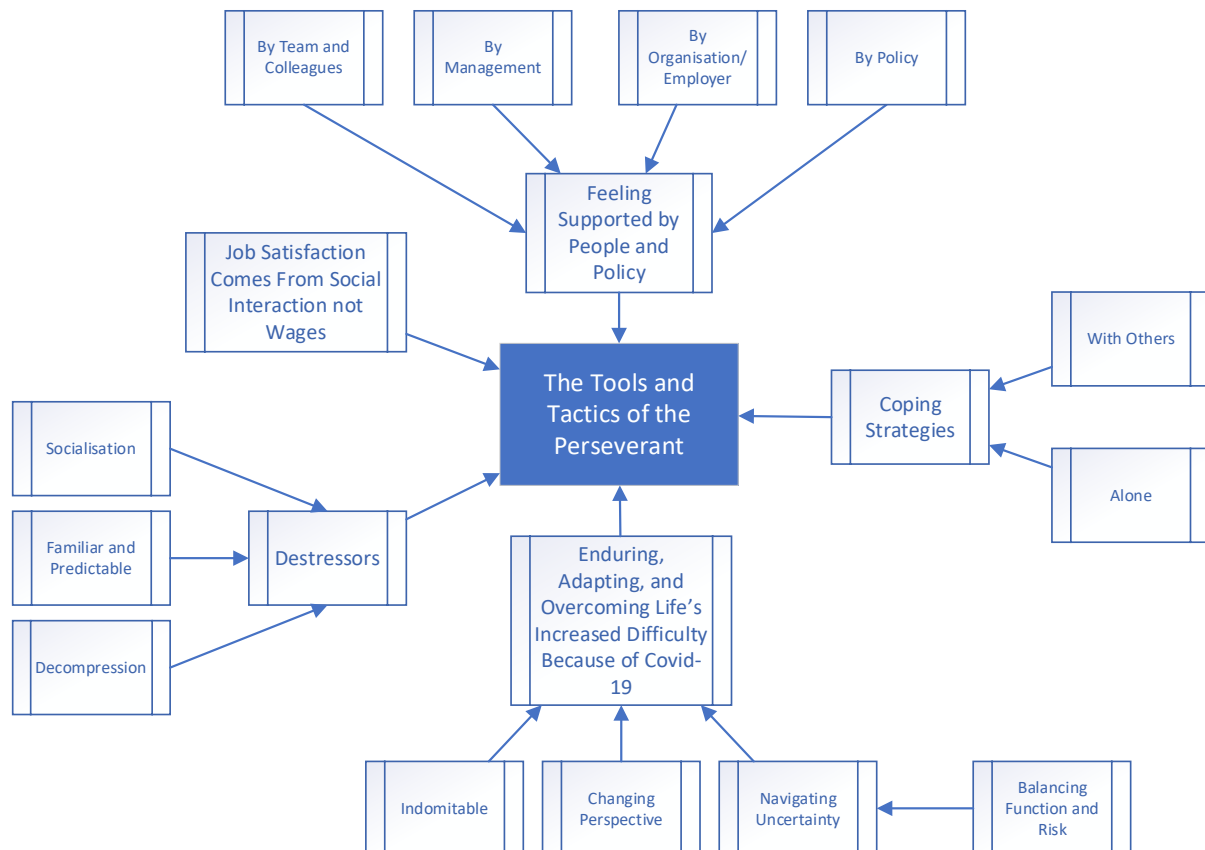


Figure 8: The Tools and Tactics of the Perseverant

‘The Tools and Tactics of the Perseverant’ presents four facets of SCWs’ experience of working throughout the pandemic: ‘Feeling supported by people and policy’; ‘Job satisfaction through interaction not wages’; ‘Enduring, adapting, and overcoming’; and ‘Coping strategies & De-stressors’. As such, this superordinate theme informs research question a) by uniting the proceeding superordinate themes (which each describe an aspect of the situations and circumstances which negatively impacted participants’ experience of working during Covid-19 and their private, inner experiences of this period) through the methods and processes used to navigate this period of their lives. It is the beginning of the answer to the question ‘how did they manage?’, which naturally follows the exposition of these participants’ circumstances. Figure 8 presents the superordinate theme and the elementary thematic content of each subordinate theme to provide a comprehensive overview of how the participants managed this experience.

### 1. Feeling Supported

Feeling supported by the team, colleagues, and management were factors which positively influenced care workers ability to continue working through Covid-19; and testing and policy support were widely regarded as important factors SCWs discussed in their interviews. External recognition and verbal appreciation for their continued efforts appeared to encourage participants throughout the pandemic. Conversely, a lack of recognition from family and employers was felt to be harmful to the participants’ wellbeing and desire to work.

“I mean staff, staff got it um a few staff members got it but I think we, where we were regular testing and I mean we did PCRs once a week lateral flows three times a week so yeah we were pretty hot on the testing.. and... as soon as someone wasn’t feeling well it’d be PCR straight away lateral flow and then as soon as that came back positive they’d be off work straight away um... everyone who everyone who’d been around that person was doing lateral flows everyday , um so yeah, they were pretty good on the it really um and I think they managed to contain a lot of it”

Jenny - Senior Care Worker (487-493)

“we have to let visitors in... although they do their LFT tests before they come in I’m not one hundred percent convinced how good the LFT tests are, because we, we’ve had so many false positives, false negatives you know and inconclusives”

Helen –Team Leader (323-326)

Participants felt support from policy was inconsistent. Mandatory testing and vaccination schemes for SCWs were reassuring against the threat of SARS-CoV-2, however the perception of unreliable test outcomes (false positive, false negative, inconclusive) which increased staff absence beyond that caused by positive tests and the pre-existing high staff turnover and vacancies within the sector, were frustrating for participants and this was felt to make their job harder than necessary and increase stress. Furthermore, for the individuals who receive an inaccurate or inconclusive test result, policy would mandate a period of isolation and therefore absence from work. At the beginning of the pandemic this was 10 days in the UK, reducing to 5 days before being removed in early 2022, which further impacted SCWs' incomes, exacerbating financial worries.

Policy was also felt to be arbitrary, especially in the care of elderly, vulnerable, and dementia patients. Participants felt that the confluence of advancing age, illness, and dementia warranted fewer restrictions and greater freedom, especially for socialisation among family for those clients approaching their final, lucid days alive.

“I think this is probably what we thought after a while, that their quality of life had to be perhaps priority... rather than.. quantity but that was how I felt personally, but there is then that problem that there is family, they've got their families... so... um yeah, the responsibility I felt was huge to look after them and keep them safe and happy”

Sally - Care Worker (216-219)

That policy appeared in practice to prioritise the long-term health of vulnerable populations over their immediate, day-to-day wellbeing was a balancing act recognised but queried by participants, who reported the conflict in morality as disturbing.

Participants experience of support from their organisation or employer was generally positive. The capacity for job flexibility in the face of Covid-19 was appreciated by staff especially those who were older or were within the 'at risk' category themselves. This flexibility and accommodation were experienced directly by the domiciliary care workers but was not directly experienced by any other participants. The continuation of team meetings, whether they were in-person or virtual depended on the type of work the participants were

employed in. There was evidence that off-site support was available in the form of mental health call centres.

“there’s no pressure there’s no, “Oh I must do a certain amount of hours a day”, or “I must do so many hours a week” erm you know you can choose to feel that way but the company doesn’t press that upon you and the same with the choice of clients, you know if we go to a client and we feel that it’s not quite working erm that’s fine we just report back and then we will be swapped out and somebody else can go, we don’t take it, hopefully, well I certainly don’t, most people I work with don’t take it personally, we don’t feel that we fail, and we don’t feel hurt if our clients happen to say, “I’d rather have somebody different” because we are all different, some people want the human dynamos who come in and whizz around and some people just want the quiet conversations so it really is about matching clients and providers to get the best relationship so yeah it takes away a lot of that, “oh I’m being sent to Mrs. Bloggs again””

Jane - Care Worker (339-348)

“the owner was texting me every day, every single day, supporting me, telling me because she was really really really poorly, and I kept saying “don’t worry just rest, relax, get better” she did, she really supported me”

Helen – Team Leader (244-246)

Participants generally felt personally supported by management, reporting positive communication and action aimed at benefiting the participants. Where illness was common, management often cooperated with the participants to provide the necessary support for them and the clients, an action which was respected and appreciated during periods of prolonged isolation from other members of the workforce. For some, managerial support was lacking entirely, as was compassion and understanding for illness. Whereas collegial support was almost universally recognised and appreciated by participants.

“really good, really supportive, amazing team um yeah all my colleagues are great so that’s that was always a plus that you’d have somebody to talk to when things were really tough or you weren’t sure what the right decision to make was, was the process was, um there was always somebody about which was really helpful... so it’s good to have that, that knowledge of senior colleagues who’ve got that experience to sort of,

you know I suppose offer you an alternative perspective than your own as well, is really helpful”

Claire - Social Worker (104-108)

“erm as a home we would sort of sit down and we would talk about everyone, we would sit as a group and talk about people that we’ve lost in like a nice positive ways, and we’d still now we’d sit and laugh and talk about them all and all the funny little things they used to do and how some of them had their set ways and what they used to like doing and ... yeah.. sort of rather than thinking of it as a sad thing we remembered them as a positive..”

Jenny - Senior Care Worker (122-126)

Collegial support was important to the participants and appeared in two forms: Active and Passive. Active support was sought by participants in the face of challenge and uncertainty, whereas Passive support seemed to occur organically, whether one-on-one with another colleague or during slower periods when colleagues had time to share their experiences among themselves. Both types of support appear to be beneficial for participants sense of community, perspective, and resilience in the face of adversity.

## 2. Enduring, Adapting, and Overcoming due to Covid-19

This theme is comprised of ‘Indomitable Character’, ‘Changing Perspective’, and ‘Navigating Uncertainty’. In amalgam these three subthemes represent a strength through flexibility within the individual via the mechanisms of behaviour adaptation and malleability of mind against novel challenges and threatening circumstance.

“I take the dogs for a walk but I... can’t exercise the way I used to because of my lung capacity at the moment which is a shame, which isn’t very helpful, so actually at the moment I’m not doing a great amount to help it, just um almost trying to rewire the way I think, erm so every time I catch myself thinking quite negatively and sort of reframe my thinking myself, which takes quite a bit of effort, but that’s about it, oh and being really boundaried about work, saying “okay if I finish at five, I’m going to finish at five. You know, things can be done tomorrow””

Claire - Social Worker (629-635)

The overcoming of, or adaption to novel problems caused by Covid-19 was an experience shared by all participants and extended beyond the workplace. ‘Indomitable Character’ details perseverance and innovation in the face of various setbacks and the limitations of policy both at home and work. It also covers conscious behaviour modification aimed at protecting participants, their families, and clients as well as highlighting the mimicry of pre-Covid-19 activities to retain a sense of normality.

‘Changing perspective’ is the resulting combination of the participants’ experiences from the advent of Covid-19 and the belief or perception that it was a significant threat to life which warranted attention to, and adjustment of conscious psychological processes and patterns of social interaction.

“seeing my family... my children.. and those times became really precious, really.. um... tried to make the most of them... but they were still... few and far between.. but they became really important and I suppose the focus of everything, had changed, that how fragile everything, life... was... that it could change at the drop of a hat... and... so therefore... I suppose I started not to worry quite so much about little things, like I tried, I’m terrible at that <laughs>”

Sally - Care Worker (343-348)

“It was like, like little petty things and I’d come home and maybe dinner wasn’t cooked and I’d be annoyed that dinner wasn’t cooked and but then during Covid you sort of learnt that actually there is a lot more to life, <laughing> a lot more bigger stresses than who ate the last biscuit in the biscuit tin <smiling>”

Jenny - Senior Care Worker (561-564)

Participants spoke of a beneficial adjustment to their perceptions of importance and value, the genesis of previously unattainable social bonding with residents, and an expansion of existing bonds. In totality, the tone of the vignettes is positive, despite the addition of masks and social distancing, as if the fulcrum of the changing behaviour was hard, but the changes are positive and welcome.

‘Navigating Uncertainty’ details participants’ concerns about their present and immediate-future circumstances, job security, the health of those they are responsible for – and is a

balancing of function and risk. It represents the experiences of people at the behest of policy and legislation decisions made elsewhere, whose lived experiences are the reality that policy covers and what it overlooks; where someone must still be responsible, but to be responsible requires stepping beyond the confining and protective cocoon that policy provides.

“I used to take a lady out every Friday on my own, and she has hearing aids that don’t work very well and yeah.. she’s a bit of a .. she’ll march on ahead and leave you there and do you know what I mean, we was using public transport and I was trying to say her, “Me-“ oops, I probably shouldn’t say her name, but um, “This-lady come back here, you need to come back here”, and she just couldn’t hear me so I was the one who had to take my mask off to say, “you need to come back here” <exaggerated sounding-out of words> because that side of safety I think was more important than whether she caught Covid or not... and if she runs out in front of a car because she hasn’t heard me”

Megan - Support Worker (278-289)

“I mean we did in the end, when it got really hard, we put them in the car with the windows open and just take them for a drive because otherwise I think I would have gone round the bend and it wasn’t doing them any good and the weather was beautiful and they were so much better being out, even if we couldn’t stop to get anything, just to be in the car and seeing something, a car, a sheep, something”

Sally - Care Worker (149-153)

The requirement to adhere to policy which directly or indirectly impinges on the health and wellbeing of those you are employed to care for was not uncommon in this study. Participants felt uncertain in their actions when conflict arose between morals, policy, and needs.

Uncertainty and the recognition of culpability, were anything to happen despite acting with the best of intentions for the client, were stressful for participants who care for their clients’ health and wellbeing but were required by policy and legislation to act in a legally responsible way, at the cost of that client’s immediate health and wellbeing.

“I think the current political situation is such that they are slamming people for what everybody else did... If you could manage the risk and you felt that you were managing the risk then I felt that people did do things that were perhaps not in the spirit of the rules and regulations”



Participants discuss how policy more resembled guidance than rule because the policy was so constricting it was contrary to the aims and functions of care workers. Whilst within their personal lives, participants felt they were sometimes unable to follow the policy at the moral expense of their familial wellbeing. Further evidence for conflict affecting the individual can be found under 'Collision and Collusion'.

### 3. Coping Strategies & De-stressors

Coping strategies (see Figure 9, Appendix J) were considered actions or non-actions which enhance a participant's resilience to the incidence of stressful stimuli, but that have a reducing and finite capacity to do so i.e., meditation, crying. De-stressors were categorised as actions or non-actions which were felt to reduce the prevalence of stress and the total potential stress that can be experienced, i.e., organisation of home, clear communication, financial hygiene. Actions and non-actions which de-stress an individual are, by the resulting reduction in stress, also coping strategies. It is therefore necessary to acknowledge that although participants spoke of behaviours which reduced stress, and behaviours which mitigated a stress-overload, that in practice 'De-stressors' are a subcategory of 'Coping Strategies'.

'The Tools and Tactics of the Perseverant' is a superordinate theme which describes the methods and circumstances which participants felt aided their resilience against the increased personal and professional pressure which Covid-19 introduced. Through the lenses of 4 subordinate themes, participants' experiences have been examined and summarised. 'The Tools and Tactics of the Perseverant' provides a unifying and balancing perspective to the participants' experiences of working throughout Covid-19. Further, it provides insight into the aspects of lived experience which are protective and nourishing during a pandemic, and which future policy ought to prioritise.

## Discussion

This chapter will explore the themes presented in the Analysis chapter in relation to the available literature and the project's research question (a. What are SCW's experiences of working throughout Covid-19?). These discussions are followed by reflections on the project's contributions to knowledge, its limitations and any implications it presents, as well as directions future research could explore.

This study sought to capture the experiences of social care workers in the UK who worked during a multiple-peak pandemic by exploring their experiences of work-life and home-life, and what particular challenges they faced as a result of the pandemic, and how their capacity to manage changed.

### Participant Experiences and Secondary Stressors

The principal research question's findings (a. What are SCW's experiences of working throughout Covid-19?) suggests there are many similarities between the experiences of HCWs in pandemics including Covid-19, and those of SCWs during Covid-19, such as the exacerbation by dementia (Nyashanu et al, 2020a). The participants of this study reported similar experiences to HCWs in previous pandemics despite a difference in pandemic duration, and responsibilities and duties. These parallel experiences may reflect the populations sampled by the supporting literature, which featured nurses and allied HSCWs, as well as the overlapping responsibilities of health and social care work. For example, a patient in a hospital facility needing personal care is not the responsibility of a SCW. This patient would likely be cleaned, dressed, and fed by a health care assistant or nurse who would have additional duties concerning the monitoring and administration of health care, including but greater than those of a SCW in a residential care home. In contrast, within a social care facility, the residents or clients are helped with personal care, and in extremis have health care observations made, but procedures and practices pertaining to health care are the remit of doctors or district nurses.

Research undertaken at the outset of Covid-19, reported that HCWs wanted up-to-date information and clear communication (Shanafelt et al, 2020). However, SCWs in this study and HCWs in others (Hoernke et al, 2020; Vindrola-Padros et al, 2020) reported that frequent changes to information, policy, and legislation were confusing and difficult to keep pace with. Participants from this study, working in more senior and public-facing roles reported

feeling pressure at being expected to know the changing policies and their conflicts to advise those in their care of correct, safe, and legal action.

The following findings in the associated literature were also reported by this study's participants. Participants reported an increase in duties and work hours (Morgan et al, 2002), and despite caring about client wellbeing the delivery of high-quality care was impossible due to the workload (Castle et al, 2007), a combination associated with increased risk of moral injury (Williamson et al, 2020) evidenced by this report's participants' moral conflict. Participants were concerned about the quality of care (Lam & Hung, 2013) and distressed at being unable to meet the psychosocial demands of their clients (Morgan et al, 2002). They suggested that high job demands were damaging to their mental health (Theorell et al, 2015; Harvey et al, 2017; Dalgard et al, 2009; Berthelsen et al, 2015), associating with clinically significant anxiety (Mark & Smith, 2011). Participants experiencing reduced mental health sought to reduce their working hours (De Raeve et al, 2009).

More-over, for this report's participants during Covid-19, and the participants of referenced studies during different pandemics, lived experiences were similar. Fear of self-infection, and of transporting SARS-CoV-2 to their homes or places of work generated anxiety for participants (Aughterson et al, 2021; Giorgi et al, 2020; Shanafelt et al, 2020; Brooks et al 2020; Nyashanu et al, 2020b; Maunder et al, 2003; Maunder et al, 2009; Lam & Hung, 2013) and infection was felt to be inevitable even for those with access to PPE (Chung et al, 2005). The application of viral testing protocols by employers was experienced both as reassuring and unreliable. Some participants spoke of distrust for the tests, citing experiences of false positives, inconclusive tests (Nyashanu et al, 2020b; Vindrola-Padros et al, 2020), and disparity between lateral flow test results (LFTs) and the polymerase chain reactor (PCR) tests, often used to confirm a positive LFT result. A positive test, whether accurate or not, would require a period of quarantine isolation for both the tester and their immediate family for a period of 10 days in 2020, and for the tester and anyone in the home without 2 vaccinations for 5days in 2022.

Covid-19 testing was felt to increase staff absence due to the detection of SARS-CoV-2, as well as the suspected detection through false positive test results (Nyashanu et al, 2020b) and participants' absence from work was associated with physical stress and emotional vulnerability (Seshadri et al, 2020), also reported in participant interviews. One finding which was not found elsewhere but appeared in the thematic analysis was, that staff attendance was

positively affected by the application of regular, mandatory testing, and the loss of colleague holidays, as participants and their peers sought to ‘save’ their holiday for a future time when they could go away on holiday rather than take the holiday at home, which was felt to be like quarantine.

Quarantine was stressful for participants in this study who cited a lack of physical space in their homes, a feeling exacerbated by work-from-home orders, and an absence of ‘personal’ space with the ‘constant’ presence of family, partners, and dependents. Similarly, the duration of the quarantine was felt to increase stress to participants, a finding of Brooks et al (2020). The social isolation that Covid-19 caused was felt by this study’s participants to reduce their resilience by restricting their normal activities and social support (Cheung & Yip, 2016; Maunder et al, 2009). Participants reported that having to fulfil multiple conflicting social roles simultaneously was difficult, which has previously been reported (Restubog et al, 2020; Maunder et al, 2003). This was especially difficult for participants working from home whilst home-schooling or taking care of children.

This studies participants’ experience of IPC and PPE was reflective of that reported in this and different pandemics. Adherence to IPC procedures was negatively affected by PPE (Nyashanu et al, 2020a) and increased workload (Houghton et al, 2020). Further, IPC adherence was reduced by clients’ fear of, and failure to understand the necessity of PPE and the additional difficulties that PPE poses to communication with clients reliant on auditory and visual cues (Houghton et al, 2020), and those with learning difficulties or dementia (Nyashanu et al, 2020a). Participants were more rigorous in their IPC procedures when they feared infection for themselves and their family (Nyashanu et al, 2020a; Houghton et al, 2020).

PPE is a critical factor when fighting an infectious disease (Cook et al, 2020). This population of SCWs reported having varying difficulty sourcing the correct PPE (Seshadri et al, 2020; Vindrola-Padros et al, 2020; Nyashanu et al, 2020a). Challenges with PPE including discomfort, donning and doffing time, and communication were reported (Im et al, 2018; Lam & Hung, 2013). Furthermore, the rationing, monitoring, and absence of PPE amplified the fear of the participants and enhanced their psychological distress (Giorgi et al, 2020) and feelings of being exposed, vulnerable, and unsupported.

Participants in this study reported that the continued existence and development of SARS-CoV-2 increased fear and anxiety, a finding present across traumatic events, pandemics, and

disasters (Wang et al, 2020). However, Covid-19 was also reported as having some positive effects on competency, personal development, and self-reflection in this and other studies (Sun et al, 2020; Aughterson et al, 2021). Finally, these participants reported that the social distancing measures and closing of non-essential businesses allowed them to save money.

The researcher infers that SCWs were, and likely continue to remain at risk of feeling invisible as individuals, though whether this impression is transferable this study cannot say. However, familiarisation with the data would suggest that SCWs derive a degree of benefit when they experience recognition and appreciation from their colleagues, peers, and family (Billings et al, 2020). Conversely, one interpretation could be that a lack of recognition and appreciation for one's efforts allows a susceptible individual to feel invisible (through a lack of recognition), and unimportant and unappreciated (through a lack of appreciation and feeling overstretched); both feelings, especially over time, would understandably negatively affect the employee's sense of job satisfaction and mental health as reported here (Devi et al, 2020; Nyashanu et al, 2020a).

The discussion now focuses on the aspects of this research which were not found in the literature review. Whilst the experience of pandemics was similar between HCWs and SCWs, the defining characteristics of SARS-CoV-2, compared to previous pandemics, are its prolonged duration, steady evolution, global reach, and international social impact through infectiousness and consequentially through the implementation of socially restrictive policies. As such, participants in this study did not report stigmatisation as HCWs have in viral outbreaks (Maunder 2009; Hewlett & Hewlett, 2005; Im et al, 2018; Seshadri et al, 2020). They did however discuss extensively perceptions of internal and external environments, and experiences characterised by progressive isolation, exposure, and vulnerability. Participants explored concepts such as putting others before themselves, responsibility for others' welfare, and the constituent components to good relationships with clients. Finally, given the length and breadth of effect that SARS-CoV-2 has exhibited, unlike HCWs, participant SCW's experiences were conceptualised as enduring, adapting, and overcoming Covid-19 – this may be an effect from the duration of Covid-19, the lack of government oversight and policy for the beginning months, and the comparative differences between health and social care.

Participant SCWs' job satisfaction appears to derive from positive social interactions and affect, rather than wages. Given the current 'living wage' in Britain, the capacity for an individual to profit from employment within the care sector is likely supported by a

purposefulness, and enjoyment of the work. Job satisfaction was reduced because of social restriction policies limiting worker/client interactions and therefore contributing to stress for the participants. Considering the pandemic as an educative experience appeared to buffer against some of the stress perception. This sample of SCWs reported continued permeation of domain and social role boundaries (Swann & Buhrmester, 2015; Swann et al, 2009), such that the borders between were often unclear and difficult to define and maintain, which was not found in literature regarding HCWs experiences of pandemics. Again, this is possibly an artifact of Covid-19's duration and societal impact, compared with previous pandemics which had significantly shorter durations and reduced effects socially and globally.

### Conflicts Within the Individual

Pandemic literature does not mention social roles, domains, or conflicts between, except in one instance (Maunder et al, 2003). This is possibly due to most disasters occurring across short timespans, in a limited geographical range, and disruption (whether total or otherwise) being therefore limited in effect. In comparison, the scale and disruption of Covid-19 has been global, with an ongoing duration affecting the layers comprising society, including, schools, freight, and food production.

The UK Covid-19 policies, including the closing of non-essential shops, social distancing, and mandatory isolations severely restricted the participant's capacity to change their physical situation and circumstance. As such the remaining social roles became dominant, inescapable, and burdensome. and each domain became a change and escape from the other.

Participants spoke of a strong preference for the external natural world, though there were no reports that external spaces were preferable or safer than internal environments. The author suggests that the air-borne transmission, invisibility, and immediately undetectable nature of SARS-Cov-2 caused participants to feel that both environments were not safe; and neither was the isolation from, or interaction with, other people. It was not known until later in the pandemic that fresh air ventilation reduced transmission (Bhagat et al, 2020; Sun & Zhai, 2020). Simultaneously, feelings of confinement, restriction, and social isolation associated with internal environments suggest they were unsafe for different reasons, possibly having a negative effect on mental health (Aanes, Mittelmark, & Hetland, 2010); whilst external environments contained people whose health status was unknown, and adherence to IPC measures was uncertain (Aughterson et al, 2021).

Participants *seemed* unable to abdicate from the responsibility inherent in their private and professional lives because of the physical and social restrictions, similar to identity fusion (Swann & Buhrmester, 2015; Swann et al, 2009) in social identity (Stets & Burke, 2000). Participants spoke of ‘letting off steam’, ‘getting out and about’, and ‘having fun’ as aspects to their lives which have been curtailed by Covid-19. The author is not suggesting that individuals are always seeking to absolve themselves of responsibility, rather that intermittent periods of time away from the demands of employers and family members are restorative and nourishing, and that the loss of these activities was felt acutely by the participants (Strauss-Blasche, Ekmekcioglu, & Marktl, 2000).

Furthermore, the observance of policy by participants to protect their clients’ health appeared counterintuitive to the promotion of independence and wellbeing, a central tenet of care work (Care Act, 2014). Where government policy and legislation sought to reduce the rate of infection, and thereby limit the mortality attributed to SARS-Cov-2, these participants sought to balance the potential risk of infection against the definite and indeterminate reduction in social interaction and wellbeing for their clients. Plainly, many participants felt that the quality of their clients’ lives was more important than the quantity of life; and though participants could justify modifying or neglecting the legislation and policy, they were acutely aware of the risk and potential consequence and became at risk of moral injury (Williamson et al, 2020).

### Contributions

Through an examination of the roles and responsibilities of HCWs and SCWs, the researcher felt that it was necessary and justified to break away from the clustering of SCWs within the ‘HCW’ title and attempt to understand their experience from their populations’ perspective without potentially confounding additions.

This study is the first to ground SCWs experiences of Covid-19 in the disaster literature terminology of primary and secondary stressors, recognising that a large proportion of the stressors affecting SCWs are secondary, opposed to primary fears of infection and illness.

The qualitative descriptions of interactions between stressors and coping strategies (see Appendix K), may prove insightful for future research as the author found no papers

acknowledging similar constructs. Similarly, that aspects of experience positively or negatively influencing stress perception is unlikely to be novel, but I cannot locate appropriate studies.

This research provides insight into the impact that social and physical restriction has the interactions between social roles and domains. It acknowledges the care, attention, respect, and protective elements of the participants in relation to their clients, and the conflicts which arise when theoretical policy meets lived reality.

This study strongly recommends pandemic preparedness strategies across sectors and institutions akin to the procedural guidance for acts of terrorism, natural disasters, and structural building damage. It recognises that policy designed and implemented under duress cannot comprehensively account for the multivariate range of instances for which it is designed to apply.

Finally, because this study is one of the first to qualitatively explore SCWs experiences, and in a pandemic, it provides future research that could address the limitations of this study, with a place to begin.

## Implications and Applications

### Implications

Previous disaster and pandemic research involving the HSCW populations in the UK and globally, tended to focus on healthcare workers in healthcare settings, and most often employed a quantitative approach to data collection. In the UK there is government oversight and regulation of the healthcare system and services. Comparatively, social care workers and their experiences are under-studied and under-represented in scientific literature, especially in qualitative studies, and the industry lacks government oversight. This study sought to begin to address the lack of qualitative scientific literature exploring the lived experiences of social care workers in the UK, and their experiences of working through a pandemic, an experience often lost to the brevity of previous pandemics.

Furthermore, this report has developed an understanding of the lived experience of SCWs during a pandemic, stresses, and coping strategies. It has also contributed supporting data for allied healthcare professionals' methods and capacities for coping with stress.



A component of governmental oversight is data collection and interpretation, followed by the development, deployment, and adjustment of policies which address the weaknesses of the system identified in the data collection. This study has added to the data set reporting on social care workers and provides rich, deep, lived experience data from which the reader can better understand the circumstances and conditions which prevail in the social care sector. In this manner it is a further step, adding data and knowledge, as well as bridging the gap between quantitative and qualitative data depth, towards informing policy makers on the areas which need attention.

Utilising developing disaster literature concepts and terminology has two-fold benefits. Firstly, it provides the researcher with a framework from which to understand the social and environmental consequences that a disaster has, these can suggest areas of inquiry which may be fruitful during the data collection. Second, this application allows the researcher to assess whether concepts and terminology are representative as they claim to be, and to comment on their applicability for further research.

### Applications

This study reports on multiple weaknesses within the social care sector, which affect every day functioning but during a pandemic threaten continuity of care. SCWs in this study desired up to date information but felt that they were overwhelmed by the frequency of policy changes, and difficulty navigating conflicting policies from different institutions. Covid-19 policy was felt to oppose the central tenets of care work by seeking to reduce Sars-Cov-2 infections, rather than promoting choice, independence, and social interaction for vulnerable clients. Protecting life was paramount, at the cost of wellbeing.

Generally speaking, national policy for pandemic preparedness ought to be most stringent for those who are most at risk, and with the most life ahead of them. Elderly persons who are at risk but live with comorbidities, reduced mobility, and neurodegenerative disorders all of which cannot be recovered from, perhaps should be allowed most freedoms, to see and interact with each other and their families, as well as healthcare services. If Covid-19 was predominantly affecting children under 10years, that group and their supporting services should be subject to the most stringent measures to protect them. Blanket policy affecting an entire nation appears crude in hindsight, and this report suggests nuance and refinement in policy for future pandemics, which ought to be drafted in anticipation.

The application of graded policy could offer psycho-social protections across the health and social care sectors, through the mechanism of protecting face-to-face interactions, which this report suggests were important for both client and carer relationships, wellbeing, and emotional regulation. Although technological alternatives were available, they were described as insufficient and inadequate for communication, and often unapplicable to social care work. Furthermore, the sudden loss of the ability to socialise during lockdowns reduced participants' life domains down to two: Work, & Home. The subsequent isolation negatively affected individuals' coping capacities, by reducing the available spaces and people that participants can experience. In addition, the loss or absence of social support, recognition, and encouragement were also detrimental to participants' capacity to cope with the stresses of working through Covid-19. The pre-emptive development of policy designed to protect those most at risk, without impeding on the remaining population, would undoubtedly mitigate national economic loss, disruption, and could limit the amount of conflicting information updates for those affected; whilst allowing for social care settings to focus on social care, rather than infection prevention and housekeeping tasks.

Personal protective equipment (PPE) in social care settings was necessary but supplies were often unreliable and inconsistent. The IPC requirement for sterile PPE for each interaction with a new client was unachievable for clients at risk of falling, with participants having to make decisions as to whether protecting the client from the fall but possibly exposing them to Covid-19, was better than protecting them from Covid-19, but letting them fall. Further, the facemasks most frequently available to social care workers obscured all but their eyes, which severely reduced both verbal communication and embodied communication through facial expressions, which are primary methods of communication with the elderly and those with learning and development disorders. Firstly, the procurement, storage, and distribution of PPE, rather than by individual care homes could added into the responsibility of the NHS Trust in that area. Indeed, if care homes were better supplied, the absence or reuse of PPE could be mitigated therefore lowering illness and absence which exacerbated chronic understaffing in the sector. Policy could explicitly state that staff cannot be held responsible for illness or death resulting from their unprotected intervention in a potential fall scenario, thereby reducing the potential moral injury for social care workers.

The researcher acknowledges the logistic difficulties of keeping a nation over-supplied with PPE in-case of a pandemic. One possible solution is for each country to manufacture their own PPE. Similarly, the design and development of policy and legislation to protect both the

population and the economy during a pandemic of unknown severity, is a huge task. However, pandemics do occur, and it seems wise to draft plans to protect both the entire population and sub-populations, for example: the elderly, children under 10, adults under 30. Pre-emptive acknowledgment of who is potentially at risk, and the social, educational, healthcare, and financial needs of each group might allow for greater flexibility through the application of graded policy in times of national emergency.

### Limitations of the Study

The author's relative research inexperience will have affected the validity and transferability of the presented results, though much effort has been made to minimise this effect.

Furthermore, I acknowledge that I have prior experience working within the care sector (albeit in the kitchen), and that some of my family and friends have and continue to work within the sector. I have experienced dementia within my family.

Researcher bias is an inherent weakness of purposive sampling, which requires the subjective judgement of the researcher and is limited by their social network (Berndt et al, 2020). A recognition of participant bias, both for participating in the interview and the content of their answers is possible. It is unlikely that all SCWs would participate, as such there is a commonality between those who do participate. Despite the apparent open and truthfulness of participant responses, evident in the admissions of disregarding policy at home and work, it is possible that other answers were adjusted or filtered to protect themselves or others, or to present a perspective more palatable to the researcher. The production of interview questions and prompts was guided by existing literature interview questionnaires. The use of short, clear, open-ended questions asking about the participant's feelings and perceptions was thought to be reduce researcher interpretation feedback, whilst questions asking for anecdotal stories of other workers' experience was utilised to provide participants with the chance to tell their stories projected onto others, and thus reduce the likelihood of response editing and filtering. During the interview, the researcher sought to acknowledge the participant's responses neutrally, often in the form of a request for clarification to remove the element of judgement from the interaction.

The interpretation of data inherent to qualitative research is affected by the interpreter's comprehension and inference of the participant's explanations. Further interference occurs because of the researcher's experience, values, and perspective (Alien, 2017).

Given the combination of SCWs participating in this study, transference of ideas should be cautious and exploratory. This was unavoidable due to sampling issues. Despite the study being grounded in lateral literature, the aim was not comparative. This study sought to understand the experiences of SCWs and due to a lack of suitable literature, a parallel body was explored.

There is no literature retrospectively analysing health or social care workers' experiences of pandemics within the framework of primary and secondary stressors, though literature does exist for other populations in other emergency events. As such, the novelty of this work confers fragile assumptions until further research can support or discredit the results.

#### Directions for Future Research

Research should focus on specific employments within both the health and social care sectors. Though there are significant similarities between the two populations, a finer grain analysis may confer valuable insights into these similarities and elucidate the differences, the collation of which should inform legislation which is grounded in the lived experience of the workers. Though this cohort provided insight into the overlapping elements of their work, it is felt that much was lost in the spaces between job titles which would benefit the generation of strong, flexible, and supportive policy.

Given the similarities in experience between HCWs and SCWS, developed legislation (as suggested above) could be simplified to vary according to severity and frequency of exposure to viruses, and frequency and proximity to healthy, infected, and vulnerable persons. Which would reduce the cognitive strain on front-line workers, governing bodies, and government, whilst providing immediate, stable, and clear guidance for workers in public-facing roles.

Future research could explore the work experiences, stressors, and coping strategies of SCWs in non-emergency situations such as financial, funding, and restructuring crisis scenarios. This may contribute to guiding policy and government oversight through understanding the fluctuations, challenges, and rewards inherent to those situations. Research could explore qualitative perceptions of coping strategy efficacy with quantitative measurement. The

utilisation of such research would serve to support a brittle social care sector which is necessary in tandem with the NHS but has received only the attention necessary to keep it existing.

Further research should look at SCWs coping strategies as Covid-19 becomes less threatening and the UK adjusts to a new normal. Such research could provide context for whether EFCs were used because of Covid-19 and the physical and social restrictions, or because EFCs are the principal coping strategy for SCWs.

### Conclusion

This study sought to understand the experiences of SCWs employed during Covid-19. In the UK there is a significant literature imbalance, the vast majority being a composition of quantitative studies gathering data on HCWs employed within the NHS. At the outset of this study there was a lack of literature exploring SCWs as a separate population, as such this study was grounded in the literature of experiences of HCWs. Thematically analysed semi-structured interviews suggest that HCWs and SCWs experience pandemics similarly, but that the duration and evolution of SARS-CoV-2 caused significant social role conflict and an enmeshment of work and life domains. This is the first study to locate lived experience of Covid-19 within the disaster literature terminology of primary and secondary stressors. Retrospective consideration of HCWs' experiences during pandemics suggests that HCWs and SCWs face many of the same secondary stressors. Participants responded to distress predominantly with EFCs which may have been protective considering the scale and nature of Covid-19.

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## Appendices

### Appendix A: Abbreviations and Definitions

BMI: Body Mass Index

Coronavirus: The viral infection element of this pandemic

Covid-19: The period where SARS-CoV-2 was a threat to life, and governments, employers, and locations affected changes to minimise, prevent, and or contain SARS-CoV-2. Q4 2019 – present Q2 2022

CVD: Cardiovascular disease

Emergency event: A significant and disruptive natural or man-made disaster or incident, including earthquakes, acts of terrorism, flooding, pandemics, wild-fires.

HCW: Health Care Worker

HPA axis: Hypothalamic-Pituitary Adrenal axis

HSCW: Health and Social Care worker

IPC: Infection Prevention and Control

NHS: National Health Service

PPE: Personal Protective Equipment

PTSD: Post-Traumatic Stress Disorder

PTSS: Post-Traumatic Stress Syndrome

SARS-CoV-2: The viral infection

WFH: Work from home

WHO: World Health Organisation

WTO : World Trade Organisation

## Appendix B: Interview Questions

### Demographics

- Name & Surname (to be anonymised in spreadsheet, such that participant responses can be identified in analysis)
- Age
- Location
- Gender
- Dependents – Children/Parents/Grandparents

### Introduction Questions

- Do you work? Full-time / Part Time?
- What motivated you to take this job?

The below questions were removed after interview 2 as they distorted the question progression

- (Has Covid affected you in any way?)
- Did you or anyone you know show symptoms?
- Did you have to self isolate at all?
- If the self-isolation was precautionary, where did the warning come from (school/work/NHS track and trace/family) )

### Before Pandemic

- Can you explain in a few sentences how you felt about your work-life before Covid? (Feelings before/after shift, relationships with staff/management, incentives/rewards)
- Were there any frequent problems you faced at work before Covid? (staff absenteeism or turnover/agency staff/lack of training or support)
- How would you describe access to work-related resources (information, PPE, guidance, training) prior to Covid?
- Did thoughts about work occur during your time off?
  - What were the thoughts about? (worries/duties/residents etc)

- Did you ever feel that your job was risky or dangerous to yourself or others?
  - Why do you think this was?
  
- What were your working relationships like? (Colleagues / management / residents/patients)
  - Have you had any thoughts as to why they were like this?
  
- Did your job affect your personal life? (hobbies/family/relationships/stress/well-being)
  - How did you manage this?
  
- What would cause you stress before the pandemic? (Money, work, family, childcare, time management, illness, other responsibilities)
  
- How did you manage the stress? (Exercise, alcohol, social media, media, social support, hobbies, mindfulness, music etc)

### **During Pandemic**

- What changed about your workplace and duties during Covid? (expectations to arrive earlier for testing/unpaid/ instruction to avoid anyone outside of work to reduce risk of infection)
  - How did your employer react during Covid? (expectation to work/cover shifts at short notice, mandatory trainings)
    - How did this make you feel?
    - Did you react at all?

(Information / Workload / Holiday changes / PPE / Isolation areas / Cleaning stations / Us or not of Agency staff / Incentives / Support / Dividing residents and or staff between healthy and uncertain)
  
- Can you explain in a few sentences how you feel about your work-life during Covid? (Feelings before/after shift, relationships with staff/management, incentives/rewards/discounts, feelings towards clap for carers)
  
- Are there frequent or repetitive problems you face at work?
  - Can you be more specific? (PPE / Workload / Procedural delays / Staff absence and shortages)
    - And how do these affect you?



- Do you feel that your job is more or less a risk to your health and wellbeing now, compared to before Covid?
  - How does this affect you?
  - How do you manage these feelings?
  
- How would you describe your work relationships during the national lockdowns?
  - What do you think was the cause of this?
  - How did this make you feel?
  - Did you do anything to cope with these changes?
  
- Can you explain how your job affected your personal life? (Longer shifts, short notice shifts, Cancelled holiday, exhaustion, greater comradery)
  - How have these changes made you feel?
  - Did you do anything to manage these feelings?
  
- Can you describe how you socialised throughout Covid?
  - How have your family reacted?
  - Have you been able/willing to see them?
  - How have your friends reacted?
    - How did their responses make you feel about your job as a health care worker?
  
- Have you come into close contact with anyone infected with Covid-19? (At work or at home)
- Have you experienced self-isolation?
  - How did you spend your time?
  - How would you describe your experience of self-isolation?
- Are you back to work now?
  
  
- What causes you stress at the moment? (Money, work, family, childcare, time management, illness, other responsibilities)
  - What do you do to cope with these stresses? (Exercise, alcohol, social media, media, social support etc)
  
- Has how you cope with stresses changed throughout covid?
  - What has changed?
  - How would you describe the changes to your stress management? (Beneficial, Temporary, Necessary)

## Plenary

- What are the highlights of your shifts at work? (Interaction with residents or staff/incentives/training etc)
- What was the best part of lockdown for you?
- Do you have any plans after lockdown has lifted?
- What are you looking forward to in the coming year?

## Appendix C: Participant Information Sheet



### Exploring Healthcare Workers Experiences of Working During Covid19, a Multiple Peak Pandemic Study

#### **PARTICIPANT INFORMATION**

A research study is being conducted at Canterbury Christ Church University (CCCU) by William Nicholls

Please refer to our [Research Privacy Notice](#) for more information on how we will use and store your personal data.

#### **Background**

*In the existing knowledge of disasters the effects of the disaster are divided into two categories: Primary Stressors, which are directly related to the incident, deaths, injuries, loss of home, no utility services – the general disruption caused by an event; and Secondary Stressors, which are the pre-existing weaknesses in systems that are stressed significantly by the event. Some examples are: difficulty with insurance claims, trouble sourcing builders to repair damage, school closures, loss of employment, inability to make mortgage payments, loss of holidays and breaks at work, unsuitable equipment, poor management practices, disrupted sleep, changes in wellbeing etc. They are simultaneously the knock-on effects of a disaster, and the frailties of the systems in place. It is the impact of secondary stressors in relation to Covid19 I am studying.*

*There is a great deal of scientific research studying the working experiences of healthcare personnel during previous pandemics: SARS, Ebola, MERS, Avian Flu, Swine Flu. However, all of these had one peak of infection, which when controlled reduced new infections to zero. Covid19 is different, or our reaction has been different, and as we enter the second peak, it is likely there will be more – it is this multiple peak scenario I am studying, and the effects that secondary stressors exert during a multiple peak pandemic on the working experiences of healthcare staff.*

### **What will you be required to do?**

Participants in this study will be required to engage in a single telephone or videocall interview, lasting roughly an hour to discuss their experiences of working during Covid19. The audio of this call will be recorded and transcribed by the researcher. While there is a script of questions, there is no pressure or expectation to answer any of them if you feel uncomfortable. Participants will have an opportunity to ask questions at the end of the interview.

### **To participate in this research you must:**

- Be 18 years old or over
- Have worked in a healthcare role prior and during Covid19
- Be willing to discuss the affect that Covid19 has had on your experience of working

### **Procedures**

You will be asked to engage in a single telephone or videocall interview lasting approximately one hour and the audio will be recorded – this will be arranged at your convenience to fit around shift and sleep patterns. Interviews can take place over Skype, Teams, etc. Participants will be asked questions about their work, prior to and during the peaks of Covid19; answering is not compulsory. Participants may be asked for further information or to expand their answer for clarification. At the beginning of the interview there will be some time to clarify any questions about the interview process. I will then ask the participant if they are happy to begin and start the recording. Here I will request the participant to acknowledge that they consent to take part in the study, and the interview will start. After approximately 45minutes, the interview will finish, I will alert the participant that I intend to stop recording, and there will be time afterwards to ask any further questions about the study, how the interview went etc. Finally, I will thank the participant for their time, and that will be the end.

### **Feedback**

*Participants will have the option to be emailed when the study has been returned from submission to read through it themselves.*

### **Confidentiality and Data Protection**

The following categories of personal data (as defined by the [General Data Protection Regulation](#) (GDPR)) will be processed:

- *First name, age, job title, length of employment in this role, details about job roles, duties and responsibilities. .*

We have identified that the public interest in processing the personal data is:

- *The processing of personal data are necessary to develop an understanding of the nuance effects that job roles, duties, responsibilities, age, length of employment have upon the experience of working during Covid19. Personal data will be used to explore the interactions between the participant and their subjective work experience during Covid19.*

Data can only be accessed by, or shared with:

- *Researcher, Research Supervisor, Examiners. .*

The identified period for the retention of personal data for this project:

- *Data will be kept for no longer than 18months from the point of collection. This is the total possible length of the period of study available for this course. Data may be required at any time during this period.*

If you would like to obtain further information related to how your personal data is processed for this project please contact William Nicholls [wn30@canterbury.ac.uk](mailto:wn30@canterbury.ac.uk).

You can read further information regarding how the University processes your personal data for research purposes at the following link: Research Privacy Notice - <https://www.canterbury.ac.uk/university-solicitors-office/data-protection/privacy-notices/privacy-notices.aspx>

### **Dissemination of results**

*Research results will be published in the CCCU library upon successful completion.*

### **Process for withdrawing consent to participate**

You are free to withdraw your consent to participate in this research project at any time without having to give a reason. To do this participants can send an email to [wn30@canterbury.ac.uk](mailto:wn30@canterbury.ac.uk) simply stating that they wish to withdraw their data from the study. Data withdrawal is possible until the 1<sup>st</sup> March 2022 – after this data formal writing up will mean that data cannot be removed from the research process.

You may read further information on your rights relating to your personal data at the following link: Research Privacy Notice - <https://www.canterbury.ac.uk/university-solicitors-office/data-protection/privacy-notices/privacy-notices.aspx>

### **Any questions?**

Please contact William Nicholls at [wn30@canterbury.ac.uk](mailto:wn30@canterbury.ac.uk) or Dr. Dennis Nigbur at [dennis.nigbur@canterbury.ac.uk](mailto:dennis.nigbur@canterbury.ac.uk) or on 01227 921580. Canterbury Christchurch University, School of Psychology and Life Sciences .

Appendix D: Consent Form



**CONSENT FORM**

**Title of Project:** Exploring Healthcare Workers Experiences of Working During Covid19, a Multiple Peak Pandemic Study

**Name of Researcher:** William Nicholls

**Contact details:**

**Address:** School of Psychology and Life Sciences  
N Holmes Rd, Canterbury CT1 1QU

**Tel:** 01227 [767700](tel:01227767700)  
01227 921580

**Email:** Wn30@canterbury.ac.uk

**Please initial box**

1. I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions.
2. (If applicable) I confirm that I agree to any audio and/or visual recordings.
3. I understand that any personal information that I provide to the researchers will be kept strictly confidential and in line with the University [Research Privacy Notice](#)
4. I understand that my participation is voluntary and that I am free to withdraw my participation at any time, without giving a reason.
5. I agree to take part in the above project.


Name of Participant:	Date:	Signature:
Name of person taking consent ( <i>if different from researcher</i> )	Date:	Signature:
Researcher:	Date:	Signature:

## Appendix E: Transcription Protocol

<>	Bracketing in this manner denotes an action, sound, or event which may be important to context or conversation and would not have been recorded in a audio-only method of transcription
<laughing>	Denotes laughing whilst speaking
<laughs>	Denotes an uninterrupted laugh
<smiling>	Denotes smiling
<smiles>	Denotes a smile which isn't broken by speech
<nods>	Denotes a participant nodding assent
<shakes head> / <shaking her head>	Denotes a participant displaying dissent
<shrugs>	Denotes a participant shrugging their shoulders,
<sighs>	Denotes a participant audibly sighing during the interview
<quietly>	Denotes a participant speaking significantly more quietly
<puzzled face>	Denotes a participant visibly displaying confusion at another person's behaviour
<phone rings>	Denotes a participant's phone ringing during the interview
<mimes hands rotating besides head>	Denotes the participant acting out giddiness or instability
<mimes frustration and venting>	Denotes the participant displaying visible frustration and the venting of such frustration

<inverted commas>	Denotes a participant thinks the opposite of what they have said
<fans herself, miming the wind>	Denotes the participant feeling the wind on her face
<visibly distressed>	Denotes distress visible on the participant's face or audible in their speech
<becoming upset>	Denotes a participant becoming upset as they speak
<obviously emotional>	Denotes a participant becoming emotional>
<internet drops out>	Denotes a break in internet signal and an interruption to video and/or audio
..	Denotes a short pause
... ..	Denotes a long, significant pause

#### Appendix F: Fieldwork Notes taken after interview

Notes were taken immediately after each interview, attempting to capture salient information, especially residual feelings, and impressions. The notes lack uniformity, symptomatic of colluding influences such as the length of the interview, length and depth of conversation after the recording was stopped, and points to improve the following interviews. The average interview length was 59 minutes 12 seconds, with a range of 42 minutes between the shortest interview (41 minutes) and the longest (1 hour 23 minutes). A summary table is presented for clarity, with interview lengths taken from the recordings.

Interview	Length (Hr:M:S)
1	54:06
2	44:19
3	43:51
4	41:20
5	1:06:58
6	1:23:41
7	1:18:53
8	1:01:46
Average	59:12
Range	42:21

Interview 1 8.11.21

Care team Lead 11.00-12.00

All questions covered

Intro 15minutes

Pre covid 10 minutes

Covid 30mins

Debrief/stop record/Q&A 5 minutes

Some differentiation between Covid in the UK and Covid lockdowns necessary.

Expressed some discomfort being on vieochat, but relief at being able to offload and ramble.

Sit closer to the camera so they can see your face better.

Questions flowed smoothly. Explanations of what the following block of questions will focus on appeared useful. Context.

Tech Issues:

Send Meeting link BEFORE MEETING

Sit closer

Fuzzy video is challenging to interact with

Interview 2 19.11.21

Senior Care Worker 10.00-10.45

All qs covered

Separating early covid and lockdowns generated more information

Questions transitions were smooth, I was able to ask for elaboration easily, and skip questions which the pp had answered.

Getting information about stress management is difficult, it feels extremely personal to ask about people's lives. Neither #1 nor #2 expressed much, if any, secondary sources of stress aside from PPE and staffing changes. Deaths were obvious, as were dealing with authorities. Collegial and village support were imperative, much comradery, dark humour.

I failed to ask about incentives and rewards. This isn't a perfect process. I felt more intimidated with this interview.

No tech issues. Jenny - Senior Care Worker failed to turn up for the first scheduled interview – but happily arrived for the second.

Ask how they feel it went, whether it has been useful.

Interview 3

Band5 Social Care Support Worker ? 21.11.21 11.15:12.00



All questions answered.

A different role/duties but very informative.

In the debrief expressed a positive feeling for having been listened too, compared the experience directly to having been counselled. PP was thorough in explanations. Interviewer felt very aware of which questions were being covered, and carefully asking for elaboration on sensitive areas. Managerial support was imperative, home situation was sig. stressor, as was loss of value from face-to-face interactions.

Asking How the interview went was very informative. I feel useful and as if I am doing good, important work.

Interview 4

12.30- 21.11.21

Interview went well, managerial position. Different problems, mostly tech related, access/availability. Etc

Different talking to members of the family.

Needed a break between interviews. 2 in quick succession was too much

Interview 5

10.30 Child Social Worker

Interview was full of detail. I question how relevant this participant was, but it is insightful regardless.

She wasn't using a computer, and I found the movement of her screen distracting.

Very indepth answers, scary to hear

Said she enjoyed the process, though it wasn't pleasant to remember.

Interview 6 1500-16.20

Social care support

Thoughtful answers, obviously attached to the people she works with. This one as visibly distressing to hear, because the level of care was so high.

Answered all the questions. I think older people have different priorities and outlooks regarding stress and enjoyment.

Interview 7 12.00-13.45

Social care support

Very long interview, hard to keep her on track though some segues were good. Difficult doing this one at the library due to other peoples' noise and movement.

Answers were deep, but long and sometime I think irrelevant

No tech issues

Difficult keeping focused during long soliloquies

## Interview 8

Night care worker 1hr10

Very angry with her former employer. Some of her answers I feel ought to be reported to the CQC as they are worrying at best. Very energetic throughout, I felt that this one was especially cathartic for the participant, to be heard and listened to. Easier to keep on track, answers were complex and covered other questions with little to no extra prompting.

## Appendix G: Participant Interview Transcripts

### Interview\_1\_Helen\_Care\_Lead

- 1 W: Alright excellent, so first things first, have you understood the participant information
- 2 sheet and everything, the details that have been provided to you?
- 3 H: Yes
- 4 W: wicked, are you happy to participate in the research interview?
- 5 H: yes
- 6 W: Excellent.... You are obviously, I know you, would you mind giving me your age, rough
- 7 location, you're obviously female, and whether you have any dependents?
- 8 H: yeah, uh.. how old am I? .. I'm thirty-eight, thirty seven um I live near Canterbury, I've
- 9 got two daughters
- 10 W: Excellent.. and are you working full time or part time at the moment?
- 11 H: Full time
- 12 W: and what's your position, your job title?
- 13 H: I'm a care lead, in a residential home
- 14 W: okay, so care lead, I'm assuming like a team leader sort of thing or..
- 15 H: yeah yeah, sort of middle management, overseeing the floor and updating care plans and
- 16 stuff

- 17 W: Okay.. what motivated you to take the job, Hannah?
- 18 H: um ... well... I ... I first started working in the kitchen down there when I was about 17  
19 and um.. just fell in love with the residents and just thought this is great, and Marilyn just  
20 chucked me a uniform one day and that was that, loved it
- 21 W: lovely.. how has covid affected you this year?
- 22 H: ... well.... It's been tough, um.. it's been very tough at work I mean the worst that we had  
23 it was over Christmas and New Year last year... um.. this year we've been very lucky, we  
24 haven't had any positive cases since, I think we were given the all clear in beginning of  
25 February and we haven't had any positive cases since then um.. few staff... but yeah have  
26 been isolating but it's been a very difficult time for all staff and residents and families it was  
27 a bit nightmarish
- 28 W: Okay, do you or do you know anyone who has had any symptoms aside from the people  
29 you work around? Has it affected your family live at all?
- 30 H: Um... yes... um.. well... I had it, and I did catch it and my symptoms were very mild  
31 compared to my daughter who had, my youngest daughter caught it, she was quite poorly but  
32 my other daughter didn't catch it um yeah
- 33 W: Oh right, are you alright now? Anything long term?
- 34 H: yeah yeah fine, I've been <laughing> it might sound stupid but I haven't stopped sneezing  
35 since I had Covid <laughs> so I don't know if that might end up being one of the long Covid  
36 symptoms but other than that, no absolutely fine.
- 37 W: Oh that's fortunate
- 38 H: yeah
- 39 W: um.. I suppose you all had to self-isolate, was it at all at the same time or different times?
- 40 H: Um ..no, Alice had it pretty early on.. and so we had to isolate when she had it, and um  
41 yeah, everyone had to isolate when I had it at New Year
- 42 W: oh, okay... not a bad time to isolate
- 43 H: no no <laughs>
- 44 W: okay, the next set of questions, those were the introductory questions, we are going to  
45 move onto your work experiences before the pandemic to provide context for how things  
46 changed during the pandemic
- 47 H: Okay
- 48 W: So, can you explain for me please in a few sentences how you felt about your work life  
49 before Covid?
- 50 H: Um, very good, I'd been part-time for a long time and in March of last year, March of the  
51 year before last I went back to work full-time and I was given a promotion and I was like  
52 really enjoying work, getting into my stride, everything was very manageable and yeah it was  
53 good, work was good <laughs>

- 54 W: Okay, that's good, what about the relationships with staff and management?
- 55 H: fine yeah, absolutely fine yeah it's a really nice team, everyone is really friendly with each  
56 other it's a really family-run home so and you can really feel it so you know even the  
57 directors, Sophie, Michael, they're very involved and you know, friendly, so it's all been very  
58 positive
- 59 W: well that good, it's, it's much nicer than I anticipated to be honest <laughs>
- 60 H: <laughs>
- 61 W: from some of the things I've read from things um.. did you have any frequent problems at  
62 work before Covid?
- 63 H: Um, what personally?
- 64 W: well personally, or at work like staff absenteeism, lack of training, support
- 65 H: yeah there is, unfortunately we've always had quite a high turnaround of staff, people  
66 forced to get a job, they come and work at a care home, we train them up which takes a long  
67 time, and then they decide that it's too much hard work for minimum pay and they leave, so  
68 that's been an ongoing issue since I've been there really, but there's a core staff that have  
69 been there a while that are always there so, it's hard work meeting new people, getting to  
70 know them, being friendly, teaching them everything they need to know and then they leave,  
71 it's like thanks...
- 72 W: sure, you make all the effort for several weeks, and they are like nah
- 73 H: yeah I think that's quite common in care homes as well,
- 74 W: yeah I think the... like four-hundred-thousand vacancies in the industry...
- 75 H: wow
- 76 W: yeah it's quite a lot, okay, um... how would you describe access to work related  
77 resources? Like obviously with the advent of Covid there was a lot more information and  
78 PPE, guidance, training, involvement, before Covid was there any support, training?
- 79 H: loads yeah loads, we have a training manager and they, everything that comes in she gets  
80 on it straight away and gets everyone trained which is good, she is very very efficient and  
81 resources.. <smiling> there was a time a few years ago where they I think they were cutting  
82 back costs a bit, it's a privately run home, and they started to allocate how many gloves you  
83 can have per shift, so yeah.. that lasted less than a day
- 84 W: oh right
- 85 H: <laughs> because I did, I did go in there and have some quite strong words about it and  
86 they were in agreement, the other management were in agreement so it never lasted but no,  
87 no generally they've, we've always had everything we need down there
- 88 W: okay that's good
- 89 H: other than that blip
- 90 W: well they've gotta try these things I suppose haven't they?

- 91 H: yeah <laughing> it its it is a business you know
- 92 W: sure, it must be a strange overlap as well between meeting people's needs and saving on  
93 costs
- 94 H: yes, yeah
- 95 W: Okay, would you say that thoughts about work occurred during your time off, pre-covid?
- 96 H: yeah I think so, because you are so invested in the people you are looking after it's not  
97 easy to shut-off, so you know, if someone is really acutely unwell or anything you do carry  
98 on thinking about that while you're off, sometimes just pop in and see if they are okay you  
99 know, or.. yeah, you can't shut off from work in care it's impossible
- 100 W: sure sure it must be, I suppose if you're involved in their lives, in every aspect of their  
101 lives then they become like, a larger part of your family I'm sure?
- 102 H: yeah absolutely
- 103 W: okay, did you ever feel that your job was risky or dangerous to yourself or others?
- 104 H: .. not really, there is risks, there is dangers I mean we do <  
105 phone rings> I'm so sorry
- 106 W: It's alright you can answer it if you need to
- 107 H: No, it was probably a marketing call by the looks of it, um yeah, so we are a dementia  
108 home so we do have, you're at risk of getting hit scratched punched kicked you know those  
109 sorts of things, but you know it's it doesn't really worry you you know, no-one has ever been  
110 really hurt down there by anybody... so there was minimal risks attached to working in care
- 111 W: okay, I mean that's pretty horrible if that's the standard then, if that's the bar
- 112 H: yeah, yeah
- 113 W: it is what it is, um.. and you said your working relationship were good pre-covid as well
- 114 H: yeah brilliant, big team
- 115 W: do you think there was any particular reason for this, or was it just a slow growth?
- 116 H: I think a lot of people that work in care and stay in care have got the same sort of, you've  
117 got to have a bit of a dark sense of humour and you know, to get you through the day and if  
118 you're generally interested in being a carer, you... tend to be quite a nice person anyway so, I  
119 just guess yeah you're spending twelve hours a day with people yeah you build relationships
- 120 W: okay, that's good. Would you say that your job affected your personal life in anyway?
- 121 H: Um... well.. I suppose to the extent that it's shift work so my par- now ex-partner lived in  
122 London and he worked during the week so I would literally only be able to see him at  
123 weekends and sometimes I'd maybe get one weekend off a month which was quite hard, that  
124 we pre-covid and not so much an issue anymore, but yeah you do have to end up working  
125 weekends and stuff and sometimes you do feel like you're missing out on your kids, mine are

- 126 older now they don't really care if I'm about or not <smiling> but I miss them sometimes  
127 <laughing>
- 128 W: <smiling> what would you say were your main stresses before the pandemic?
- 129 H: um... main stresses... I started my diploma, my level 5 diploma that was quite stressful,  
130 having the time to do that and be at work, just general, worrying about your kids and ... stuff
- 131 W: but everything you felt you could manage most things
- 132 H: yeah I think so yeah
- 133 W: did you manage the stress in any particular way, like exercise, mindfulness
- 134 H: um.. yeah... mindfulness, taking the dog for a walk, keeping busy, you know if I was  
135 feeling anxious at home I would do a bit of tidying up, you know I would keep busy really
- 136 W: okay sure, cool thank you that's that block done, the next one is all about the pandemic,  
137 it's going to be about the effects of things that changed for you, work... and um, is the  
138 contrast to what we've just covered... um, so, what changed about your workplace and duties  
139 during covid?
- 140 (12mins)
- 141 H: hm... well... during Covid it well.. when it first, when the lockdown first happened  
142 everyone was very worried um... ... um obviously we ended up having to spend a lot more  
143 time speaking with families and stuff because they couldn't come in and see their loved ones,  
144 so we were like taking, running round with tablets so they could have Facetimes with their  
145 loved ones so it gave us less hours in the day... ... um... but yeah you're not asking about  
146 when Covid hit the home?
- 147 W: Generally, the whole process, when Covid came to England and how you and your  
148 employer reacted the workplace environment, how it changed..
- 149 H: Ah okay, so yeah government guidance was sort of like... the... the manager was had the  
150 responsibility of keeping up with the government guidance and filtering it down to all of us  
151 and it was changing very rapidly, you know, I think the day it dawned on us that this was  
152 really quite serious was when we were told we had to start wearing face masks at work
- 153 W: sure
- 154 H: and everyone was a bit miffed they are very uncomfortable, hot and um, so everyone was  
155 a bit up in arms like, "why, why have we got to do this?" because we hadn't heard that that  
156 was like the new regulation, that that was the new rules, we thought it was just them putting it  
157 into place, so we had a big meeting and the training manager showed us all the donning and  
158 doffing procedures and I think that's when it all became a bit real... and.... ... a lot... of..  
159 staff who have ... people at home who are unwell, or things which, with themselves if they  
160 weren't particularly well started making their feelings known that if it came to the home they  
161 wouldn't be going to residents with Covid... um... so sorry I've lost my thread, I've got a  
162 cold Will, I'm like urgh!
- 163 W: that's alright, I'm just getting over one as well they seem to be going everywhere

164 H: um yeah, so.. yeah so then when we locked down all the families were panicking so yep,  
165 we were getting lots of phone calls um... and stuff .. uh Mike, sorry I'm probably not allowed  
166 to say names the owners were so supportive as soon as they knew we needed PPE they were  
167 they were literally ringing everywhere, they were so so good with the PPE but yeah the um..  
168 yeah.. sorry. Where am I going? <laughs>

169 W: that's alright, duties and expectations changing

170 H: yeah yep yep absolutely, obviously because families weren't able to come and see their  
171 loved ones they were relying on us much much more to, some of them maybe getting a bit  
172 overpanicked a bit um sort of.... .. you know, it's hard to say, but anyway, we got some  
173 things in place, Mike built like a massive summerhouse, a visitor centre not a summer house,  
174 I'll get in trouble for saying that <laughs> a visitor centre in the bottom of the garden with  
175 doors all around that we could keep open and people could have their visits and that in itself  
176 was hard work, testing everyone as well before they came in was really really hard so we had,  
177 so we'd allow five visits per day, you'd have to run over do the test, go back because you've  
178 got work to do, um, set an alarm to go back half hour later to tell them the result, take them to  
179 their loved one and so that was really really quite stressful, some people got forgotten  
180 <laughs>, and waiting for an hour obviously the room, the room and the visitor centre needed  
181 cleaning between each visit, which took it's toll on the house keeping staff um... but it's  
182 when we actually got Covid that's when things really sort of started to kick off down there,  
183 um... we when was it, I think it was the end of November (2020) we had two, we'd had some  
184 staff getting positive results, a lot of staff actually getting false positives

185 W: oh right?

186 H: yeah and actually, one of my colleagues at work, it's a family of three that work there, the  
187 husband wife and daughter and um, all three of them were off and I just felt, I just kept  
188 feeling it was so near to Christmas and they were getting Statutory Sick pay the three of  
189 them, the three wage earners of the house, which was really awful um... so yeah... it was  
190 staff shortages started happening, people getting these false positives, or you know positives  
191 but they were fine ... um... eventually at the end of November (2020) we had two residents,  
192 um, positive for Covid both um heavy cold symptoms at most but one of them had dementia,  
193 and trying to keep her in her room and out of the communal areas was a real real struggle so  
194 we had like a red team who would deal, would deal with the people with Covid and so they  
195 were like, literally one to one for this resident just making sure this resident keep trying to put  
196 her back in her room and stuff um... the red team was quite an issue because obviously no  
197 one particularly wanted to be in the red team

198 W: sure

199 H: so we relied on people to come forward and say like yeah, to nominate themselves to be  
200 on it, but we also took into account people's like, vulnerabilities like, we had a lady there  
201 who works there whose recovering from cancer, so we were like, "you're not going in there",  
202 like but they were really good, everyone was really quite brave and we got our red team  
203 going, and um.. both those residents survived, and they were fine and then it sort of really hit  
204 us in December (2020) and that's when everyone started getting it and people were dropping  
205 like flies, staff, we had agency in and then the agency staff, and the agencies didn't have  
206 enough staff to go around because obviously, everyone, I'd be on the phone to the doctor

207 telling them “this person, this person, this person’s unwell” and they were saying “It’s every  
208 care home, it’s every care home in the vicinity is having the same trouble at the moment”  
209 um.. yeah...

210 W: how was that, that sounds exhausting

211 H: It really really was I think at one point we had one, one night staff who was, she wasn’t a  
212 senior member of the night staff um, but she’d been a member of the night staff for a few  
213 years, leading four other agency staff that you know, and she did a really good job but you  
214 know everyone was just doing their best

215 W: In a really bad, really awful situation

216 H: yeah

217 W: that sounds terrible to be honest um...

218 H: No sorry Will you’re going to have to ask me questions

219 W: How would you say that whole, when Covid came into the country and the workplace  
220 began to react to Covid in the work home, in the care home, how did that affect your work-  
221 life balance?

222 H: Um well, I was having to do a lot more shifts so ... yeah. I was doing over seventy hours  
223 at points um... just because, the whole management team were off with Covid and a lot of the  
224 general staff were off as well so I was spending a lot more time at work and when I was  
225 coming home I was a lot more conscious of bringing it home to my family that I would sort  
226 of sit in the kitchen with a visor on at points you know, you don’t feel like you’re at home,  
227 you’re just waiting, trying not to be near anyone and waiting for your next shift so it did feel  
228 quite un- very surreal actually but yeah it did, and I think especially over Christmas because  
229 so many people were off and so many people were so poorly I did end up working all through  
230 Christmas and I think the kids were quite upset about that and you know the rest of the family  
231 you know so we weren’t able to see each other, you know my mum and stuff, but yeah.. it  
232 wasn’t like a Christmas, it was quite sad and even down the home usually we do a big thing  
233 everyone sits together we have a lovely table laid out Christmas Day it was just like everyone  
234 in their rooms, isolating and it just felt like it wasn’t real, like it was awful, a really sad day

235 W: did you have, did you volunteer to work Christmas because of staff shortages and..

236 H: I wasn’t supposed to be working Christmas I was supposed to have it off... um but it was  
237 staff shortages there just wasn’t enough people, so I did nominate myself just to go in

238 W: I’m sure that made all the difference, like, having volunteers for

239 H: yeah they were very grateful, they were very grateful, after it all sort of ended they did,  
240 they did show their gratitude

241 W: was that in some sort of reward, incentive, gift card

242 H: I got a five-hundred pound bonus and just um, I mean all through it that period of  
243 Christmas where everyone was off and people were dying, a lot of people were dying every  
244 single day, the owner was texting me every day, every single day, supporting me, telling me



245 because she was really really really poorly, and I kept saying “don’t worry just rest, relax, get  
246 better” she did, she really supported me

247 W: that’s really nice, it probably makes the difference to you when it’s hard, when it’s hard  
248 for everyone a little bit of comradery

249 H: yeah

250 W: um.. were there any frequent problems you faced during the outbreak ?

251 H: Um... well... um... frequent problems... just general really, like making sure people  
252 were, we were just desperately trying to get fluids into people all the time so um... and um...  
253 we weren’t allowed to bring anyone with positives dishes and like plates and stuff back to the  
254 kitchen for infection control reasons so we were like washing up and sterilising everything in  
255 like the communal bathrooms before we could bring it the kitchen, so like we’d finish  
256 someone’s water jug and we’d like.... We were having to sterilise them before we took them  
257 back to the kitchen to be refilled and and and that. In the end I just said, “Keep the jugs in the  
258 rooms and we found some big massive bottles and we were just going around filling them up  
259 and that was hard work... but um... other problems like families ringing up worrying ...  
260 everyone was phoning, worrying... but everyone would start the conversation like “Hi, I  
261 know you’re really busy, I know you’re really struggling down there but... we just want to  
262 know how mum is... “ and you’ll just like “Oh I know! She’s okay..” but you know it’s so  
263 like of course, if it was my mum I’d be desperate to know how she was, but um... “yeah we  
264 are really busy”.. and we had this one, this one woman and it was at the worst point and I’d  
265 just got off the phone to Dr. Gar- to the Dr. and I think we had twelve, she’d arranged for like  
266 twelve people to get PRICES meds, like end of life medications in place, and I was feeling  
267 really stressed about it and um... we had a resident, we have residents that are like, self-  
268 caring they look after themselves they are in separate contained flats, and you know and this  
269 particular lady she can make her own tea, she has her own kettle she really fine, really self-  
270 sufficient and I’d just got off the phone to the doctor arranging all these awful medications  
271 and had a phone call from her niece who she’s not spoken to in .. years.. um... screaming and  
272 shouting at me down the phone “no-one’s been and made such-and-such a cup of tea, how  
273 dare you...” and just really really going for me and I just broke down, and was like “I’m  
274 really sorry I’ll go and see her now” and then I just sat down and cried, I couldn’t believe it  
275 that this woman, and I went to see her and she was fine, just about her room, able to make  
276 herself a cup of tea just felt a bit <mimes hands rotating besides head>, you know, “I just feel  
277 a bit giddy” I was like, “alright darling, I’ll make you a cup of tea”. But um yeah it was very  
278 fraught, very fraught, a lot of very worried families, ermm... so yeah It’s all time, time just  
279 didn’t seem to be enough time for everything and you know looking after these really really  
280 poorly people, having to make phone calls and let people know that their loved ones had  
281 Covid and unfortunately their loved ones passed away that was really really hard, so  
282 definitely there were a lot of problems <laughs> but there was no answer to the problems

283 W: no,

284 H: nothing anyone could have done, nothing better we had scraped around for as much staff  
285 as we could get but you know....

286 W: you just have to do the job as best you can at the end of the day

- 287 H: exactly.
- 288 W: that is, that sounds harrowing to be honest
- 289 H:<quietly> it was awful
- 290 <15second silence>
- 291 W: you hear, I've heard things about care experiences and you hear things on the news and  
292 you talk to people that you know and things are very different but listening to you talk then  
293 was, suddenly it was like I was there, you know listening to you talk about it was... did you  
294 have to deal with the end of life meds and the illness and death notifications because the  
295 managerial team were sick, or was that part of your role generally?
- 296 H: erm well... [], sorry I'm probably not allowed to say names, my deputy manager she was  
297 unwell but mildly, at home so she was working from home doing the death notifications and  
298 stuff um.. that side of it... um... obviously we had to get the district nurses in to administer  
299 the end of life medications where we aren't qualified to do it erm.. that was quite a struggle  
300 sometimes because obviously they are really overstretched themselves um so sometimes we  
301 had quite a long wait for them to come but they were very very good... .. but we... we.. as  
302 the care lead team which by that time was just me and my colleague Colin cos the other two  
303 were unwell... so we had to, Min- deputy manager took care of death notifications but we  
304 had to contact the families and let them know um that their loved ones had passed away and  
305 deal with the funeral directors and stuff and get them out
- 306 W: your job changed quite a lot with what you were expected to do with infection control and  
307 admin duties
- 308 H: yeah yeah, absolutely
- 309 W: and obviously with less staff and more requirements there's... how was the, how were the  
310 care plans impacted by all the extra requirements?
- 311 H: well, actually that's a very good question, Will, ... we... did not... touch any of the care  
312 plans through that period you know where everyone had it, we didn't touch the computers  
313 unless we were writing on something really, like such-and-such has end of life medication in  
314 place, or unless it was directly to do with covid it wasn't going on the system, so obviously  
315 after when things had settled own we had so many overdue things to do, like hundreds,  
316 hundreds and hundreds of overdue care plans, risk assessments, general assessments... yeah  
317 we didn't do anything like that because we were just physically keeping these people alive or  
318 helping them die peacefully and out of pain
- 319 W: um, that's difficult, I'm I'm not I don't know, it's difficult to hear let alone live it... we'll  
320 leave that alone that question that's a good, excellent answer thank you. Do you feel your job  
321 is more or less a risk to your health and wellbeing now compared to before Covid?
- 322 H: I think it's more of a risk now um ... yeah... we did because even when we had it we were  
323 dealing with it and even now dealing with people we are letting visitors in, we have to let  
324 visitors in... although they do their LFT (lateral Flow) tests before they come in I'm not one  
325 hundred percent convinced how good the LFT tests are, because we, we've had so many false  
326 positives, false negatives you know and inconclusives... so you know, you're forced to  
327 interact with people I mean we have the doctor back out the district nurses back in they

328 weren't coming in unless it was to administer end of life medications, so you are you are  
329 more at risk because you're having to interact with people who may have just been with  
330 someone who has Covid, the residents we have taken in um.. could potentially have it, you  
331 know we had a massive in- yeah that's yeah, you do feel more at risk and when it was all  
332 going on you were just walking around going "I'm going to get it eventually" like, I'm going  
333 to get it eventually like going into people's rooms "I'm going to get it eventually" like, and  
334 yeah, you do .. so yeah, I do feel that there is more of a risk now

335 W: did the home take on a lot of residents, because the hospitals erm were clearing beds out  
336 weren't they, did Littlebourne House have to take many people?

337 H: No so, the owners.. said.. basically, as soon as they started ringing round she said, she said  
338 "she knows its probably quite selfish but she's not putting her residents at risk" and they'd  
339 keep phoning and saying, "no you've got to take some, please take some of these residents  
340 from hospital" and she was saying "no", she kept saying no and she kept that throughout the  
341 whole thing, not taking anyone from hospital unless "I want them tested and stuff" and we  
342 didn't, we didn't take anyone any new residents over that period..

343 W: I suppose that's at least a blessing in some regard

344 H: hmm because I know that was definitely the downfall of a lot of homes, they were so  
345 desperate o get these people out you know, I work with other people who work in other care  
346 homes and stuff and they didn't have that option ... yeah, they took them in

347 W: oh dear.. you said, a minute ago you said about the lateral flow and how you don't you  
348 don't think they are that reliable because of all the positives and negatives, how does that  
349 make you feel, that your um your entire sector is relying on tests that probably aren't that  
350 reliable to keep you safe?

351 H: It's frustrating, very frustrating um .... Yeah, I mean yeah, I don't know any, if they  
352 are you know are effective or not but from what I've seen, I've seen people that have had  
353 negative LFT tests and then their PCR has come back positive and vice versa you know,  
354 positive LFTs and negative PCRs you know, people have lost a lot of wages through, through  
355 those tests as well

356 W: yeah sure

357 H: but yeah I mean I don't know if they are improved over time or anything, I think, they  
358 seem... compared to the beginning we were getting a lot of unsure tests and like a lot of  
359 inconclusives and stuff now they seem to be um... I don't know, they seem to be better, I  
360 don't know if they've improved them or like anything but they seem to be a lot more level ...  
361 yeah...

362 W: okay um... and your work relationships during Covid either at the beginning where things  
363 were changing you said obviously about the masks and the PPE previously where they are  
364 trying to ration gloves, how did, how were your work relationships effected during Covid?

365 H: um.. there was a lots of Blitz spirit actually

366 W: yeah?

367 H: yeah I think we were sort of like, the last few standing were.. just like... bolstering each  
368 other up and you know a lot of humour which you just, we just had to, you have to when you  
369 work in care, so um yeah, I think ... me and [REDACTED], he's my counterpart and we were sort of  
370 the last one's there in a managerial role, over that time, we we just we have such a strong  
371 bond now, such a strong bond it's like it's really really amazing we are best friends after it  
372 all, but yeah we were, there were a few staff at the beginning when we were having to, when  
373 it was first when lockdown first started to happen and stuff who were like, "it's a load of  
374 rubbish, Covid pah, it's fake news, fake news" and all this and that was annoying for us that  
375 they weren't taking it seriously and, but then as soon as we started getting positive cases in  
376 the home they were like "I'm, I'm not going in there, I'm not going in there" like ...  
377 <puzzled face>

378 W: right

379 H: yeah it was annoying, but I think there was a lot of really good teamwork and yeah, I think  
380 it was all quite positive

381 W: did those staff that were ... belligerent is probably the wrong word but were... less  
382 cooperatively minded let's say, did they do you think they had more time off were they, like,  
383 if you don't believe in something then you can't get sick so, are you still at work or are you  
384 still off and still claiming

385 H: um... well.. she, that particular lady actually left um.. but.. we did have some staff off  
386 because they had loved ones at home that were unwell ...

387 W: sure

388 H: so a couple of the cleaning staff actually whose husbands were are old and unwell, they,  
389 they um just took time off like compassionate leave I guess

390 W: right yeah yeah because I suppose you have to be a barrier at some point ... Um.... You  
391 spoke about how your job affected your personal life during Covid and how you were doing  
392 seventy hour weeks and um Christmas was impacted massively is there anything else you  
393 could, or would like to add to how Covid affected your personal life?

394 H: um yup... um... I've always suffered with, well for a long time suffered with anxiety I  
395 used to be on Propanilul, I was on Propanilul for a long time um I think at one point I can't  
396 even remember if it, if it was before Christmas, I can't remember when it was, it was when  
397 we had it in the home and everyone was poorly and there wasn't enough staff and we you  
398 know, at one point I did have to leave work.. early.. and I came home.. and was so shaky I,  
399 I'd come off the Propanilul a year or two before, that I just phoned the surgery ... and spoke  
400 to Dr. Gregory who is also the doctor to where I work and he just said, I explained, and he  
401 was just like "what do you want? I'll give you anything, do you want me to sign you off? Do  
402 you want this that" "I don't know.." "Do you want some more Propanilul, see, you know that  
403 helped you before" so I did end of going back on the Propanilul because I just got-hit this  
404 point where I was so overwhelmed, there was piles of paperwork, like no room, running out  
405 of room to store all of these crisis medications, they were bringing oxygen in, you're having  
406 to run round checking everyone's oxygen levels, adjusting that, just the responsibility at that  
407 point was just so pheew (skyhigh) I just sat down at the laptop one day and was like there's

408 just too much for my brain to, I don't know what to do first, I'm going to have to go home, so  
409 I went home that day so it definitely had an effect on my anxiety

410 W: okay... mm do you think socialising helped that, the anxiety, mitigating dealing with the  
411 extra stress and responsibility, or were you able to socialise at all?

412 H: No No, didn't socialise at all, it was lockdown anyway, I guess, a lot of support from my  
413 sisters I know was very good, I mean she had to take me to collect my prescription one of my  
414 sisters and that was nice ... she's like had it and she was like calming me down, rationalising  
415 everything so yeah

416 W: so, family bonding was er relying on your family structure was important

417 H: yep

418 W: what about your friends, how did they react, how did that make you feel ?

419 H: um... ... sort of didn't really, I mean I work with a lot of my friends so they were in the  
420 same boat as me and really most of my other friends also work in care so it was you know  
421 just a lot of "oh my god, how is it at your place?" you know and socialising was more like  
422 well it was like on the phone a lot really because we weren't allowed to see each other but it  
423 was like even socialising was about work, all my friends work in care to some degree and so  
424 it was just like comparing "God how awful is it where you are?" you know so yeah

425 W: I'm sure the dark humour was rife at those times

426 H: Yeah <laughing> god yeah

427 W: Do you think the humour was more prevalent or did it get darker as things got worse? Do  
428 you think... um, do you see what I mean?

429 H: yeah I think... I think um... yeah I think um my mood started getting darker but my  
430 colleague, [REDACTED] who is my you know, the other care lead he's Northern and he's so funny  
431 and positive and upbeat and like would pull you out of it by telling you a dirty joke or by  
432 telling you "god do you remember, oh thingy... " you know and make you laugh and then  
433 yeah and so that sort of like relationship we have now is <laughing> yeah.. so I think it  
434 helped get us through

435 W: sure um ... Does any of the, has Covid, do any of the things that affected you life during  
436 Covid, do they effect your life now ? Like the long shifts um the fear of infection etc

437 H: Yes, um... yeah as you said before shockingly four-hundred thousand gaps in care at the  
438 moment um and yeah we can feel it, we sta- so up until the last week or so actually and we've  
439 all been having to do extra shifts, it's just .. to... because there is a shortfall in carers... but...  
440 I think now.. we are starting to use less agency, we have had some people employed, so it's  
441 gradually easing off and then going back to whether they stay or not who knows

442 W: sure, so is it, would you say that it's a similar situation now and pre-covid where there's  
443 some agency and new staff and then the agency and new staff seem to fill up the gap in your  
444 employment rosters?

445 H: pretty much, before covid we never used agency

446 W: at all ?

447 H: never. Never needed to but yeah, it's um since, well during Covid and since we've relied  
448 heavily on agency staff

449 W: how has that affected, like work relationships and team morale and cohesion

450 H: its really difficult because you get your team, and you all know each other and stuff... and  
451 constantly getting new people, who don't know the residents as well, that's really difficult,  
452 and they are such hard workers, I've never met one that hasn't been .. um... but it definitely  
453 does make a difference... you have to keep telling them what to do and it's not their fault but  
454 they don't know the residents so you have to go and say like, "this person has this care.." go  
455 off and do yours, I mean I don't do care anymore but that's what the girls like always say to  
456 me um then go back and check they've managed to do that person okay, you know we are a  
457 sixty bed home and um yeah, so it's hard... work anyway without people that don't really  
458 know the place they don't know where they are going it massive, it's like a rabbit warren it's  
459 a really old building that's got corridors going off corridors you could lose someone forever  
460 in there <laughs> so yeah, so it's um and you're not working with your friends so the care  
461 team is really close knit, and it, and they have a laugh and a joke, they're friends, we are all  
462 friends and um you know it does make your working day longer and a lot more stressful  
463 when you're, and you think "Oh I'll probably never see this person again they are probably  
464 only here for one shift and then I'll get another new person", we did try to get them, to ask  
465 the agencies to give us the same people as much as possible, but it wasn't always possible

466 W: no I suppose if every care home in the area is in the same position it's...

467 H: yep,

468 W: erm how would you say you managed or coped with the stress – actually let me take that  
469 back, has how you coped with stress changed throughout Covid?

470 H: yeah I think so, I think I've sort of learnt to take a bit of me time now and again because...  
471 I hate the word 'trigger' but like I think what led to that anxious episode more was everyone  
472 going "You're going to burn yourself out.." and I was fine I was doing doing doing and  
473 everyone's going "You're goinna burn yourself out, love, you'll burn yourself out", and it  
474 makes you think, "Oh am I burning myself out?" you know, so now I do make a point of  
475 giving myself days off and I'm not going to do anything all day, I'm going to sit and watch  
476 Youtube videos and just, and I think that's really important, take the dog for a walk and not  
477 you know, so I think ... through other people.. you know.. I think I do give myself a bit more  
478 of a break now when I am off

479 W: okay... um.. that is the end of the Covid section so thank you that was very insightful and  
480 quite hard to listen to, um.. . there's a little bit of a debrief here, I'll ask you some nicer  
481 questions and then I will err reiterate the consent and then I'll stop the recording and then if  
482 you've got any further questions or you want to talk about how it went we can do that

483 H: okay

484 W: cool, and we should be on course to finish about twelve oclock

485 H: cool

- 486 W: what are the highlights of your shifts at work, Hannah?
- 487 H: um highlights, um... colleagues um ... um... and the residents just like, it sounds really  
488 general doesn't it but just "hi.." going in and greeting, being greeted by happy people and  
489 making things happen for them, like simple things like I overheard a couple of them talking  
490 the other day and they were saying "I would love it if it was sausage, mash, and beans today"  
491 and they were talking about it "Oh yes, I used to love a bit of sausage, mash, and beans" they  
492 never have that at the home, it's always meat and two veg with gravy um and I just went to  
493 the kitchen and said "Rob, oh they want a bit of sausage mash and beans" and he just made it  
494 for them and it was just lovely to see them at lunch having their... you know small things  
495 that, I like making small things happen that improves their day.. that's probably a highlight  
496 <laughs>
- 497 W: yeah it sounds really nice um, was there a best part of lockdown for you?
- 498 H: a best part?
- 499 W: yeah
- 500 H: ..... no <laughs> no I don't think so,... I mean.. I guess.. seeing my children more, not  
501 having to... not having to worry if they got to school okay and what's the time are they back  
502 yet you know, that's as much of a highlight as I got out of lockdown
- 503 W: <laughs> and what are you looking forward to in the coming year? Have you got any  
504 plans?
- 505 H: looking forward to completing my diploma so I don't have to do it anymore um but no no  
506 treally, I haven't, haven't made any plans
- 507 W: what does the diploma qualify you for, Hannah?
- 508 H: Um leadership and management in social care, so it's basically I could be a registered  
509 manager of a care home with that qualification
- 510 W: that'd good, not so much a change of scenery but a change of situation surely? Alright  
511 that is the end, thank you very much um
- 512 H: sorry I was rambling
- 513 W: no that's exactly what I want I need the information, it's the reason we do the kind of  
514 questionnaires because if you do surveys people are like um "Christmas was shit" "people  
515 died", and it's like obviously but you need the context to give, basically the reason I'm doing  
516 this and got ethical approval is because all of the research is quantitative, it's all numbers,  
517 because it's much faster so you can do one hundred thousand people in six weeks,
- 518 H: oh okay yeah
- 519 W: but you don't really know what's going on because if you ask the wrong question you get  
520 the wrong answer so this is a bit more nuanced I suppose
- 521 H: Interesting
- 522 W: yeah it's quite

523 H: good for you

524 W: um are you still happy to participate in the interview?

525 H: yes

526 W: excellent, right I will stop the recording



## Interview\_2\_Jenny\_Senior\_Care\_Lead

- 1 W: I'm going to ask you if you've read the participant information sheet and if you are happy  
2 to participate –
- 3 ET: <nods>
- 4 W: Excellent, okay... erm... whereabouts are you based?
- 5 E: err in Deal
- 6 W: Okay, and how old are you?
- 7 E: How old, oh, I'm 22
- 8 W: 22, okay... do you have any dependents?
- 9 E: No
- 10 W: okay... So, the way this is going to work is I'll do some introduction questions, just as,  
11 like, generals, and then there will be a big block about before the pandemic, your work  
12 experiences –
- 13 E: <nods>
- 14 W: then during the pandemic and then it winds down and that's the end of that
- 15 E: yep, that's fine
- 16 W: okay, cool.... Okay... ermm... so do you work full time or part time?
- 17 E: erm full time
- 18 W: Okay, and what motivated you to take the position?
- 19 E: Erm, so I was actually doing health and social care at college, and I, erm, I had to go there  
20 once a week to do my placement, like basically volunteer hours, and I always thought, erm,  
21 no I definitely don't want to work in a care home, like my view on it was definitely a  
22 negative one and then I started my volunteering and just absolutely loved it –
- 23 W: right
- 24 E: and I said to them, like, I hate I really hated college, like I was sort of, I was passed the  
25 point of liking education anymore so I'd done my sixth form and I was like, ready to not be  
26 sat in a classroom anymore-
- 27 W: sure
- 28 E: so I sort of went to them and asked would you be prepared to sort of like offer me a job,  
29 and they were like yeah, so yeah, so it sort of just went from there really <laughs>
- 30 W: Oh right, how long have you been doing it?

- 31 E: about three and a half years
- 32 W: Oh right, that's quite a long time
- 33 E: <nods> yeah
- 34 W: You must enjoy it?
- 35 E: yeah yeah, I loved it yeah.
- 36 W: Okay, excellent, erm.. did Covid affect you in anyway?
- 37 E: Not personally
- 38 W: No?
- 39 E: no
- 40 W: Friends and family, or...?
- 41 E: Not really no, <shakes head>
- 42 W: Oh so you escaped unscathed or?
- 43 E: yeah, yeah, it was pretty lucky really yeah
- 44 W: Okay, alright this next set of questions is about before the pandemic. Can you explain
- 45 how you felt about your work-life before Covid?
- 46 E: erm... pretty happy really. Yeah it was a nice place to work, I think we were I was quite
- 47 lucky where it was um, and everyone was lovely, um, everyone got on well as a team, um,
- 48 there was nothing there was nothing negative really, it was it was one big happy family
- 49 <smiles and laughs>
- 50 W: oh well, okay,
- 51 E: yeah
- 52 W: Were there any frequent problems you faced at work before Covid?
- 53 E: Um.. not really no. Sort of, like, day to day issues like with residents and stuff but nothing
- 54 that was really like major ...
- 55 W:okay, so no staff issues, no absenteeism?
- 56 E: No, we were always over-staffed
- 57 W: really?
- 58 E: Yeah I think as a private care home obviously they do pay a little bit extra for like wages
- 59 and stuff, so and everyone that's been there has been there like 25 years the staff turnover is
- 60 tiny
- 61 W: jeez, that's, that's quite rare I think in care isn't it?
- 62 E: <Laughs> yeah definitely
- 63 W: so you don't use any agency staff?

- 64 E: no, no
- 65 W: Okay – excuse me a second, I’m just going to shut the window because someone has just  
66 started gardening ... right, lovely.. How would you describe access to work-related resources,  
67 like information, training etc ?
- 68 E: yeah, all pretty good really they were pretty hot on training, um, we used to have people  
69 come in quite regularly to do our training, so rather than us sit and do a booklet they would  
70 have people come in and do face to face training, which sometimes, which I personally think  
71 is a lot better
- 72 W: <nods>
- 73 E: because you actually engage the person who knows what they are talking about, rather  
74 than just sitting in front of a booklet and finding the answers in one and writing them down...
- 75 W: sure, and just trying to get through it?
- 76 E: yeah so it was all pretty good really
- 77 W; okay, that’s good erm.. would you say that any thoughts about work occurred during your  
78 time off?
- 79 E:... no not really
- 80 W: no?
- 81 E: No it was pretty, pretty happy .. happy place really, there wasn’t sort of like, when you  
82 come home from work it was never like “Aw, I’ve got work tomorrow” I was always pretty  
83 happy to go to work like again in the morning
- 84 W: erm okay, what were your shifts? Were they 8 hour blocks or 12?
- 85 E: erm so it would be 6 hours or twelve hours
- 86 W: that’s quite good
- 87 E: yeah, sort of, I, my personal shifts would vary so sometimes I would do 2 twelve hour  
88 shifts and then the rest would be 6, or I would do like 3 twelve hour shifts, some people had  
89 set shifts but I never did, I just went here there and everywhere
- 90 W: okay, and were they day shifts, or evenings, or..
- 91 E: yeah I would do a couple of nights like when they needed help but but mainly days
- 92 W: Um okay... did you ever feel that your job was risky or dangerous before Covid?
- 93 E: no not really, it was pretty low risk really. It was, nothing nothing major that was really,  
94 there was no major risk that the elderly would really.. pose, and it was, yeah nothing really
- 95 W: sure, was it a dementia carehome, Ellie, or was it?
- 96 E: Residential, so you had a few dementia patients but nothing, they weren’t sort of like  
97 aggressive or uncontrollable, we were where we weren’t a secure unit we couldn’t have  
98 people that were trying to escape or trying to get out,

- 99 W: right
- 100 E: it was basically people that just couldn't live on their own and they needed help to get up  
101 and walk and just little things
- 102 W: sure okay, and what was your job role? Like the title on your contract?
- 103 E: So I was a senior care worker
- 104 W: Okay cool, and so your working relationships with colleagues, management and residents  
105 .. how were they?
- 106 E: yeah all really good..
- 107 W: yeah?
- 108 E: yeah like I said it was like one big family really, they took me under their wing and... sort  
109 of... went from there really
- 110 W: would you say that your job affected your personal life at all? Either the shift rotations or  
111 the stress?
- 112 E: ... errrrmm... sometimes, I mean, obviously when you are looking after people for a long  
113 time and they pass away it can, I used to get quite upset cos obviously you do form quite nice  
114 relationships with them.. I always said, like, I have loads of grandparents there, they were all  
115 like my grand parents <smiles and laughs>
- 116 W: that's really sweet
- 117 E: so yeah, when they used to pass away it was sad and I would come home and I would  
118 obviously be upset about it, erm ... but yeah I think that is just part of the job really... I think  
119 that yo just have to accept that's, that's the sort of the con about the job that you do obviously  
120 lose people..
- 121 W: sure.. erm.. how would you manage that sort of stress?
- 122 E: erm as a home we would sort of sit down and we would talk about everyone, we would sit  
123 as a group and talk about people that we've lost in like a nice positive ways, and we'd still  
124 now we'd sit and laugh and talk about them all and all the funny little things they used to do  
125 and how some of them had their set ways and what they used to like doing and ... yeah.. sort  
126 of rather than thinking of it as a sad thing we remembered them as a positive..
- 127 W: And all the good things they brought to your days?
- 128 E: yeah, yeah definitely
- 129 W: okay ermm, and personally do you do anything to manage the stress?
- 130 E: ermm.... Not really, I would just sort of sit an talk to everyone at work really, I knew that,  
131 I knew that if I was feeling particularly down or sad that day I knew that I could go and speak  
132 to my manager and be like, "Aw I'm feeling really down" or go and see one of the other girls  
133 and sort of sit and talk to them about it, so no not really, yeah
- 134 W: so the support at work was really good, but it didn't affect you at home

- 135 E: No yeah no yeah it was really good
- 136 W: okay excellent, that's the first section done so this one is about during the pandemic and a  
137 little bit about just at the outset..
- 138 E: <nods>
- 139 (8mins)
- 140 W: so what changed about your workplace at the outset of Covid? Maybe before, as it starts  
141 to come around the world and everyone starts to panic a little bit
- 142 E: erm.... So when it first started obviously we were aware of what was going on and I mean  
143 I don't think anyone thought it was going to go quite so, how it went <laughs> I think  
144 everyone thought it as going to be one of those things that stayed in China and it was, we  
145 were just going to watch it from the back row kind of thing, erm so yeah, so on the on the  
146 beginning part of it we weren't, nothing was really too nothing really changed that much, we  
147 sort of just carried on day to day.. obviously watching the news a lot erm so yeah we sort of  
148 just carried on as we were, obviously we were a bit more wary about what was going on but it  
149 wasn't like a direct impact on us
- 150 W: Okay so the employer didn't change anything about duties, responsibilities or anything?
- 151 E: Not really, not when it first started
- 152 W: okay, and what about once England was in lockdowns and Covid was everywhere?
- 153 E: erm, so obviously they bought in masks at work, ermm, a lot more PPE, erm we had these  
154 clear apron things obviously we were wearing gloves into basically every resident that we  
155 went into like regardless of what we were doing, um ... .. we had to.. she was like a lot more  
156 hot a lot hotter on the cleaning everything would have to be cleaned like twice a day, but I  
157 mean, right at the beginning when everything kicked off in England we literally didn't have  
158 anything, we had no masks, where, where we didn't really have to have them before, like we  
159 rarely ever use masks, like before, so then suddenly like the whole world is like we need  
160 masks so erm, yeah we literally had nothing, no masks, so a lot of the time luckily where we  
161 were in [REDACTED] it was like a really lovely village, and my boss put this thing on  
162 Facebook, like we are literally crying out for masks we literally have none, and a lot of the  
163 villagers bought in masks, packs, boxes of masks for us..
- 164 W: Jesus..
- 165 E: yeah we literally had nothing, and the stuff that the government had sent us.. erm.. they  
166 were the tie-up masks, around the back they weren't the ones that went over your ears, so  
167 yeah we wore them for like a couple of weeks, a few months maybe, and then it turned out  
168 that they were actually pointless..
- 169 W: Right?
- 170 E: <smiles> they actually didn't do anything, and on the box itself, erm, there was a sticker  
171 over the top of the expiry date and when you peeled the sticker off they were actually out of  
172 date...
- 173 W: Riight..

- 174 E:<smiles> yeah..
- 175 W: How did that go down?
- 176 E: well, we were obviously like pretty shocked, we'd been sent these masks to like, protect us
- 177 W: sure
- 178 E: and it actually turned out that they were out of date ... hmmm...
- 179 W: I bet that was like...
- 180 E: there was, on the nose part this blue this blue foam and whenever you'd take them off
- 181 you'd be covered in this blue foam ...
- 182 W:<nods>
- 183 E: and obviously we think that was, the mask itself didn't start to break down, but that was
- 184 the part that was...
- 185 W: the weakest?
- 186 E: yeah, so then we were like covered in this foam and we had to change them all the time ...
- 187 W: right
- 188 E: And it turned out that they were out of date..
- 189 W: did you have trouble getting PPE throughout the rest of the pandemic as well, or did it..
- 190 E: Yeah definitely... um.. there was point where we literally couldn't get any ... the only
- 191 gloves we could get were large gloves which is fine, but not really suitable.. if you've got tiny
- 192 hands and you're putting your hand in a large glove, like anything, like you're not really
- 193 protecting yourself really because anything can go down the the entrance bit so it was
- 194 basically pointless
- 195 W: was that a common experience in the home, that people were using the wrong size gloves
- 196 ?
- 197 E: yeah definitely, obviously we had to use them to do certain things.. um.. and if that's all
- 198 you've got, that's all you've got you can't not do it because you haven't got the right size
- 199 glove um ... yeah masks were always a difficult thing to get hold of, and obviously once the
- 200 companies cottoned on to the fact that carehomes needed them, they put all their prices up ...
- 201 W: right.
- 202 E: so yeah, I think my manager paid ridiculous prices for these masks in the end , but
- 203 obviously where we were a private care home, we were quite lucky that money wasn't really
- 204 a problem, like the owner of our company was always like, literally just get what you need to
- 205 get, it doesn't matter how much it costs, just get it, like ..
- 206 W: Sure,
- 207 E: she was pretty happy like just get what you can .. so yeah she was like, we were scouting
- 208 ... everywhere... for masks, gloves.. if we went out somewhere, she'd be like, just grab what

209 you can and I'll give you the money back, so um yeah a lot of it we did rely on one another to  
210 sort of provide the PPE right at the beginning...

211 W: it sounds a little bit desperate, but... um, also like everyone is invested in everyone else's  
212 welfare like..

213 E: yeah definitely, and it was just lovely that like the as the [REDACTED] village obviously we  
214 didn't expect what we got and they were like, they bring it in, bring gloves in, literally  
215 whatever they could find they would bring in for us, so yeah there was a nice sense of  
216 community outside of the carehome as well

217 W: is it quite a large place then? Are there a lot of residents?

218 E: um... I think full capacity is like 30

219 W: So that's quite small

220 E: yeah it's not huge, it's quite small

221 W: Okay, um... what about were there any changes to holidays people had booked off, or did  
222 you have difficulty with the tasks taking longer because of the infection protection ?

223 E: yeah so, obviously a lot of the holidays that people had booked, where they could no  
224 longer go on them they sort of wanted their holiday back...

225 W: right

226 E: and... it was sort of one of them situations like, well you've got to take holiday at some  
227 point so you may as well take your holiday but then people were off on their holiday and  
228 during while they were off people were getting Covid and having to self-isolate and we were  
229 left short staffed because people were on holiday and people were isolating and getting called  
230 back, it was a bit of a nightmare in the beginning um... yeah, a lot of people sort of agreed to  
231 have their holiday and then it got taken back from them anyway, so...

232 W: so were the staff alright about that or was there?

233 E: No, they sort of understood, like, look it's not like they could go out and do anything  
234 because we are in a lockdown so it's not like they can go and have a jolly, like go out for  
235 dinner and stuff they were stuck at home, so yeah, they were probably quite glad to get away  
236 from their family to be fair <laughs>

237 W:<smiles> back to work

238 E:<smiling> yeah definitely

239 W: Okay, can you tell me about how you feel about your work life during Covid, whether it  
240 changed from before covid?

241 E: um... yeah, I mean it was definitely difficult, I mean when I took the job and started doing  
242 my training it was nothing, it was definitely not what I thought was ever going to happen, and  
243 as a care home, coming out of it I think I think I've learnt a lot about obviously infection  
244 control and what happens in a pandemic, and on the other side of it not just someone living  
245 through it like, because we had to work through it ..

246 W: sure

247 (16mins)

248 E: everyday was like a massive risk... like, like before we went into doing regular testing, at  
249 the time we had family, my other family staying with us here, so we had my nieces and  
250 nephews staying at home, erm and obviously my mum and sister would go out shopping, I  
251 sort of sort of tended to not go because I thought like, I thought I don't want to go and then  
252 pick something up and then take it to work, I sort of like, stayed stayed but even then them  
253 going out and coming in, you were never .. in the peak of it you were never sure, like if I was  
254 going to take it to work and there was always that massive risk, erm... and I mean that was  
255 before the regular testing came in, so even then we weren't 100% sure whether we had it or  
256 not, erm.. and obviously before everyone was vaccinated as well.. so yeah.. it was really  
257 difficult and it changed, changed my view on on how thing sort of work and it was, I don't  
258 know, my job before it was an easy ride really it was, everyday was I went in and I knew  
259 what I was doing and it was like same-old-same-old and then sort of covid hit and it was like,  
260 like I need to step up my game <laughs> you had to be a lot more hotter on going in to  
261 somewhere and knowing what you were doing, what you were touching, cleaning up yourself  
262 if someone wasn't feeling well at work you'd be straight on it, straight doing their  
263 temperature and PCR test... um, yeah, you did have to be pretty on it.

264 W: do you think you felt more personally at risk then, between your family doing whatever  
265 they had to do, between the part of you that is employed and the part of you that's just a  
266 person?

267 E: yeah definitely, it was sort of like, you were a bit torn really. Um... And I know at one  
268 point at work when things were getting really bad, and I know that in [REDACTED] the rates and  
269 things were rising around us, there was talk of people, we were actually going to stay at work,  
270 so people were going to do two weeks on and two weeks off..

271 W: Jeez...

272 E: yeah, so there was they were talking about who was going to stay like who was going to  
273 live, to basically live at work, for two weeks, because at the time that was the only way that  
274 we could see how we would be able to keep ourselves enclosed and not actually let anything  
275 in.. um, so... it never actually came to that, but yeah there was talk of that at one point, which  
276 I mean.. I couldn't think of anything worse, having to live at work for two weeks <laughs>  
277 yeah being stuck with everyone and that was one thing we all had to consider was that we,  
278 okay as staffing members we see each other regularly day-to-day in the week, but would we  
279 actually be able to live together for 2 weeks without us having any problems, yeah, we are  
280 there to work .. but you've got to be able to get on with people to be able to live with them  
281 day in day out for two weeks..

282 W: sure..

283 E: so yeah, that was, that was thought of by, I mean they didn't do it in the end.. but yeah

284 W: Okay, do you think that affected you differently than your colleagues because you don't  
285 have any dependents?



- 286 E: yeah definitely, I always said like I would be more than happy to do it umm because, as  
287 you say, I don't have children it's literally, it's literally just me and my mum at home,  
288 obviously at the time it was my brother and his kids as well, but obviously they aren't my  
289 direct kids so ... <shrugs> I would have rather volunteered myself than someone that's got  
290 kids because I feel like that wouldn't have really been fair ...
- 291 W: yeah okay
- 292 E: um... .. but yeah ... yeah
- 293 W: Okay and how about your work relationships, obviously that sounds like a very involved  
294 scenario to get people at work to live together but how was the staff and the management  
295 throughout covid?
- 296 E: Um... I mean it was stressful, there was a lot of arguments <laughs> yeah I think with  
297 everyone just got to the point where they'd had enough um... not even at work, but just like  
298 life in general they were like why? Like why? And sort of everyone at work had their own  
299 personal things going on whether that was they knew someone that was directly impacted or  
300 whether it was a family member of them that was poorly or they had to go and isolate so, so..  
301 yeah I think everyone was under a lot of stress and everyone was trying to protect themselves  
302 as well as each other ... um.. because no-one wanted to be that person that brought it into the  
303 home <laughs> and we would joke about who that person would be, it sounds like an awful  
304 thing to joke about but, I mean, I feel like the situations we found ourselves in, you had to  
305 laugh and joke about it otherwise... everyone would just sit and cry <laughs>
- 306 W: yeah, was there a lot of dark humour during Covid?
- 307 E: yeah definitely yeah, I think that was like, our way of getting through it ...
- 308 W: okay
- 309 E: we would sort of just sit and joke ... and say things that probably weren't really that funny  
310 but to us it was hilarious <laughs>
- 311 W: would you say that was the same before covid?
- 312 E: I mean, not really, we obviously before covid we would sit and have a joke and things, but  
313 I think... covid, in a weird way brought us closer, so where we were sort of, when we were in  
314 lockdown and at home you couldn't go anywhere, so like us going to work was like a dream,  
315 like we were actually allowed to get out the house and like go and see people, so I think we  
316 sort of treated it like we are going to see our friends ..
- 317 W: right
- 318 E: so, yeah we would quite often sit and and have a natter and on residents birthdays and on  
319 our birthdays we'd all sit and have a glass of prosecco and it would sort of <smiles> turn into  
320 a bit of socialising really.. yeah it wasn't, it wasn't, it wasn't work. It was but it wasn't  
321 <laughs>
- 322 W: yeah sure, it was like as least work-like as it could be?
- 323 E: yeah definitely, yeah

- 324 W: okay... were there any frequent yeah any frequent problems you faced because of Covid,  
325 besides the PPE and...
- 326 E: um... obviously um.. when residents passed um we did have the issue of finding new  
327 people for the rooms ...
- 328 W: Okay..
- 329 E: often, and I know that a lot of care homes ended up having positive patients come in to  
330 their care home. Um... we were quite lucky, where we're not, where we are a private care  
331 home our manager has the choice of whether she accepts NHS discharges or not, it's not  
332 something that the people are just sent to ours, actually we have the choice of saying yes or  
333 no... so a lot of the people, the new people that we had in, um.. they weren't from hospital,  
334 they were sort of people that were at home and the family just couldn't look after them  
335 anymore, it was too much of a risk for them to be going in and looking after them and  
336 obviously with work commitments and stuff of their own they couldn't necessarily do it all  
337 the time...
- 338 W: alright..
- 339 E: So, yeah finding new residents to actually fill the home back up.. um it was a problem um  
340 because youre looking at when people pass away you're losing that sum of money ...
- 341 W: Sure
- 342 E: but you've still got, you've still got the same staffing amount so you're, as it went on we  
343 were getting less and less residents but staff were staying the same ....
- 344 W: right
- 345 E: so I mean, income wise for the director and the manager, obviously it was an ongoing  
346 problem... and then furlough got brought in ... um... and ... to begin with it wasn't, we.. it  
347 wasn't something that they considered, they thought "no, we'll be alright, we'll be fine"...  
348 and then as time went on it, my manager was like, it's either we do it or people are going to  
349 lose their jobs... so...
- 350 W: right
- 351 E: So yeah furlough got brought in and they did it on a three-weekly basis..
- 352 W: okay
- 353 E: so a set number of staff, a set list of staff would go off for three weeks, they'd come in  
354 once a week, um, one day a week and do like a 12 hour shift um... and then after the end of  
355 the three weeks another set of people would go off, um.. so they made it pretty fair really,  
356 everyone had to do it, and it was a way that everyone could keep their jobs ..
- 357 W: was that just because so few, you'd lost enough residents that you couldn't fill the spaces?
- 358 E: yeah, literally like we went from being a full home to being like, 15 16 residents ...
- 359 W: that;s quite a lot ...

360 E: yeah I think as a whole over Covid, not, we didn't necessarily lose them to Covid, I don't  
361 think we lost anyone to Covid at work, I think we were pretty lucky really, um I think it was  
362 like 25 people

363 W: no..

364 E: yeah so, as we were sort of getting people in, they weren't necessarily well people.. they  
365 were coming to us for maybe palliative care or they were coming to us and things took a turn  
366 and they just got poorly and and when they got to us they sort of relaxed a bit and that's  
367 when, when everything went.. went a bit wrong .. .. and yeah <obviously emotional> they  
368 ended up passing away so .. yeah in total I think it was about 25 people that we lost .. over the  
369 year, um.. which obviously yeah, had an impact on everything else really because staffing  
370 was still at the levels that it was at when we had a full home and as.. going to work it was a  
371 bit boring really 'cos you had no-one, nothing to do <laughs> no-one to look after and not  
372 everyone at the home actually does need carers, some of them are self-caring.. so.. a lot of the  
373 time there was nothing really to do, and I think everyone was getting peeved off about the  
374 fact that some people were sort of like had stuff to do and some people didn't and ...

375 W: Right

376 E: yeah and I think everyone was getting a bit touchy and things by the end of it, and where  
377 there was so many staff no one had a job to do anymore so ...

378 W: and I guess that affected all your relationships, that made everything ... quite tense?

379 E: yeah, yeah definitely, which when furlough come in it was a bit of a.. it was a chance for  
380 some people to have a break as well...

381 W: Sure

382 E: I know that through Covid I was sort of working, like mad hours.. obviously I, I don't have  
383 kids so I don't.. there was no need for me to have to be at home um, so some weeks I was  
384 working like 14 days in a row and..

385 W: Cor..

386 E: just to cover for everyone else... and yeah.. by the time furlough came around I was like  
387 "yes! I'll take it" <smiles> "I'll take three weeks off that's fine by me" <laughs> yeah yeah

388 W: Okay.. with Covid being like an ever present thing now so you feel that your job is more  
389 or less of a risk than before?

390 E:... Um.... Hm hard to say, I think ... I think that it's something, something that we people  
391 have got to live with it, I think we've got to learn to live with it, so I think once we do that  
392 it'll be less of a risk, because ... because we know about it and we know what it is now it's  
393 not something that's new to us..

394 W: yeah

395 E: and we know what to look out for we know if someone has a dry cough and a temperature  
396 then chances are they've probably got it, and I mean we have we have the testing now.. like  
397 things are a lot more <inverted commas> "Safer" than they were and I think, I don't think we  
398 are thrown in the deep end quite so much so yeah, I don't think it's quite, I don't think it's

399 any more of a risk, I wouldn't say it's any less of a risk, I think at the moment it's sort of like,  
400 everyone's aware of what's going on so in time to come I think it will be less, I think its just  
401 something that we've got to learn to live with and sort of just not embrace but.. sort of... .. I  
402 don't know what the word is... ..

403 W: get used to?

404 E: Yeah! Yeah, just like everything else <smiles>

405 W: <laughs> okay, that's, you've answered some of the other questions already so that's the  
406 rest of that.. Can you explain how during Covid your job affected your personal life, any  
407 changes to shift patterns um ...

408 E: so, like I said, I was working ridiculous hours, hours that I would never do usually  
409 <laughs> um so yeah I was coming home I was pretty stressed out, I was tired, I'd had  
410 enough and I was coming home to a screaming house full of children and all I wanted to do  
411 was go to bed ..

412 W: sure

413 E: and obviously everyone, everyone was not having a sort of social life, you couldn't go out  
414 and see your friends, and you couldn't just go and see your family and... do you know what I  
415 mean? There's not, I can go to my friends and slag everyone off, where-as I can't come home  
416 and slag my family off to my family <laughs>

417 W: <laughs>

418 E: Um, so yeah I think everyone struggled really and yeah being at work it sort of it took it's  
419 toll um and yeah I was quite grateful when I had the time off, that I could finally relax.. and  
420 have a bit of peace and quiet, um and not have to get up at ridiculous hours of the morning  
421 <laughs>

422 W: Do you think that you use your friends to decompress from your work life quite a lot?

423 E: Yeah definitely, it was nice to sort of just go out and forget about work, I mean a lot of the  
424 time I wouldn't bring work home with me anyway, when I left work it stayed at work, but as  
425 I said, like only if, only if someone I had formed a relationship with had died then that's the  
426 only time that I would maybe bring it home... sort of just come home and just cry  
427 <smile/laugh>

428 W: right

429 E: but yeah other than that, sort of friends.. where they wouldn't know who anyone was, I  
430 could sort of just chat away and rant and that's, that'd be where it was left and it wouldn't,  
431 no-one would, it wouldn't take any offence to anyone, no-one would know what I was talking  
432 about, so, so yeah it was it was a way of coping.

433 W: Okay, um.. did you still see any of your friends throughout Covid, or did you interact with  
434 them in anyway so you could still decompress or?

435 E: ... only one of my friends really, I'd see her often, she was working from home, she was  
436 actually furloughed from he job so, the risk was pretty low.. um.. yeah she was the only one  
437 really, we'd sort of go for walks when I had days off and things.. um.. so yeah, I think both of

438 us sort of needed it because where she was stuck at home working so then her work sort of,  
439 her work and home life sort of didn't, they sort of merged into one ... she couldn't leave her  
440 work at work because it was already at home <laughs> So I think we both sort of appreciated  
441 that, getting out and seeing people, because yeah it always felt a bit weird after being in  
442 lockdown and stuff and going out and seeing other humans you, it did always feel a bit weird  
443 <laughs> felt like you were being, breaking the law just by seeing another human <laughs>

444 W: yeah, meeting someone within the two metre distance, like ooh I'm not sure about this.  
445 Um, how did your family react during Covid, Ellie?

446 E: um.... ... I mean it was it was strange like I said my other brother and his wife and the  
447 kids actually moved in ... um.... So that was a bit strange to begin with, obviously going  
448 from literally just me and mum at home to then having a house full it was a change, I mean..  
449 um.. but we were lucky with the weather obviously through lockdown the weather was lovely  
450 so it wasn't that the kids were locked inside 7days a week, causing chaos <laughs>

451 W: with you

452 E: With me, stuck inside also <laughs and smiles> um yeah so yeah family life did change a  
453 bit, obviously I was a lot more wary of where everyone had been and like, if I'd been at work  
454 in the morning I'd sort of come home and strip off at the door and run upstairs and have a  
455 shower, I was pretty, we were pretty good in that respect that I wouldn't sit around in my  
456 work stuff, be around the kids in it – just in, just in case, cos..

457 W: sure

458 E: obviously having the kids as well it was, no-one really knew how it affected them either,  
459 so it was always a risk that the last thing you wanted was a house full of people to get it  
460 because it would literally just go round the whole house <laughs>

461 W: yeah sure

462 E: um, including the kids, um and at the time one of my nephews um.... he had a really bad  
463 chest so if he would have got it things probably would have not been so great for him.. so...  
464 so yeah

465 W: okay

466 E: so it was always a risk but I think we managed, managed it pretty well. Obviously no one  
467 ended up getting it

468 W: that's quite lucky

469 E: yeah, yeah definitely

470 W: Um... but you came into close contact with people at work?

471 E: no

472 W: no?

473 E: no no, no one, no resident ended up having it....

474 W: That's quite something, and you still lost 25 in that period?

475 E: yeah so, yeah there was more to do just with old age um.... A couple of people passed  
476 away and the doctors sort of tried, because at the time a lot of illnesses before would have  
477 just been put down to what it was.. um.. doctors did try to put them down as Covid...

478 W: right

479 E: but I mean, we'd done everything in our possible way, we'd done PCR tests um obviously  
480 we took temperature tests everyday, we still do now, so we were certain we were one hundred  
481 percent certain that they didn't die of Covid, so my manager was pretty hot on arguing with  
482 the doctors about what they died of because obviously we didn't want that to go down on  
483 their death certificate as Covid but also.. in our, sort of death toll .. as um covid as well  
484 because it wasn't... and um.. we were quite proud of the fact that we didn't have anyone,  
485 luckily luckily enough that actually did get it and did actually pass away because of it..

486 W: oh right

487 E: so we were, I mean staff, staff got it um a few staff members got it but I think we, where  
488 we were regular testing and I mean we did PCRs once a week lateral flows three times a  
489 week so yeah we were pretty hot on the testing.. and... as soon as someone wasn't feeling  
490 well it'd be PCR straight away lateral flow and then as soon as that came back positive they'd  
491 be off work straight away um... everyone who everyone who'd been around that person was  
492 doing lateral flows everyday , um so yeah, they were pretty good on the it really um and I  
493 think they managed to contain a lot of it... yeah, yeah we were lucky.

494 W: yeah, did you have to self-isolate at all, did you get pinged?

495 E: err... yeah I did once, once? Yeah once..

496 W: how was that?

497 E: er horrendously boring

498 W: <laughs> yeah?

499 E: yeah, I think I cried like three times Uh, it was it was just boring, horrendous, and I think  
500 obviously I'm lucky where I live with mum I can actually see someone, but I think if I lived  
501 on my own I, it would have been absolutely horrendous. And at the time when I had to isolate  
502 I only had to isolate a week so it was .. I think it was a few months ago, so it was quite late  
503 really on the iso-isolation period, so I think, I think that if it had been for two weeks I really  
504 would have struggled.. there's only so much TV you can just sit and watch and how much,  
505 only how much crappy food that you can sit and eat <laughs>

506 W: <laughs>

507 E: in a week um yeah, so yeah I didn't enjoy it whatsoever

508 W: Okay, um, was that mainly how you spent your self isolation time, eating and watching  
509 TV? Did you do anything else?

510 E: <nodding> yeah yeah, No no just that .. obviously where I'd, I'd been told to isolate my  
511 mum hadn't.. um cos, obviously mum hadn't had direct contact with the person that I had, so  
512 it was like weird, like I've never understood it, it was weird thing, so I was sort of isolating in  
513 a house where mum wasn't ....

- 514 W: yeah
- 515 E: and it never made sense to me, and so yeah obviously I had to be careful around the house  
516 anyway, but yeah I was quite lucky to know there was someone else obviously in the house  
517 as well... um.. so yeah
- 518 W: um... what caused you stress at the moment, Ellie, anything in particular?
- 519 E: um... <laughs and smiles> just about everything
- 520 W:<laughs>
- 521 E: I mean no not really, recently recently I have left my job..
- 522 W: okay
- 523 E: so that was causing a lot of stress at the time, I haven't had the easiest last six months, um..  
524 where I don't want my vaccine my manager has literally not stopped going on at me about it,  
525 so it hasn't been easy sort of sticking to my guns and doing what I want to do.. um.. I know  
526 some people won't agree with what I've chosen to do but I think that's my choice and if I can  
527 have choice in my life I'd like it to be over at least one thing <laughs>
- 528 W: yeah sure
- 529 E: so yeah, it wasn't easy, she did make my life hell for a little while, um.. but I think she  
530 only wanted, she wanted what was best for me and she was trying to look out for me, but...  
531 but obviously looking out for work as well, but as a manager she sort of I don't know, the  
532 way it came across it was, yeah, she was, she wasn't the easiest person to work with  
533 <laughs>
- 534 W: I suppose she's a manager first and your friend second
- 535 E: yeah yeah definitely, and that's, I one hundred percent understand that and she's obviously  
536 only looking out for what she... what she wants to keep everyone safe at work and also keep  
537 me safe at the same time yeah the way it came across was, yeah it wasn't easy um, so yeah,  
538 that's the only thing that's causing me stress lately because obviously I'm trying to find a  
539 new job and coming up against battles with that as well like I applied for a couple of things  
540 but had my interview and then a day later had a phonecall saying "oh it's now compulsory to  
541 have your vaccine for um yeah and it was getting closer and closer to my end date and yeah  
542 <laughs> it was more and more stressful but yeah luckily I've found something so yeah, it's  
543 looking forward to going back to normal <laughs>
- 544 W: how do you normally cope with stresses, Ellie?
- 545 E: Um cry
- 546 W: okay, cry
- 547 E: Cry, yeah I like a good cry um cry and a hot bath
- 548 W: yeah?
- 549 E: yeah and I mean as you know I do spend a lot of time with my brother and his girlfriend so  
550 I find them a pretty good um.. vent <laughs> recently started going to the gym, that also gets

- 551 me out more um so yeah just little things really, um.. eat loads of food <laughs> yeah that's  
552 about it, oh yeah I do a lot of baking that helps sometimes
- 553 W: yeah
- 554 E: yeah
- 555 W: how, has how you cope with stress changed during Covid at all or do you think it's  
556 basically the same?
- 557 E: I think I've had to learn to cope with more stress, um.. obviously before, before Covid you  
558 didn't have the stress of Covid so my day-to-day stress was "oh, well, someone ate the last  
559 biscuit out the biscuit tin"
- 560 W: <laughs>
- 561 E: You know what I mean? It was like, like little petty things and I'd come home and maybe  
562 dinner wasn't cooked and I'd be annoyed that dinner wasn't cooked and but then during  
563 Covid you sort of learnt that actually there is a lot more to life, <laughing> a lot more bigger  
564 stresses than who ate the last biscuit in the biscuit tin <smiling>
- 565 W: <laughs> that's a good way of putting it
- 566 E: <laughs>
- 567 W: Um okay um, so that's the end of that section so there's a little bit of a debrief and then I  
568 will check to see if you're still happy to participate and then we'll stop recording and if you  
569 want to ask any questions or if you've got any feedback we can do that um
- 570 E: <nodding throughout>
- 571 W: what were the highlights of your shifts at work ?
- 572 E: um.. everything really, <laughs> I recently had to do an end of work interview with my  
573 deputy manager and she basically asked the same thing and although work was hell at times  
574 and I probably could have murdered a lot of people sometimes well I just think the whole  
575 thing has taught me everything I know now, and, I think as a person it's made me made me a  
576 lot more confident and during covid you had to be able to handle yourself and hold your own  
577 and at time you had to make choices that not everyone would agree with and being a, being a  
578 senior carer I had that responsibility that if someone was ill you've then got to act on it, so  
579 yeah, I think it has taught me a lot and um, as a person I have grown and yeah as a whole  
580 everything about it was good really <laughs>
- 581 W: that's good
- 582 E: at times it wasn't, but it was I look back now and I think "Okay yeah it actually wasn't that  
583 bad" <laughs>
- 584 W: <laughs> okay um what was the best part of lockdown for you?
- 585 E:.. um.... ... good question.... I think I saved loads of money
- 586 W: yeah



587 E: yeah, just not going and and like obviously buying food all the time, my life revolves  
588 around food a lot. I wasn't a massive going out partying all the time person anyway so yeah, I  
589 definitely saved a lot of money going out for dinner and trips to like food places all the time  
590 erm yeah definitely, definitely saved a lot of money

591 W: okay, is there anything you're looking forward to in the coming year?

592 E: I start my new job, on Monday so I'm looking forward to seeing where that takes me um  
593 hopefully I can go through my career that way and just develop further really

594 W: are you working in the same sort of sector or are you?

595 E: I've got a job at the [REDACTED] working in radiology um so, so my  
596 view at work was always I wasn't going to stay at [REDACTED] forever, I had applied to go to  
597 Uni next year to do nursing and then things changed and I had to find a new job and then I've  
598 found this job and applied for it and yeah managed to get it and had my interview and stuff  
599 mentioned about my nursing and everything else and my new manager was like "that's fine  
600 we can do your apprenticeship for nursng here

601 W: oh right

602 E: yeah and they said that if I liked radiology then they could put me through to an  
603 apprenticeship to become a radiographer so yeah I think it's a silver lining really, um... I  
604 think it was maybe a push I needed to leave

605 W: yeah it sounds like you've landed on your feet with an opportunity like that

606 E: yeah definitely, um yeah so I think everything sort of just built up and I think I've sort of  
607 found something that I actually the opportunities outweighs to having to leave somewhere I  
608 Loved so much <laughs>

609 W: sure yeah yeah

610 E: and Like I said maybe that little bit of a push to actually, to actually leave,

611 W: well, excellent, well thank you for that, I'm going to stop recording, are you still happy to  
612 participate?

E: yeah fine

Interview\_3\_Megan\_Support\_Worker

- 1 W: er.. what's your, where are you based?
- 2 D: I am based at, there's actually three hubs that we use, one at, one at the , and umm..., so  
3 we use three bases but I'm part of day service, yeah
- 4 W: Okay excellent, and what's your job title?
- 5 D: I am a KR5 Support Worker
- 6 W: erm, what, KR5 is that like a banded..
- 7 D: yeah yeah, it goes up to, you get KR5 and KR6 and the KR6s tend to do most of the  
8 paperwork and they are sort of incharge of the session although I do do that when, when it's  
9 needed and yeah I'm sort of like an assistant really
- 10 W: okay, and what sort of the clients or patients do you work with?
- 11 D: They are learning disabilities, um, all different types of learning disabilities um Downs  
12 syndrome um global learning difficulties not that I really know what that is but <laughs> but  
13 that's what it's named, so yeah just a variety and different levels too, not all um um not all  
14 need the same support as the others, some are physical disabilities as well so
- 15 W: okay, alright, I've forgotten to ask if you're happy to participate
- 16 D: yes I'm very happy
- 17 W: excellent fantastic, okay back to the questions do you have dependents? I know you've  
18 got Katie but she's not really your dependent anymore
- 19 D: No not anymore, some some guy married her I think, and took her off my hands <laughs>
- 20 W: <laughs> um err so no dependents living at home at the moment?
- 21 D: well, is, living at home and obviously she's got the baby so I don't know if you'd class  
22 her, because she's quite dependent on me, on Nanny, so yeah I'd actually say two, and I don't  
23 know if you class your husband too do you? As being dependent <laughing>
- 24 W: if you asked my mum, probably <laughs>
- 25 D: yeah
- 26 W: okay, were they living with you during Covid?
- 27 D: yes
- 28 W: okay that's, that's the most critical part
- 29 D: oh right, yep they were

- 30 W: are you working fulltime or part time,?
- 31 D: It's part time but its sort of four days, so it's not far off full time, but yeah part time
- 32 W: are they 12, what sort of shift pattern is that? Six, eight, twelve?
- 33 D: 8 hours, yeah I think my contract is about 29 hours a week
- 34 W: Okay, and that's all day shifts? No nights?
- 35 D: yeah I don't do nights, no weekends, no bank holidays, no Christmas, no Easter so it's  
36 quite nice
- 37 W: yeah that's not too bad, that's not too bad
- 38 D: <laughing>
- 39 W: what was the motivation to take the job,?
- 40 D: Well the place that I used to work was obviously a home, so the shift pattern was very  
41 different, I was doing twelve hour shifts, weekends, Christmas, Easter, all sorts of shifts – I  
42 did actually love the job but it just became very hard when, well I don't really know what  
43 happened but we ended up with lots and lots of agency, this was way before the pandemic,  
44 but lots of agency and the responsibility and what-have-you was just too much, especially as I  
45 was on 40pence more an hour than minimum wage so..
- 46 W: sure
- 47 D: so yeah it was like, not really for me um offer pension, good pension I believe it's the best  
48 one around at the moment although it's not as good as it used to be apparently and like you  
49 get your benefit of time at home with your family and they are very good with, if you have  
50 any issue with your family, within your family, their sort of ethos is that your family comes  
51 first even even though the service users need you, you have to be mentally right, physically  
52 right to be able to support them
- 53 W: sure
- 54 D: so that's their ethos, looking after us really
- 55 W: that's quite nice, that must make err it makes a change from all the things I've heard
- 56 D: yeah.. don't get me wrong it's very stressful and I know the higher you go up the more  
57 stressful it gets so I'm sort of one of the lower ones, but yeah they are very good with that –  
58 well, my manager is anyway, so
- 59 W: well, that's good that's good, alright so the next block of questions, Deb, is about before  
60 the pandemic so
- 61 D: yep
- 62 W: there's a little bit about right at the outset before it was everywhere and then they are  
63 pretty much about what changed – actually, sorry, forget that, these are all about before the  
64 pandemic and the next set is that
- 65 D: right okay

66 W: can you explain for me how you felt about your worklife before Covid

67 D: yeah, loved it, really good work/family balance um... got on with my team really well,  
68 um.. had lots of enthusiasm for what we did, and yeah I couldn't wait to go to work, really

69 W: That's quite cool, that's good, what about relationships with staff and management?

70 D: I have one manager who is fantastic, a lady, I have another one who is a man who is great  
71 in his own way but I think that obviously men have a different outlook to certain things, so  
72 when it comes to anything to do with women or family I think he is less cooperative shall I  
73 say than my female manager <laughs> but she's, she's got kids and everything so she  
74 understands, where-as I think he's a bit yep doesn't understand so well

75 W: Okay, were there any frequent problems you faced at work before Covid?

76 D: hmm ... no not really.. not really they do do, not revisions, supervisions so if you do have  
77 anything, you have them quite regularly, if you do have anything, face to face supervisions  
78 then you can say what you feel you need to say and they will ask if they if you want them to  
79 report it or whether it's just between you two and you're sort of getting it off your chest or..  
80 like I said, weekly staff meetings, pretty, pretty good yeah

81 W: so most things get dealt with quite quickly before they become ..

82 D: yeah ... yeah..

83 W: that's good ... um.. how would you describe your access to work-related resources, like  
84 information, PPE, guidance, training .. before Covid?

85 D: Yeah it's good, all very good there with everything like that, I don't know if it's because  
86 it's but they are very on.. all that sort of thing um.. policies and procedures and everything we  
87 have to stick quite strictly too them

88 W: oh okay

89 D: which benefits us and the service users so,

90 W: I suppose it's all safeguarding issues and..

91 D: yeah so we know where we stand, and, over anything and like I say if there is any issue  
92 just go to your manager and they, if it's above you to sort out then they will send it to the  
93 relevant people so...

94 W: right okay, um.. would you say that thoughts about work occurred to you during your  
95 time off?

96 D: um .... Like holidays and what-have you, when I had holidays did I think about work?

97 W: even at the end of shifts, or before shifts, or the weekends

98 D: yeah.. but I think I've always been like that to be honest, I've always sort of felt like... I  
99 needed to do a bit more, in that session or may- if I was out shopping and I saw something for  
100 arts and crafts I would think, "ah I could do with getting that" or, dya know, so I was  
101 constantly, but I have always been like that, constantly, it's not that I constantly think about it

- 102 but if something sort of comes up I'll think "Aah, that will.." I don't shut off completely as  
103 you know
- 104 W: right... that's kind of, so would you say that your work is quite a big part of you?
- 105 D: yes, yes definitely
- 106 W: okay
- 107 D: definitely
- 108 W: did you ever worry about anything, like your duties or the residents while you're .. not at  
109 work?
- 110 D: ... not, working for I wouldn't say I have, when I worked at the home I would worry  
111 about the residents when I left them yeah..
- 112 W: Okay..
- 113 D: because obviously, like I say you would get agency come in and they were very  
114 vulnerable, far more vulnerable there I guess than what they are with the ... um... so yeah,  
115 you always felt like, "oh I hope they are going to be alright", or, "I hope nobody gets given  
116 the wrong medication" or... dya know what I mean, those sorts of things, where I've never  
117 really worried about that with obviously
- 118 W: okay, so it's just like seems to be better organised, has more structure
- 119 D: yeah I think so, I think so yeah.
- 120 W: okay have you ever felt that your job was risky or dangerous to yourself or others...  
121 especially before Covid?
- 122 D: certainly, like I say, not with no. I mean you do get certain service users that maybe could  
123 lash out, but what we tend to do is, you you tend to learn the signs and what-have-you of  
124 what's going to happen, and you back off and and even if you go get another member of staff  
125 to say, "So-and-so and so-and-so are.. and I think they are going to have a bit of a wobbler,  
126 can you come and try to talk to them" or whatever so we have that support ...
- 127 W: right
- 128 D: yeah and that was very similar to when I worked in the home as well, my manager was  
129 very good there, and yeah, and if anyone seemed like they were going to kick-off or anything  
130 you just pulled back and er got somebody else involved.
- 131 W: right, so the support's always been quite good then?
- 132 D: yeah
- 133 W: does that help your working relationships or?
- 134 D: yeah I think so definitely
- 135 W: is there quite a lot of team cohesion with KCC, like everyone's pulling the same..

- 136 D: yeah yeah I mean you get your odd ones that aren't, and I've always been quite a team  
137 player, I've never wanted to be isolated or working alone, I like to be part of a team and have  
138 that support and give that support yeah
- 139 W: is that because you're more comfortable, happier, you feel like you're more productive  
140 or..?
- 141 D: I think all of those, all of those things yeah, if you've got if you've got, if you're all  
142 together as a team you, yeah I just think it works better rather than one person trying to do  
143 everything, yeah definitely
- 144 W: Okay, did your job ever effect your personal life before Covid?
- 145 D: No, not KCC didn't.
- 146 W: no?
- 147 D: Um no, again I probably think because of the hours and the time that I could have off with  
148 family it's sort of pretty much a nine-to-five job really, it's perfect. Where-as when I worked  
149 in the home and I was working weekends and Christmas and everything it was quite strained  
150 at home sometimes, between me and obviously yeah so... cos he's always had like a nine-to-  
151 five job so...
- 152 W: yeah.. and shift patterns are quite disruptive
- 153 D: yeah they are yeah very
- 154 W: erm what would cause you stress before the pandemic, Deb?
- 155 D: er... what with work or personal?
- 156 W: personal, work...
- 157 D: erm I don't know, I don't know if I was that stressed really... if I'm honest, no I can't  
158 think of anything off the top of my head, everyday things I guess like everyone gets stressed  
159 over, bills money, kids, you know when you see them going down one road, and you as mum,  
160 want to push them down the other way <laughs> so yeah just the general things that effect  
161 everybody I guess.
- 162 W: okay, um.. did you do anything to manage those stresses... or were they...?
- 163 D: No <laughs> no no just got on, I think you just get on with it as best you can and sort each  
164 situation as it comes up without trying to get too stressed but yeah
- 165 W: okay that's good, thank you. The next block is about what happened during the pandemic,  
166 this is the bit where there is one about erm right at the outset before England was covered,  
167 and then they are all from lockdown level.
- 168 D: Okay
- 169 W: What changed about your workplace at the, or what changed about your workplace and  
170 duties at the outset of Covid?
- 171 D: Well everything. On the day we actually, on the 23<sup>rd</sup> March I don't know if that was the  
172 day we went into lockdown or not but I know we'd gone in to work, a few people hadn't

173 turned up because they were actually too scared to come into work, to be in that building, but  
174 I was one of the ones that turned up and we just sort of sat around waiting to be told what we  
175 were going to do... and they said, “That’s it, end of the service as it is now, you work from  
176 home um off you jolly-well-go” um So I’ll always remember that, the 23<sup>rd</sup> March yeah, and it  
177 was a bit like um I said to the KR6 lady I work with, “Oh, I’ll probably see you in a couple of  
178 weeks” and yeah... it was, wow... it was very surreal actually, like is this really happening?  
179 And then yeah, when I worked at home I only lasted three weeks at home, um.. and I couldn’t  
180 deal with it anymore so I spoke to my manager and I actually went into one of the buildings  
181 that somebody had allowed us to use and worked right the way through in that building..

182 W: okay

183 D: yeah

184 W: Did having to work from home, or the fact that your colleagues weren’t always around  
185 did that affect what you were able to do?

186 D: yeah yeah, I mean mentally um yeah I wasn’t in a good place if I’m honest

187 W: okay

188 D: Because I think that.. you’re trying to work the work situation but you’re trying to deal  
189 with everything at home as well

190 W: sure

191 D: because all the stress you have at home, and only one person allowed out shopping and the  
192 face masks, the face mask <shaking her head> situation, ugh, trying to breathe through them  
193 and what-have-you, yeah it’s just the whole lot really, I guess life just really got turned upside  
194 down for everybody

195 W: yeah

196 D: um so yeah, I did struggle quite a lot and as I say I phoned my um manager just crying and  
197 said, “I just can’t do it anymore, I’m trying to work from home in a very small home” as you  
198 know, “there’s not really much space for me to get away from the baby, I’m upstairs on my  
199 bed and you know I haven’t got a desk to sit at” so even physically it was draining, I haven’t  
200 got a desk to sit at, I’m trying to type on – cos we started doing um um all the courses and  
201 everything, that’s what they told us to do

202 W: like training courses?

203 D: yeah online and what-have-you, and trying to do that on your bed and yeah yeah, it was  
204 nightmare, so I just said to her, “I can’t cope anymore” and she said, “well, we’ll see what we  
205 can do and try and get some sort of office space somewhere” and then I started to come up  
206 with ideas for activity packs and what-have-you so, I went in and I had somebody else to help  
207 me and we were printing and .. so it was a bit more like normal life but still weird because  
208 there wasn’t anyone else around ..

209 W: sure

210 D: It was literally just us two

- 211 W: but your employer was er very supportive by the sounds of it?
- 212 D: Very. Very. Yeah
- 213 W: okay that's good, were you the only one doing trainings or was it everyone in your unit  
214 doing it?
- 215 D: no, everybody really was told to go onto Delta and do all the training that they could do  
216 whilst working from home, cos I guess at that point we didn't realise how um.. long ... this...  
217 working from home and what-have-you scenario would- I mean we've still got lots of people  
218 doing it now
- 219 W: oh right?
- 220 D: so not everybody's gone back
- 221 W: jeez, but I thought, that's interesting. Is that personal choices or is that?
- 222 D: I think some is, but it's more because we use the different hubs that are public buildings as  
223 well, so it's like, we are Covid secure, but not like we had our own building
- 224 W: yeah sure
- 225 D: you have to take all that into account, we share building with a lot of elderly people, who  
226 are obviously, a lot of vulnerable people, as well as our own service users, and also I guess  
227 because the.. ability that some of them have to understand social distancing, face mask- they  
228 don't have to wear face masks but social distancing, washing your hands and everything like  
229 that, and "you can't go to this part of the building", you have to restrict them quite a lot and I  
230 guess some of them don't have the capacity to fully understand, "Why can't I go there? Why  
231 have I got to do this?" so yeah, we had to come back in very small bubbles
- 232 W: do you think it's quite distressing for your service users the ones who have come back, do  
233 you think it's better for them to be back in the offices?
- 234 D: yeah I think they have coped probably better than staff if I'm honest
- 235 W: really?
- 236 D: yep,
- 237 W: why do you say that?
- 238 D: The only thing they seem to have had a little bit of an issue with is, and it seems to be the  
239 ones that are more able to understand, is the face mask wearing. A lot of them don't like  
240 doing it, but um other than that, I think they have coped really really well considering some  
241 of the challenges they face already.
- 242 W: right, that's quite a.. that's interesting in itself
- 243 D: mmm mmm cos a lot of them, because they are vulnerable they were sent letters from the  
244 government about, you've got to shield right from the beginning and a lot of them did it over  
245 like a year, over a year of shielding and not going out, just being in their home, how they  
246 coped I don't know cos as I say, I had three weeks and that was me I was over the edge  
247 <laughs>



248 W: yeah yeah that's something, that's good. Um.... Have you got anything to say about your  
249 worklife during Covid? Like feelings before and after the shift, relationships?

250 D: I think... the lady I worked with, I got to know a lot better than I did before obviously,  
251 because I used to mix and work with different people, but where it was just me and her and  
252 yeah I guess you get to know the person's personality traits and it's not always pleasant

253 W: right

254 D: Because they can be a very different person than what you thought

255 W: sure

256 D: but other than that.. um.... No.... as I say coming home and sort of living the life that we  
257 had to because we were under these restrictions and what-have-you that was a bit stressful. It  
258 was always me that went and did the shopping, yeah I couldn't take, I couldn't really take  
259 and the baby out or anything like that so, she was constantly indoors and yeah

260 W: right yeah okay. Aside from not being able to have the service users in and when you  
261 went back to the office, were there any frequent problems you faced at work? ... Did you  
262 have access to PPE?

263 D: yeah we had all of that, we had all of that and they are very strict on what PPE we use, the  
264 face masks have to be a certain specification, we can only have this type of one, cos I actually  
265 asked if we could have the clear ones, you know the plastic because communication with our  
266 services users is quite a big, cos they, when you've got your face covered they can only see  
267 your eyes, and though your eyes do a bit of talking I think your expression, your whole  
268 expression is really important with them, and especially some of them a couple of them have  
269 hearing problems as well um but we weren't allowed to have them because they didn't come  
270 upto the specification so....

271 W: right... how did that go, go down with staff generally?

272 D: with me, not very well <laughs> I didn't really think, I felt that although I understand we  
273 have to be safe, I think communicating with them is such a big part and I felt that the benefits  
274 of that outweighed the benefits of them being safe, because at the end of the day they had  
275 started going out into the community and what-have-you so they were at a certain amount of  
276 risk

277 W: sure

278 D: so I think maybe, and I used to take a lady out every Friday on my own, and she has  
279 hearing aids that don't work very well and yeah.. she's a bit of a .. she'll march on ahead and  
280 leave you there and do you know what I mean, we was using public transport and I was  
281 trying to say her, "Me-" oops, I probably shouldn't say her name, but um, "This-lady come  
282 back here, you need to come back here", and she just couldn't hear me so I was the one who  
283 had to take my mask off to say, "you need to come back here" <exaggerated sounding-out of  
284 words> because that side of safety I think was more important than whether she caught Covid  
285 or not

286 W: right I see, yeah that makes sense

- 287 D: yeah
- 288 W: okay
- 289 D: and if she runs out in front of a car because she hasn't heard me say, "woooah" ....
- 290 W: but she didn't catch Covid
- 291 D: no she didn't catch Covid actually no <laughs> we didn't, we haven't had many of the  
292 service users that have actually caught Covid
- 293 W: no?
- 294 D: to be honest no.
- 295 W: that's quite good
- 296 D: Hm
- 297 W: well I suppose if most of them were shielding because they received government letters  
298 then ..
- 299 D: yeah yeah, it shows it does work ... when you take notice <Laughs>
- 300 W: with that in mind, do you feel that your job is more or less risk to your health and  
301 wellbeing now than before Covid?
- 302 D: I guess now because we've started going back to the service in small bubbles, it's still not  
303 quite the same so I would say physically it's no different, there's no more risk or anything  
304 like that um, I've been doubled jabbed I'm waiting to have my booster, the service users have  
305 been doubled jabbed, a lot of them have had their booster, I don't feel really at risk of Covid  
306 as such, um ... but.. mentally, yeah and so, so we have to do a lot of that which is totally  
307 against really what we've always been taught in the care sector, you've always been taught  
308 that these people have their own independence and although we might disagree with it, it's  
309 their choice and, unless they're not, they haven't got the mental capacity of course, but all the  
310 time they have whatever we think, we can guide but we can't tell, so yeah, when you have to  
311 say, "you can't go wash your own plate and cup, we've got to do it for you", it just don't feel  
312 right
- 313 W: so it's against the whole ethos then?
- 314 D: yeah yeah but at the same time I do understand
- 315 W: would you think, do you think that your duties and responsibilities changed during  
316 Covid? Because of Covid
- 317 D: um yes... I think... that we, because we started doing virtual sessions so that they could  
318 actually see us, we'd play bingo overline and that sort of thing, and I felt that we had to be  
319 even more .... I don't know what word to use really, more enthusiastic and more upbeat  
320 because they only saw us for an hour a day doing that, and considering that a lot of them were  
321 locked away and just at home with elderly parents, maybe just sitting in their bedroom and  
322 what-have-you, we felt that by doing that they still had a little bit of normality, if you can call  
323 it normality

- 324 W: it's like some sort of semblance or normality at least
- 325 D: yeah they recognised our faces and they had a laugh and they laughed and they danced  
326 and for that hour during the day they were almost like back at service but without being there
- 327 W: yeah alright, that, it's nice that you could do that at least
- 328 D: yeah yeah yeah it was... lots of problems with WiFi though,
- 329 W: yeah?
- 330 D: oh jeez, I guess it's where everyone was working on computers and what-have-you at that  
331 time, I guess that was the issue, yeah it crashed quite a lot, we lost signal, but um yeah we  
332 coped through it, we still actually do one session a week now, still virtually so
- 333 W: do you think that has helped you reach new or more service users across the week?
- 334 D: It hasn't helped us reach new, and probably not more because we only have a couple at a  
335 time.. on the.... On the computer, but I guess it allows you to reach out to the ones that are..  
336 are quite vulnerable, in a vulnerable situation more than you might think, you know you  
337 know that they need that bit of face contact or whatever. And also the activity packs, we used  
338 we used to go out and deliver them on the doorstep and do like a social distanced visit, so we  
339 would see them once a fortnight which was really nice, especially when the pandemic was at  
340 it's peak, because my work colleague and me we were the ones that were in the building, we  
341 were saying that we should be the ones to do the delivering to cut the the risk down, rather  
342 than bring in loads of people into the building to deliver to different people and what-have-  
343 you so it was basically me and her, so we got to see them once a fortnight which was nice,  
344 cos we actually saw them face-to-face
- 345 W: I bet it was nice for them too
- 346 D: yeah they would get very excited and because you're taking an activity pack it's sort of  
347 like a gift really isn't it, and they ask for it now, so yeah <smiling>
- 348 W: that's quite sweet
- 349 D: yeah
- 350 W: how would you describe your work relationships during the national lockdowns
- 351 D: er okay... okay... I mean we still carried on having a staff meeting every week so we did  
352 see people but again, that um... sort of block of the computer isn't always easy, and sitting in  
353 a room with people is, and sometimes, like the whole texting thing and what-have-you is  
354 maybe it sometimes comes off like you don't really mean things because it's a barrier there  
355 yeah... but on the whole, on the whole it was okay the relationships yeah.
- 356 W: Functional but a little bit strained?
- 357 D: yes, that's what I think yeah
- 358 W: can you explain how your job affected your personal life during lockdown?
- 359 D: Um.. I guess.. sometimes because not being able to do as much as I felt, as in face-to-face,  
360 um and not seeing the service users on a daily basis and doing the sessions that we used to do,

361 cos we had to change all the sessions, obviously you can't do cooking online so those things,  
362 sometimes I felt a bit, as if.. I wasn't really doing.. my job to my full potential

363 W: that must have been hard

364 D: yeah yeah because I sort of, yeah I love my job and what I do and I love to give and I love  
365 to see the response- the biggest thing for me is the response that they give at the end of the  
366 day when they walk out and they smile and they say "thank you" and it's like "mm you did a  
367 good job,", you know? "You did a good job, you made them smile", and really is what it's  
368 about, you made their day better.

369 W: that's nice, and I suppose then if you're not seeing them so frequently or not with the  
370 same level of interaction it's hard to get that sort of feeling?

371 D: yeah, I don't get that, so personally I thrive on what I get back from them, more than my  
372 wage packet

373 W: yeah sure.... It's something of value, isn't it. The money is the money but the...

374 D: yeah the money you spend it, don't you? But when you know that person has- especially if  
375 they've struggled a little bit or what-have-you during the day and you know they've gone  
376 home maybe happier than when they came in, due to... not what I've done, it's not a pat on  
377 the back or anything, but due to me doing my job to my best ability that's made their day  
378 better and that's, that's good enough for me.. that's good enough for me

379 W: yeah, um that's really nice, that's really nice... um... Can you describe how you  
380 socialised for me throughout Covid? Like, obviously you've said you've gone to the service  
381 users houses, but..

382 D: Yep, other than that there wasn't really any socialising <laughs>

383 W: No, I suppose there were video conferences with your work colleagues and ..

384 D: yeah, those as well, but I don't know.. I struggle a little bit with the whole computer  
385 screen online thing, I think I'm much more of a face-to-face person, and hands-on and what-  
386 have-you person yeah

387 W: yeah I think I am, I'm not sure that like, this is functional but it's not one hundred percent  
388 of what's available

389 D: no.. and I think when you're around people you're, I relax more where-as when you're  
390 like on a computer even now, and like I've known you for long enough, but even now it's  
391 almost like.. I know it is an interview, but it's do you know what I mean? Where-as if we  
392 were face-to-face it would be more like a chat..

393 W: like a chat over a coffee or something

394 D: yeah yeah, I you get what I mean yeah so, I guess it's the same with staff meetings and  
395 what-have-you

396 W: oh right, a bit more professional maybe? Or a bit more, a bit less, um separated

397 D: yes, there's definitely definitely a .. this screen in a barrier

398 W: oh okay.. excellent.. how did your family react during Covid, like your family and friends  
399 were they, did they follow the guidance or ..?

400 D: pretty much... err.. I must admit.. at Christmas.. we did.. have and here with the two  
401 children um.. specifically because, obviously the situation they live in in a very small house  
402 and what-have-you basically just one room... couldn't... see them doing that. We didn't have  
403 anybody else here at all, it was literally them, obviously because how I work I'm doing lateral  
404 flow tests all the time anyway so we were all okay but yeah I can't say I didn't feel a bit..  
405 nervous I suppose

406 W: yeah

407 D: And felt like, I'm not really doing the right thing, but.. morally.. with my child I can't see  
408 them cooped up on Christmas Day

409 W: right, some sort of conflict between what the government is recommending and what you  
410 feel as a mother

411 D: yeah definitely, on Christmas Day, definitely. I've never had that conflict any other time it  
412 is what it is but Christmas Day yeah .. it was definitely a battle ... a battle in here <points to  
413 her head> <laughs>

414 W: I think that was true for everyone to be honest, you don't really realise how important  
415 Christmas is when you take it for granted that people are around all the time

416 D: and sometimes you know, sometimes you think, "Oh god, you're coming to me again..  
417 uhhhh", like that, but in actual fact when those people didn't come, specifically my Mum and  
418 Dad, who come every year um when they didn't come it was a bit like "oooh this is very  
419 strange and not quite right", and the thought of them being at home was... but I couldn't have  
420 them come down and put them at risk, because obviously they are much older, and my Mum  
421 actually said, "no we don't want to put ourselves in that... position", so yeah, so I respected  
422 that but yeah, and I couldn't ... say to them, "no you can't come round".

423 W: There's a lot of compromising, like things to consider in that

424 D: mm <nodding>

425 W: In the setup there, there's quite a lot going on

426 D: yep yep

427 W: Did you come into contact with anyone that had had Covid?

428 D: err... yes... I had it myself! Um right at the beginning, before we actually knew about it, I  
429 think it had just come on the news but it was in England, we didn't think, at that time um...  
430 and, this was the end of February and was really really poorly, he came home shivering,  
431 couldn't get his temperature down, really really poorly, and I'm not the most sympathetic  
432 person with him, bless him, "oh you've probably got man-flu", and he went to bed, but he  
433 was really poorly and then just about a week after my birthday I came down with it. We were  
434 still a little bit unsure what Covid was at that point, because this was before the lockdown and  
435 what-have-you and... obviously it came on the news, and we were like "we must have had  
436 it".. and then was part of the thing, I can't remember which university it was that sent it out,

437 university hospital that sent it, the tests out to see if you've got antibodies and he was part of  
438 that and he had antibodies, so we knew at that point that he had, and what I'd had must have  
439 been Covid. had a sore throat I think for a day other than that nothing else, but we were both  
440 quite poorly

441 W: and I suppose would you have had to self-isolate or not?

442 D: no, we didn't no. Anything about that, it was quite weird because I went back to work  
443 after I felt better.. um.. I tried to go back to work on the Monday, but I got in the car and I  
444 drove to Canterbury and I phoned my boss and said, "I can't come in I feel awful", came  
445 back home and had another few days off, went back on the Wednesday and the council had  
446 just put signs out saying Coronavirus and she said, "is that what you've had", I said, "oh  
447 don't talk daft!" you know? And yeah, it clearly was, but that was right at the very very  
448 beginning, and then in last September... do you know, I can't, I've totally lost track of where  
449 we are now, the same... was it last year we had lockdown? Or was it the year before?

450 W: no, it was last year

451 D: Last year, Christ, so last September October time, my person that I work with had a phone  
452 call from her husband because he works in a school to say, "I've tested positive for Covid",  
453 we had to leave immediately and isolate for ten days, so I had to work from home for ten  
454 days, I didn't have any illness or anything, but yeah we had to work so I've come into contact  
455 with a couple of people.

456 W: Okay, and how did you spend you time, how did you find self-isolation and how did you  
457 spend your time when you weren't working?

458 D: Um.. well.. the first time I was poorly so, spent the time in bed and what-have-you, the  
459 second time I was working from home, doing virtual sessions from home um found it very  
460 stressful because... I was back in the situation of being at home again I guess

461 W: sure

462 D: and I like, I like to go out to work, I like the routine of getting up, getting yourself ready,  
463 going out the door, getting to a place, you work and then you come home and you're home.

464 W: like the separation between the work and the home is ..

465 D: yeah definitely, definitely, but it wasn't there obviously when I was at home so...

466 W: yeah sure, but you're all back to work now and everything's settled

467 D: yeah yeah, four days a week, back to work

468 W: busy busy

469 D: yeah, yeah! <laughs>

470 W: um okay, what causes you stress at the moment, Deb? Anything in particular?

471 D: um everything seems to if I'm honest! Everything... yeah um... obviously I was, I think  
472 this is what it's got to do with, I don't think it's anything to do with Covid, I was actually  
473 diagnosed with diabetes a little while ago, so that's a bit stressful at the moment trying to get  
474 that under control, feeling very tired and what-have-you but hopefully.. I'm going to see a

- 475 consultant on Tuesday so hopefully that will- but I don't think that was anything really to do  
476 with the pandemic and what-have-you that was just a personal thing that happened that  
477 stresses me out at the moment, and obviously the situation with still living here with the baby
- 478 W: right okay
- 479 D: that's quite stressful
- 480 W: hopefully the diabetes isn't anything too advanced and you can get on top of it
- 481 D: yeah yeah, that's what I'm hoping
- 482 W: do you use anything to cope with these stresses? Do you um-
- 483 D: cry usually <laughs>
- 484 W: <laughs> right, you're not the first person to say that
- 485 D: I don't know what else to do, I just get to that point where I just cry, and then once I've  
486 cried I think, "Oh I feel a bit better now" <laughs>
- 487 W: <laughs> that's good
- 488 D: yeah
- 489 W: Is that how you coped with the stresses throughout Covid as well?
- 490 D: um yes, but I did used to actually go out and have brisk walks along the sea front ..
- 491 W: oh right
- 492 D: to try and ... <fans herself, miming the wind> you know? Especially when it's nice and  
493 windy, cos you really sort of feel <breathes in> that you clear.. your brain
- 494 W: freshen up
- 495 D: yeah definitely, definitely,
- 496 W: okay, um do you still do that now, or ?
- 497 D: sometimes, <nodding> sometimes I do, if if things get a little bit fretful or what-have-you  
498 here then yeah cos I don't know, I just, going out I think, sometimes when you're indoors  
499 with lots of people in a small area and then you've had a- quite an intense job I'd say mine is,  
500 with with those service users, sometimes your head is just scrambled eggs, and you feel "I  
501 just need to go out and breathe, I need to be in an open space and breathe
- 502 W: kind of overloaded or overwhelmed?
- 503 D: yeah, overwhelmed I think yeah with just everything and even sort of daily life the daily  
504 routine that you hah seems so much .... Harder now
- 505 W: okay
- 506 D: and I don't know if that is because of Covid or like I say just the situation of my personal  
507 life but it just seems so much- more seems to be in my head than was before
- 508 W: do you think, does it feel like it takes more effort physically to do things

- 509 D: <nodding>
- 510 W: or is it that everything is more of a cognitive fight, like I need to do the washing up but I  
511 don't really care
- 512 D: yes yes definitely,
- 513 W: alright, that's interesting okay, well that is it the end of the section on Covid, so now we'll  
514 do a little debrief and have some lighter hearted questions and the new will check the consent  
515 and then we will stop the recording and then if you've got any questions you can ask and we  
516 can talk about how it went, if that's alright?
- 517 D: yes yeah that's fine
- 518 W: Excellent, so were there any other highlights of the shifts at work for you, what was the  
519 best part of your job?
- 520 D: er I think er, like I said just knowing that when they go out the door they are as happy or  
521 happier than when they came in, I think that is the main thing um that they've gained  
522 something from coming into a service or even a virtual session, they've actually gained  
523 something in their life
- 524 W: okay that's good I like that, it must make quite a difference to you as a person, especially  
525 if you're having a hard day do you find that it boosts you as well?
- 526 D: yep yeah definitely definitely, cos I guess they are a little bit like children with that  
527 innocence and that not quite seeing things as- and not being able to manipulate like us adults  
528 do at times, it's very honest and very- so somethings they come out with, it's like "wow!"  
529 and it just makes you laugh, yeah very innocent
- 530 W: yeah, it sounds.. did you by any chance use any dark humour to cope with the worst of the  
531 pandemic or..
- 532 D: er.... I don't think so . er is that dark humour maybe me laughing at some of the things  
533 that they've said and done is that,
- 534 W: I don't know, like some of the other interviews I've had with people who work in care  
535 homes have said, like obviously when they are losing, and I assume you didn't lose any of  
536 yours,
- 537 D: no no
- 538 W: some of the people I have spoken to, they've lost four fifths of the care home
- 539 D: crikey
- 540 W: astronomical amounts and they are talking about sitting having a chat, and so they have to  
541 laugh because if they don't laugh they'll cry and they have to say really, what would be  
542 inappropriate misconduct worthy things just to function
- 543 D: I guess, I guess yes.. between me and um my coworker I guess yeah we have said things  
544 that maybe in other circumstances would be inappropriate, you know, somebody says  
545 something or does something and you have a little mumble underneath your breath and you



- 546 sort of look at that person and start laughing and yeah I guess it would be seen as  
547 inappropriate
- 548 W: ah okay, yeah htats interesting
- 549 D: but yeah I guess it does sort of make the day go as well
- 550 W: yeah okay, um was there a best part of lockdown for you?
- 551 D: no... <shakes head>
- 552 W: no? no benefits to lockdown?
- 553 D: no I hated it, I absolutely hated it, I don't like having my freedoms taken away, I don't like  
554 um not being able to be close to people even like, your own children, you know when er ...  
555 or your parents and you see them and you can't hug them, or even the service users, I mean  
556 we are not actually supposed to, but some of them do come to us and then we are allowed to  
557 cos they've initiated it and you have to say, "No I can't" and when I'm quite a... not a..  
558 tactile person, I'm quite a tactile person, I'd say and talking to people I'd very often have my  
559 hand on their arm or keep touching them and what-have-you, and not being able to do that,  
560 yeah I absolutely hated everything, no positives I don't think- other than actually, it was very  
561 nice sometimes when you drove about and there wasn't very much traffic, and seeing, I  
562 guess, the birds seemed to be singing louder- I don't know if that was a thing or that was in  
563 my head, but um I guess the trees looked greener and <shrugs> and you know, that sort of  
564 thing and that was quite nice I guess it'll go back to the way it was before now we are all out  
565 and about, the a- the country seemed fresher,
- 566 W: yeah that might be less traffic because you aren't paying attention to the road so much  
567 you can see the trees and pay attention to the birds
- 568 D: yeah so I definitely think that was, yeah that would probably be the positive thing for me,  
569 if I was going to say there was a positive
- 570 W: okay, that's good, and do you have any plans , what are you looking forward to in the  
571 coming year
- 572 D: well, hopefully we can go on holiday next year, but it all depends, I don't really want to,  
573 cos obviously Ellie booked for me and Gray to go to Greece
- 574 W: right
- 575 D: for my birthday, my 50<sup>th</sup>, but we didn't go but hopefully next year we can, but I don't  
576 want to go on holiday having to still wear a facemask and so it depends
- 577 W: right,
- 578 D: I don't want to do that
- 579 W: you'd rather not go, than...
- 580 D: yeah
- 581 W: That's fair enough, alright, well that is the end of the interview Deb so thank you very  
582 much that was excellent

583 D: that's okay

584 W: are you still happy to participate

585 D: yeah yeah

586 W: excellent, well I will stop the recording

## Interview\_4\_Carol\_Team\_Coordinator

- 1 W: there it is, excellent, okay um whereabouts are you based?
- 2 K: I'm based at House, it's a community centre for adults with learning disabilities
- 3 W: okay, that's, is that a council run ..?
- 4 K: yeah it's a Council yep
- 5 W: and what's your job title?
- 6 K: Team coordinator
- 7 W: Team coordinator, and what does that involve?
- 8 K: Um so, coordinating the team, doing rotas supporting the staff, making sure risk  
9 assessments are put in place um the jobs are endless, a bit of finance and budgeting..
- 10 W: more managerial than hands-on?
- 11 K: er yeah yeah, it's office based rather than hands on support
- 12 W: um okay, and you don't have any dependents.. apart from my brother?
- 13 K: <laughs> no
- 14 W: and er you work fulltime?
- 15 K: yep
- 16 W: and that's not shift work is it? That's just Monday to Friday
- 17 K: yeah yeah half 8 til 4
- 18 W: um okay, what motivated you to take that job?
- 19 K: So I'd been a support worker in Ashford for... four years maybe and I'd just started to  
20 work my way up and I wanted to find out a bit more about how the service is run, sort of  
21 behind the scenes rather than being hands on on the floor, and I thought that it would help me  
22 understand a bit more why things are the way they are and why policies are put in place, um  
23 because being a support worker you don't get to see behind the scenes you just get to see  
24 what goes on on the floor, yeah that's mainly why
- 25 W: do you think it's given you that perspective?
- 26 K: yeah one hundred percent, I think before I took the role I used to think, "Why, why is that  
27 in place? Why have you got to do this? Why have you got to do that?", but sort of working in  
28 the office and with the other managers in the other localities you sort of understand why  
29 things are the way they are and why things have to be so strict
- 30 W: right okay, is that just because it comes from higher ups?

- 31 K: yeah it sort of gets filtered down, but um you understand the reasoning why um these  
32 things are put in place, like health and safety for example, and all the training that staff have  
33 to do, before hand I would have thought, “why have I got to do that training?”, but now I  
34 understand why
- 35 W: okay cool, can you explain how you felt about your work life before Covid?
- 36 K: um yeah it was pretty good, I’d been working as a Team Coordinator for about eight  
37 months, so I was fairly new to the role so I was still learning the ropes but I was enjoying it, it  
38 was a lot different from my other role, like I said it’s all office based, not hands-on support  
39 but I was enjoying it and I was learning new stuff everyday so it was good
- 40 W: okay, what about the relationships with managers and other staff?
- 41 K: relationships with other managers was fine, my relationship with the staff did change  
42 because I had worked with them on the floor, and then I was managing them <laughs>
- 43 W: how was that?
- 44 K: um... difficult because I’d made friends with them, with a lot of them and there’s  
45 obviously quite a fine line between friendships and being professional, it was difficult and it  
46 did take me a while to kind of get that balance right. But they were a nice team there was  
47 never any issues, the other team coordinator was difficult at times but I think, I think we  
48 worked alright together
- 49 W: okay cool, um were there any problems you faced at work?
- 50 K: what sorry?
- 51 W: Were there any frequent problems you faced at work?
- 52 K: Um maybe just lack of communication sometimes, from... the other coordinator, but not  
53 generally
- 54 W: Okay, and there was plenty of training? There was limited staff absence?
- 55 K: No we are really lucky, um and we have a permanent relief system which is like a bank of  
56 staff you can just call up if you’re short
- 57 W: oh okay
- 58 K: but they, they work just for you so it’s not like an agency where they will go and work for  
59 all different places, it’ll just be for you so they know the service and the service users and the  
60 staff
- 61 K: Yeah where-as with agency staff they could come to you and they’ve never been to the  
62 service before so it’s kind of like having a brand new member of staff
- 63 W: yeah sure
- 64 K: but ...
- 65 W: it’s as much a hinderance as it is a help
- 66 K: <nodding> yeah

67 W: okay and how would you describe the access to work related resources? Like information,  
68 guidance, training, PPE

69 K: er yeah it's pretty good, we've got an online learning portal which all staff can access and  
70 there's like a huge training matrix which goes on forever, and pre-covid there was a lot of  
71 face-to-face training, alright staff as well, but yeah generally yeah we are- there is a portal as  
72 well called [REDACTED] and it's literally just for [REDACTED] staff where you can go and access staff  
73 support, yeah training yeah it's huge there's loads of different things on there

74 W: they've got everything basically, that you could ever need?

75 K: yeah

76 W: um would you say that thoughts about work occurred during your time off?

77 K: ... .. er occasionally... occasionally but not not generally

78 W: what were the, was there a theme to the thoughts, were they worries of duties or  
79 residents?

80 K: yeah if something could happen to them, to a service user or a member of staff, maybe on  
81 a Friday you'd be thinking, "you know I hope they are alright?" or a member of staff, "What  
82 am I going to face on Monday?" but generally kind of leave work at the door

83 W: okay, did you ever feel that your job was risky or dangerous to yourself or others before  
84 covid?

85 K: <smiling> not with all the policies and procedures in place no

86 W: protected by paperwork

87 K: <laughing> yeah

88 W: and your working relationships you said were pretty good, colleagues, management, how  
89 about the service users?

90 K: oh yeah, yeah great ...

91 W: yeah? Probably the easiest people to work with

92 K: absolutely.

93 W: would you say that your job ever affected your personal life? Like with regards to  
94 hobbies, relationships, stress?

95 K: err... yeah.. if I'd had a bad day I'd come home and <mimes frustration and venting>....

96 W: share?

97 K: yeah but no it didn't affect my hobbies or ... no not really, just like I say if I'd had a bad  
98 day, I'd come home and have a debrief and go through things <laughing>

99 W: And what would cause you stress before the pandemic?

100 K: Generally like things, Like I said I was quite new to the role so it would be things that I  
101 hadn't done before that I knew that I had to do but wasn't quite, quite sure on how to do it

- 102 W: yeah
- 103 K: wanting to get it right....
- 104 W: so it was mostly a lack of familiarity, it was work related basically just stressing about  
105 work
- 106 K: yeah
- 107 W: and did you do anything to manage that stress?
- 108 K: yeah usually I'd just ask the service coordinator for advice or management
- 109 W: and that's the first set, nice and easy about before the pandemic, this section is about  
110 during the pandemic.. and... obviously this is a bit of a comparative thing, the differences  
111 between now and previously
- 112 K: okay
- 113 W: so what changed about your workplace at the outset of Covid? Like when Covid was in  
114 the UK but we weren't under lockdown
- 115 K: um so quite a lot of parents pulled their ser- well, their children out of the service prior to  
116 the lockdown, so we locked down or we closed on the twentieth of March, so the service  
117 reduced in size quite a bit, obviously we had, we are pretty hot on infection control and  
118 handwashing and stuff anyway, and we always have a lot of PPE available, so that was all  
119 really, the service just reduced in size
- 120 W: right, how did that effect what you do and what other staff members do? How did that  
121 effect service?
- 122 K: Well staff had a lot more admin time to do training, and my role didn't really change too  
123 much it was just making sure that staff were cleaning down after each session and trying to  
124 change to rotas to keep up with staff's paperwork time and any amendments that needed to be  
125 made through not as many service users coming through the door
- 126 W: right okay, and what about during Covid, what changed during the lockdowns when  
127 everything was about as bad as it could get ?
- 128 K: when do I think it was as bad?
- 129 W: err what change about your workplace when, yeah when the lockdowns were on and  
130 everything was quite precarious, how did work change?
- 131 K: Well obviously the service shut on the Monday- Friday and we went into lockdown on the  
132 Monday and day-service isn't a statutory service
- 133 W: okay
- 134 K: where-as the other services within [REDACTED] like um short-breaks which is like a respite  
135 service and older people's home and children's services all remained open so we were called  
136 in ready to be re-deployed to these places ...
- 137 W: right, and how was that?

- 138 K: Terrifying really.. because obviously at that point Covid was really new and nobody really  
139 knew a lot about it and we were sort of asking staff to go into these places, places that they'd  
140 never been before
- 141 W: right, with different service users
- 142 K: yeah which is you know, causes some anxiety at any normal point, without there being a  
143 pandemic going on as well, and also the schools had shut at that point, which means they had  
144 their kids at home, yeah and we couldn't guarantee when they were going to be redeployed,  
145 so it could be Monday to Friday nine-til-four like they are used to, like they've always done,  
146 or it could be a night-shift in Margate
- 147 W: right I see..
- 148 K: so it was really unsettling um for the staff and for myself, knowing how to support them at  
149 the same time
- 150 W: um I suppose you weren't redeployed?
- 151 K: No I wasn't redeployed, no but yeah, we didn't really have any technology or anything at  
152 that point either, I mean I had my laptop but I think within the whole of the service there was  
153 five laptops...
- 154 W: right, which isn't enough
- 155 K: not for twenty plus staff, um so for the first six weeks of the lockdown the staff were  
156 logging onto the portal and they have work phones, and doing training
- 157 W: that must have been quite hard for people?
- 158 K: well yeah, ... I think three or four people from each team got redeployed
- 159 W: and were you having to directly support those people, or were they giving you feedback  
160 and you were giving them the roles?
- 161 K: yeah, erm but yeah I think that not having the technology was also quite a big hinderance
- 162 W: oh okay
- 163 K: and for those staff that sort of lived alone it as quite challenging because they were just  
164 completely isolated...
- 165 W: okay..
- 166 K: so... pre..pandemic like I say we only had about 5 laptops and all staff had like, Nokia  
167 3310 style phones, so we didn't have smartphones either so as well as doing training on their  
168 personal phones we were all sharing the laptops around the team
- 169 W: okay, logistical bridge
- 170 K: yeah, that was interesting, sort of driving on a Friday evening to um somewhere in  
171 Maidstone, and then Monday somewhere in Ashford to deliver laptops because there was  
172 quite a lot of pressure from above for everyone to do their contracted hours
- 173 W: but not enough materials for people to be able to do that

- 174 K: yeah yeah
- 175 W: were they very supportive of that, upper management or, did they solve the problem,  
176 when it was made aware to them?
- 177 K: um they did eventually, I think it was midway through April... we all got laptops..
- 178 W: okay
- 179 K: I don't want to sound negative, we were really fortunate to get those but a support worker  
180 role is eighty percent hands-on twenty percent admin and the role completely switched and  
181 you had support workers that were you know, don't know how to use a computer...
- 182 W: okay... I see.. Was that a common problem?
- 183 K: err yeah, for the older for the older staff it was.. yeah trying to support people to use these  
184 computers <laughs> which was fun!
- 185 W: yeah, you have to phone them on the 3210 to tell them how to do stuff
- 186 K: yeah and that's the thing, because you're remote, we weren't sitting next to them, showing  
187 them how to login to the portal or setup a Zoom call, it was all via phone... so... so it was  
188 just a bit of a nightmare to be honest, I mean we did eventually get there, and I think around  
189 the beginning of May time we started running Zoom sessions for service users, but again we  
190 had the issue of a lot of them living at home with elderly parents, some didn't have WiFi and  
191 some of them don't know how to set up a Zoom account ...
- 192 W: right, I see.. did you manage to overcome that, or was that a..?
- 193 K: Eventually, eventually we sent out like instructions on how to set up Zoom and some of  
194 the staff found like, internet deals for people that didn't have WiFi
- 195 W: oh right, that's good
- 196 K: so yeah, it, it eventually got there it just took a bit of time
- 197 W: sure, sort of trying to roll with the punches and solve the problems as quick as you can
- 198 K: yeah
- 199 W: okay, would you say, how would you describe your employers reaction to Covid?
- 200 K: ... um obviously.... Like everywhere.... We were.. um we didn't really know how to  
201 manage it, we weren't expecting it... [REDACTED] has a contingency plan for literally every single  
202 thing you can think of, bad weather, IT problems, building issues, but not a pandemic..
- 203 W: right..
- 204 K: um.. so .. er.. I think they took it really seriously and even do now with like wearing PPE  
205 and social distancing, but again, it was really new and they were learning along the way as  
206 well, I wouldn't say it was a negative reaction but I think the expectations for some of the  
207 service were unrealistic, like I've said we, we couldn't really work the first six weeks because  
208 we didn't have the resources to..



- 209 W: sure, and if your job is supposed to be hands-on and then you can't be hands-on, you're  
210 like, "well, what di I do?"
- 211 K: yeah exactly
- 212 W: Do you know what people were doing?
- 213 K: they were, they were using pen and paper doing session planning
- 214 W: right okay
- 215 K: but again you had staff sort of saying, "well, what am I planning for? We aren't doing any  
216 sessions", like I said we were training and we did eventually start doing welfare calls to  
217 parents and carers sort of when they wanted them
- 218 W: yeah
- 219 K: some staff were going out and getting shopping for some homes that didn't sort of want to  
220 go out, obviously because it's vulnerable adults, so they didn't want to go out and drag their  
221 son or daughter around a supermarket, so you'd have staff that would go out and get their  
222 shopping... so yeah
- 223 W: so say like, um and correct me if I'm wrong but it sounds like a complete fracturing of  
224 what was before the pandemic to what it was like during the pandemic and basically  
225 everyone's jobs got re... not even like rebuilt but remade into something to solve the  
226 problems of the pandemic, like people need shopping, people need Zoom calls, and people  
227 need...
- 228 K: yeah, that's a good way of putting it actually, we sort of adapted to what people needed at  
229 that time
- 230 W: and I suppose the service users, did they.. react well to the changes or?
- 231 K: yeah I mean we didn't have any issues that I know about I think getting bored was the..  
232 was the main problem.. but.. everyone was okay and I think some of them probably quite  
233 enjoyed it, especially the older guys that had been coming to the service like five-days-a-  
234 week from when they were school-age
- 235 W: right.. okay
- 236 K: so it's not been a bad thing for everybody and even now, like a lot of the older, older  
237 service users have come back on a reduced amount of days...
- 238 W: okay is that because they've become more independent now, or
- 239 K: no, they just want a slower pace of life <laughs>
- 240 W: oh right, fair enough! .... Can you explain to me how you feel about your work-life  
241 during Covid? Like feelings before and after the shift, relationships with staff and  
242 management...
- 243 K: ... um tired.. stressed... didn't really know how to support staff that were sort of going  
244 through mental health crisis'
- 245 W: right

- 246 K: and um sort of, like I said we were sort of told that we were going to be redeployed at the  
247 beginning of the pandemic and then nothing really happened apart from three or four from  
248 each team, and then we sort of got our grips with the technology and the Zoom sessions and  
249 the Facebook sessions, and then when the winter hit and we went into another lockdown, we  
250 were again told that we were going to be redeployed, and this was all coming from upper  
251 management and their attitude was, “you’re getting paid to do a job, it might not be the one  
252 you like originally signed up for but we are paying you to work however many hours a week  
253 you work and we want you to go out to where-ever needs you”, basically
- 254 W: right
- 255 K: and this was, this included me as well, um so yeah not, not great
- 256 W: right, how did that make you feel and the people that you spoke to who were in the same  
257 bracket?
- 258 K: um.. really unsettled and a bit worried about what the future might hold um because  
259 obviously the service had been shut from March and we were thinking, “is it going to  
260 reopen?” because it didn’t reopen, because we had a bit of time didn’t we, during the summer  
261 where things relaxed a little bit and the service didn’t reopen.. so the staff were saying, “Well,  
262 what’s happening?”
- 263 W: so a large period of uncertainty for people
- 264 K: yeah
- 265 W: do you feel that your job is more or less a risk to your health and wellbeing now?
- 266 K: er yeah, yeah it’s definitely more since the pandemic started, I thin it’s just through like I  
267 said the uncertainty and the stress
- 268 W: right, is it the stress of.. the stress of the pandemic or the stress of the job or both?
- 269 K: errr... I think it’s both, I think it’s probably the stress of what the pandemic has caused my  
270 job to become
- 271 W: right okay yeah
- 272 K: because even now things aren’t sort of back to normal.. um...
- 273 W: even though things tend to be back to normal for most people
- 274 K: yeah it’s not quite like that within [REDACTED] or within the sector I work in... we are still limited  
275 on numbers that are coming into the buildings er and again if you’ve got a group of say  
276 twenty staff and you’ve only got say ten service users coming in, the staff are going to say  
277 sort of, “well what are we doing? Am I going to have a job?”
- 278 W: right, is that quite a common occurrence?
- 279 K: it has been, it has been, it sort of goes in waves
- 280 W: is that because the service users changed depending on what’s going on with the  
281 pandemic or is that, do you know why?
- 282 K: it’s just, what why it comes in waves?

- 283 W: yeah
- 284 K: um.. no I just think... people just sort of think, “oh what’s going to happen to my job?”  
285 and then after a week they’ve sort of forgotten about it, something new has happened and,  
286 and then a few weeks later the staff might say, “oh are we having more people in the  
287 building?” and then we say, “no”, and it causes another wave of worry ...
- 288 W: right I see
- 289 K: so I think that’s why it sort of comes in waves
- 290 W: um okay.. how would you describe your work relationships during the national  
291 lockdowns?
- 292 K: with other staff?
- 293 W: with the staff, with the service- with anyone to do with your employment
- 294 K: um, with the staff the majority has been alright, like I say maybe I’ve just been lacked  
295 experience in how to support some of them um but generally I think everyone has pulled  
296 together, err management um.. my manager personally has always been really good and  
297 supportive and um hasn’t always necessarily agreed with decisions that have been made with  
298 managers higher than him, um and he will sort of fight for us
- 299 W: well that’s good
- 300 K: but yeah I’d say it’s been generally been okay, it’s higher management .. you know that  
301 issues have been with
- 302 W: right okay, um I suppose you haven’t seen the service users if you’ve all been in  
303 lockdown
- 304 K: um no, um... they started coming back into the building in June, so I’ve met a few of them  
305 but not all of them
- 306 W: okay, did you do anything to cope with the changes in the way that management were  
307 operating and what was expected of you?
- 308 K: um... the team coordinators had a weekly meeting where you could sort of like, have a  
309 moan.. basically because we are all in the same sort of boat erm and I just talked to my  
310 colleague, the other team coordinator and manager, because we all have sort of monthly  
311 supervisions where you can sort of air out any points, moans that you’ve got about work and  
312 about personal life as well
- 313 W: so the support is quite good?
- 314 K: yeah
- 315 W: are they quite quick, or quite receptive to whatever you say in those session, obviously if  
316 it’s about work and problems you are facing, they are quite quick to address them, or?
- 317 K: Yeah there’s lots of like, support that you can access, like there’s SupportLine which is  
318 like a counselling service and they do like monthly staff wellbeing surveys so, and they’ll do  
319 webinars on mental health so support is, support is pretty good

- 320 W: okay, so just the pandemic and the fact that everything was changing maybe upset a few  
321 things that the support wasn't capable of dealing with maybe?
- 322 K: yeah I think so
- 323 W: did you, you said earlier that you ... you felt... a bit maybe unsure about how to support  
324 your colleagues who were going through crisis', how did you manage that? Was that  
325 addressed by upper management?
- 326 K: Yeah, yeah we'd just tell our managers and offer staff the SupportLine details and just  
327 check-in with them everyday. That was another thing that we were doing, sort of everyday  
328 ringing staff and getting them to ring each other
- 329 W: that's quite good,
- 330 K: so they weren't completely isolated
- 331 W: do you think that had a positive effect?
- 332 K: yeah definitely, and it keeps that team momentum going as well, I think when you're  
333 working on your own for a long time, to then come back into a team again can be quite  
334 challenging
- 335 W: yeah especially if what you've been doing has been so different
- 336 K: Yeah so yeah I think it had a positive effect
- 337 W: okay, um... can you explain how your job affected your personal life during Covid?
- 338 K: um I think maybe I was a lot grumpier, yeah, moaned a lot more, yeah I was I think, I  
339 think I was a bit stressed and didn't know what to expect or what senior management were  
340 going to throw at us next
- 341 W: did it feel like that, a bit like you were having things thrown at you that maybe weren't  
342 justified
- 343 K: yeah yeah like not opening the building, to even now, not allowing us to have the heating  
344 on, like the blower heater because of the spread of Covid yeah just.... Yeah..
- 345 W: things from people that maybe aren't in the areas..
- 346 K: yeah it comes from, from above yeah they aren't actually dealing with these situations on  
347 a daily basis
- 348 W: how did that make you feel?
- 349 K: really frustrated, because you're trying to deliver a service and there's just constant  
350 barriers in the way
- 351 W: is that quite a common feeling among the people at your, at all levels that you interact  
352 with?
- 353 K: yeah
- 354 W: that it's unnecessarily difficult

355 K: yeah yeah er sort of taking things to the extreme, erm yeah so for example I said about the  
356 breaks earlier, the respite service they were sort of allowed to have a car full of people,  
357 service users, but even now we can only have one service user per row in the, in the car

358 W: right..

359 K: it's [REDACTED], it's all [REDACTED] that, you'd think that the guidelines would be the same, but it just  
360 makes things very difficult, because if you've got an activity to get to and you've got five  
361 service users, three of those service users have to get the bus

362 W: right?

363 K: which is, you know, it's an uncontrolled environment, we clean our people carriers and  
364 our staff wear masks where-as a public bus, you don't know who's been on there, people  
365 don't wear masks, but you just get told, "no."

366 W: I assume that's been raised with the upper management..

367 K: oh yeah many times

368 W: and the stance is still the same?

369 K: yep they say, "no."

370 W: do they offer an explanation?

371 K: because it's a confined space.

372 W: because it's a confined space? I thought a bus would also have been a confined space,  
373 but... that's interesting.

374 K: yeah

375 W: okay um.. did you do anything to manage these things?

376 K: um... no? Just, after a while you feel a bit, what's the word... deflated. Um, and we just  
377 keep asking ... yeah...

378 W: that must be difficult, if they aren't listening?

379 K: yeah it is, because like I said you just want to provide the best service that you can,  
380 especially for people that have been locked up at home for the last fourteen months ermmm  
381 and like now things are going back to normal in the world, but it doesn't seem like we are...  
382 still very restricted on what we can do which I think sends mixed messages to service users

383 W: sure, and are the service users physically impaired, or mentally, or both?

384 K: both, yeah, so learning disability and physical

385 W: so the mixed messages from the normal world that they probably take quite a lot of cues  
386 from and where they come to see you, that must be quite hard for them?

387 K: yeah I think so, I think so, I mean they don't really understand social distancing but erm  
388 when we initially opened, everyone sort of had to stay in their own room

389 W: okay

- 390 K: so it's very, it's social services, it's a social, a social thing that people do it was really  
391 difficult because you sort of had to keep them all apart, and sit them two metres apart from  
392 one another so...
- 393 W: okay, um can you explain how you socialised throughout covid?
- 394 K: Um... we didn't really... Facetime, we would Facetime people or Zoom call people um  
395 we had a couple of game nights I think via Facebook um just phone calls, texts
- 396 W: um and how did your family react to Covid?
- 397 K: um..... I think pretty much the same as everyone else, didn't really know what was going  
398 on, adhered to the lockdown um... my dad stopped working obviously because he was going  
399 into people's houses, mum was in the same boat as me, doing the same sort of job and was  
400 home-based working, I think it was quite stressful for them, being in the house all together
- 401 W: yeah I'm sure it was um did you come into close contact with anyone who was infected  
402 with Covid?
- 403 K: er... no...
- 404 W: no?
- 405 K: no luckily not, not that I know of,
- 406 W: well that's good, did you have to self-isolate at all, were you pinged?
- 407 K: ummmm no... no sorry I did it was a member of sta- I came into contact with a member of  
408 staff that had had a positive PCR test, we were working in a room together last Christmas and  
409 yeah I stayed at home until my results came back and luckily they were negative
- 410 W: oh right, did you still have to work in that time?
- 411 K: yeah yeah because I was well and I've got my laptop I just worked from home
- 412 W: how would you describe your experience of self-isolation?
- 413 K: err it was alright, because it was only for like 2 days
- 414 W: oh right, really? It must have been right at the end then?
- 415 K: yeah yeah, yeah it was last Christmas s I only had to stay in for a couple of days until my  
416 results came back
- 417 W: ah wasn't too bad then
- 418 K: no no
- 419 W: okay, what causes you stress at the moment [REDACTED]?
- 420 K: yeah work I guess, still not knowing what's going to happen to the service um as it's so  
421 reduced and there is like a review going on at the moment looking at which service users  
422 actually need our service and which ones can be moved on elsewhere
- 423 W: moving elsewhere meaning, moved away from the service or

- 424 K: so moved onto a different service, because I think what they would like to do is make the  
425 service for people who have more complex needs, so people who need to be peg-fed, um  
426 wheelchair users, and people who have more complex health issues
- 427 W: right okay
- 428 K: because like I said before a lot of the guys who come in have been there since they left  
429 school, so they kind of get stuck in the system
- 430 W: I see, so maybe there's a push to get people back into
- 431 K: yeah and I think they've moved using Covid as an opportunity to sift out people that  
432 maybe shouldn't be there
- 433 W: okay, well that's good I suppose if it comes off and with the right intention
- 434 K: yeah yeah, it's not all negative... sorry <disappears to deal with the dog> sorry
- 435 W: what's he got hold of?
- 436 K: <holds up a pig> a a pig
- 437 <laughter>
- 438 W: yeah, okay, has how you coped with stresses changed throughout Covid?
- 439 K: ermm yeah, maybe. I think I probably moan a bit more
- 440 W: yeah?
- 441 K: but I don't know if that's Covid or not. It's made me a bit more resilient to things, I think I  
442 can cope with a bit more now, as opposed to the start of the pandemic and the start of the new  
443 role, I don't think I get as overwhelmed with things anymore
- 444 W: that's good
- 445 K: so built up resilience I think, definitely.
- 446 W: okay excellent, that is the end of the questions about Covid, so now what we'll do is a  
447 little bit of a debrief and I'll check the consent again and stop the recording and then if  
448 you've got any questions, I'll ask you how it went and that's the end of that. So what are your  
449 highlights of your shifts at work Kate?
- 450 K: highlights, um having the service users come in the office
- 451 W: yeah, whys that?
- 452 K: Um I think because they are just so carefree and they just put things into perspective, like  
453 you can be having a really crap day and someone can come in to talk to you about their  
454 obsession which is like wheelie-bins
- 455 <laughter>
- 456 K: or Yahtzee, do you know what I mean? The game Yahtzee and I don't know what it is but  
457 you just completely forget about your worry and you're just talking about this random stuff  
458 for half an hour

- 459 W: oh right, that sounds really nice, it sounds quite healthy, um was there a best part of  
460 lockdown for you?
- 461 K: um no... no I don't think so, I think working from home in the beginning was okay..  
462 but.... I didn't really enjoy it that much, I think having a mixture of working from home and  
463 going into the office is nice but... as much as it's a stress sometimes, the job, I just like being  
464 around people, um I think obviously having more time at home, we got to spend more time  
465 together and it was definitely a slower pace of life I found, especially at the weekend um but  
466 I don't think I'd want to go back into that again ... no..
- 467 W: okay um and what are you looking forward to in the coming year?
- 468 K: um Christmas
- 469 <laughter>
- 470 K: no I think just a bit of normality, um obviously things have opened up now but I think  
471 with work, workwise I think just getting back to being at full capacity or finding out what the  
472 future is going to hold, um if I'm going to have a job, if my job is going to change
- 473 W: certainty then?
- 474 K: yeah
- 475 W: solid.
- 476 K: yeah
- 477 W: cool, that is the end of the interview thank you very much that was excellent. Um if  
478 you're happy to continue participating I will stop the recording
- 479 K: yeah, I'm happy to do that yeah



## Interview\_5\_Claire\_Child\_Protective\_services

- 1 W: have you read and understood the participant information sheet and the consent form?
- 2 C: I have, yes
- 3 W: excellent, are you happy to consent to participate in this research today?
- 4 C: I am yes
- 5 W: lovely, okay, um.. alright, can you start off stating your name, age, and location please
- 6 C: So, I'm 37 and I'm from Herne Bay
- 7 W: okay, and do you have any dependents,?
- 8 C: yes, two
- 9 W: and how old are they?
- 10 C: 18 and 14
- 11 W: are they both in fulltime education?
- 12 C: no just the youngest
- 13 W: just the youngest and what does the oldest one do?
- 14 C: he works part time and is doing an access course to go to university next year
- 15 W: excellent, so what we are going to do is run through, I'll tell you the form and then it's
- 16 easy, there will be some quick introduction questions, some questions about before the
- 17 pandemic, and stress and your life, and then there will be some questions during the
- 18 pandemic and then there will be a debrief and I'll check your consent and stop the recording,
- 19 and then there's an opportunity to ask any questions and talk about how it went
- 20 C: lovely
- 21 W: wicked, so I know you work, do you work fulltime?
- 22 C: um four days a week
- 23 W: and how many hours is that?
- 24 C: twenty-nine hours
- 25 W: okay, and what's your job title?
- 26 C: I am a children and care social worker,
- 27 W: okay, and what does that involve?
- 28 C: So I am the social worker for children under the age of eighteen who currently reside in
- 29 fostercare

- 30 W: okay, so do you go to.. foster homes, or?
- 31 C: yeah so my role entails children who live in independent settings, um semi-independent  
32 homes, which means like a children's home where there is supervision, and also foster carers,  
33 so I go to individual foster carers' homes as well
- 34 W: alright, so sort of kids all through the system?
- 35 C: Yes, yeah so that includes unaccompanied asylum seeking children
- 36 W: Oh right, that must be different.. or is it the same?
- 37 C: it is, no it is different because children that come over unaccompanied erm, they don't  
38 have a parent to have um responsibility for them, um so some of the decision making is  
39 slightly different and obviously the language barrier can sometimes be quite difficult to  
40 navigate
- 41 W: do you often work with translators?
- 42 C: yes
- 43 W: do you find that, do you get on well with the translators? Or do you find that the  
44 relationship- your relationship with the translator affects your relationship with the client?
- 45 C: myself, personally I've always had a really good relationship with the translators um they  
46 seem to be very good at what they do, in my experience
- 47 W: oh okay, but I take it that isn't the common experience across your sector?
- 48 C: I don't think so no, I think there are some barriers in terms- obviously the translators  
49 understanding of some of the procedures that we need to inform the children of, I think  
50 sometimes that can be quite difficult to get across
- 51 W: okay okay um and how- what motivated you to take this job, Chloe?
- 52 C: I wanted to make a difference, I knew beforehand that the foster system has some flaws  
53 and I thought perhaps being within that system I could make some slight changes and I just  
54 like caring for people and making a difference. I'm very passionate about social justice and I  
55 understand that children in care suffer a lot of injustice and um, I just wanted to be able to  
56 advocate for them really
- 57 W: um okay, that's nice, that's good. Alright, the next set is on questions before the pandemic  
58 um so can you explain to me please how you felt about your work life before Covid?
- 59 C: um, it's always been quite difficult to balance, so before Covid I was working fulltime,  
60 yeah it was quite difficult because it's quite a, quite a demanding job, requires sort of a lot of  
61 extra hours at the last minute, it's obviously quite emotionally draining but I just put into  
62 place a lot of boundaries and I think that seemed to work for me
- 63 W: when you say it's demanding, aside from being heavy on the time demands, in what other  
64 ways is it demanding?
- 65 C: um, you're dealing with a considerable amount of trauma, so um a lot of the young people  
66 that I work with have been abused in a variety of ways, haven't been able to ever, sort of,

67 process that trauma, and you're there trying to seek that help for them both through yourself  
68 and through other agencies, and that can be quite difficult, and um... I think... I've had  
69 several children sort of disclose abuse to me that they've er never disclosed before.. and er  
70 that can be quite emotionally hard to process for yourself, because you obviously need to  
71 remain sort of strong, um for them and ensure that you actively listen at all times and um that  
72 can just be quit hard really ...

73 W: that must be... no go on

74 C: I was just going to say, seeing you know, when you get a new child, for example so when  
75 I started work you see that all the children are new to me, you read through all their files, see  
76 all their history, their chronology, you know to see what they've been through, what their life  
77 experience has been and a lot of the time you can see where perhaps decisions were made  
78 that weren't in the best interest of the child and that can be quite.. distressing as well to sort  
79 of have that background knowledge of things that haven't gone quite right for that child

80 W: right I see, is that things not gone right because of the policies have changed, or for what,  
81 why why were things not done ?

82 C: well I suppose a lot of it is done with hindsight, you sort of read through a child that was  
83 living at home and you can see that there's been social work involvement and you think  
84 perhaps things have been done sooner or judges have made decisions about a child's risk of  
85 harm and they've been wrong, and the lack of resources I suppose that's always a massive,  
86 huge thing that you can see when you read through a child's history, you know sort of being  
87 on a waiting list for 4 years to have an ASD, um an autism spectrum disorder assessment, you  
88 know things like that

89 W: so it's quite er, a systemic.. there's a lot of, er a lot of things that need to happen and a lot  
90 of things that should have happened as soon as possible but don't

91 C: Absolutely yeah absolutely

92 W: okay, what about your feelings before and after being at work?

93 C: there's, and this is pre-pandemic yeah?

94 W: yeah

95 C: so there was, before the pandemic I had a very- I had a couple of very very complex cases  
96 that were very er traumatic, so quite often before work I would think, you know I was so  
97 unsure of what I was going into, am I going to be able to help, and um sort of spending a lot  
98 of time after work sort of trying to process things that I've heard and you know things that I  
99 haven't done that day um yeah quite difficult, it's definitely quite difficult, there's a lot of  
100 emotional resilience you need... um yeah stressed <laughs> stressed quite a lot of the time

101 W: okay, and how were your relationships with staff and management, other staff and  
102 management?

103 C: yeah um really good, unfortunately I had three different managers withing three months so  
104 that was a little bit difficult because obviously I'd just started but yeah really good, really  
105 supportive, amazing team um yeah all my colleagues are great so that's that was always a  
106 plus that you'd have somebody to talk to when things were really tough or you weren't sure

- 107 what the right decision to make was, was the process was, um there was always somebody  
108 about which was really helpful
- 109 W: it probably takes some of the stress off as well, the responsibility having someone to talk  
110 about it, especially if it's a complex problem
- 111 C: yeah absolutely, absolutely, you know things aren't black and white, you can't read a  
112 paper or look back at a book from uni and say, "well this bit fits with this person" because  
113 it's, we are all individuals and everyone's experience is different and even if two people have  
114 been physically abused their experience will be completely different, so it's good to have  
115 that, that knowledge of senior colleagues who've got that experience to sort of, you know I  
116 suppose offer you an alternative perspective than your own as well, is really helpful
- 117 W: that;s good, it sounds like a good setup for a tough situation
- 118 C: yeah definitely, sharing the burden I suppose it is, and knowing your colleagues feel the  
119 same, you're not alone
- 120 W: right okay, did you face any frequent problems at work before Covid?
- 121 C: no.
- 122 W: no?
- 123 C: no not that I can, not that I can think of,
- 124 W: no staff absenteeism or lack of training?
- 125 C:oh right so yeah training was really good but yeah lots and lots of staff off for- so my first  
126 manager I was there a week and she went off with poor mental health, didn't return for six  
127 months um several other colleagues also went off with poor mental health um that is a very  
128 frequent problem which then means you take on that persons work, so obviously that's quite  
129 distressing for the child, you know having somebody new coming in, especially if you know  
130 they've got sort of lots of things going on in their life and then all of a sudden they've got to  
131 tell somebody new, that can be quite difficult and then you're trying to balance insuring that  
132 you're giving your own children, your caseload, your time as well as the extra children so  
133 that, yeah that.. that's definitely a huge problem within the system
- 134 W: right that probably doesn't make anything any better for anyone because the people who  
135 are off get a bit of a break, but it's too late for them, and then everyone else gets  
136 overloaded...
- 137 C: and so more people go off with stress or long-term illness, you know, probably, likely  
138 caused by stress
- 139 W: right, is it a high staff turnover would you say?
- 140 C: yeah very, I have been there two and a half years and I've seen, I think fifteen people  
141 leave in that time, which presents a huge problem for the children because then there's no  
142 consistency.. getting... building... one of the most amazing things about children in care is  
143 that you get to maintain that relationship with the children so I have had children, for two and  
144 a half years so I know them really really well, I know their backstory I know their lived  
145 experience, we have really good, trusting relationships you know and when people leave they

- 146 have to redo all of that again, so consistency I think is really really important for young  
147 people
- 148 W: right, I never really thought of it like that before, it does make a lot of sense, I suppose if  
149 you've got to rehash- you've just got to a certain far- depth- distance through your growing  
150 process and then someone leaves it's like, "oh cool, someone else has left..."
- 151 C: yeah
- 152 W: it must be quite damaging for the children
- 153 C: absolutely, it's more abandonment, it's more loss and more grief for them to have to  
154 process and you know, a lot of my work focuses on attachment building, um and so these  
155 children for attachments to a degree with their social workers only for them to be another  
156 person to leave their life and then it's a case of, "well do I bother to try to trust someone,  
157 somebody else? Do I, you know, try to open myself up to someone else because they might  
158 leave as well", you know it's that fear of abandonment over and over and over again, and  
159 that's just not okay really, it's not okay
- 160 W: not if you're trying to help people
- 161 C: no no quite often, if you look at sort of research into social work you, you talk about  
162 children being removed from their birth parents, you know through not being able to provide  
163 a consistent and stable life, and then they come into a system that doesn't always provide, not  
164 always, provide them with the stability and consistency that you know that we talk of that  
165 was lacking in their parents home you know?
- 166 W: sure
- 167 C: it's, it's a difficult one
- 168 W: okay, um, how would you describe access to work related resources?
- 169 C: yeah that's really easy, that's not problematic, I have lots of training, lots of availability to  
170 look at resources and research and um, anything that I am not able to access I can ask  
171 someone, you know a manager or something like that, and they are able to access that for me  
172 so that's really good
- 173 W: excellent, did you need to wear PPE before Covid?
- 174 C: no
- 175 W: okay, um this is probably a bit of an obvious question but did thoughts about work ever  
176 occur to you during your time off?
- 177 C: .... Um.. yes... yes definitely, but I am someone that is quite good at switching off, well I  
178 make a really conscious effort- I say I'm really good at it, to switch off because I know how  
179 important it is for me, my life, and my work, the children that I work with for me to be able to  
180 do that
- 181 W: so it's mostly worries about them, or?
- 182 C: yeah yeah worried about, if there's something going on with them, if something is  
183 occurring in their life at the moment it is, you know, are they okay with whoever is covering

184 for me and yeah just, making, you know we have lots of deadlines, lots of paperwork  
185 deadlines you know it's, you'll be off for a couple of days thinking, "ah did I do that.." cos  
186 it's important for them that you do all that side of it

187 W: um okay, and did you ever feel that your job was risky or dangerous before Covid?

188 C: Yes, on occasions yes.

189 W: can you describe that for me?

190 C: So I suppose you sort of work with individuals who do not like you, who have raped  
191 people, who are paedophiles, who are part of grooming gangs and you're there you know  
192 trying to stop this behaviour or trying to keep young people safe from them, so you're  
193 deemed as someone that's getting in the way of any, any kind of activity that they want to  
194 engage in, so yeah I've definitely, er definitely felt at risk er you know I've gone into  
195 people's houses to say, you know "things do really need to improve otherwise we are going  
196 to have to sort of getting a plan together to potentially you know remove your children", and  
197 obviously who is going to want to hear that? Erm so you know you obviously become a er a  
198 target for a lot of anger and err and hate. So yeah it's definitely, definitely a lot of risk  
199 involved

200 W: do you usually go to the sites alone-

201 C: yeah

202 W: -or are you accompanied?

203 C: yeah

204 W: you go to them alone? Okay that, that seems dangerous, but I suppose if staff members  
205 are very low then...

206 C: mmm yeah it is really difficult, I mean when I first started, within the first week I was told  
207 to never go into certain areas or certain buildings on my own, always take another member of  
208 staff but the reality is that that is just not possible and you're just expected to go

209 W: how does that make you feel?

210 C: yeah very worried a lot of the time, you know you can be really on edge walking into a  
211 home you know, or walking into a block of flats erm just sort of being really really aware of  
212 your surroundings, and making sure that you're closest to the door so if anything gets a little  
213 bit heated you can sort of get out safely, yeah it's not nice, I've been followed in my car  
214 before which wasn't pleasant

215 W: what, after you'd been to see somebody?

216 C: yes yes

217 W; yeah that's quite serious I suppose

218 C: yeah

219 W: um how did the management deal with that or, is it, is it just a risk of the job

220 C: er part of it is just a risk of the job you know, but when I was followed that was recorded,  
221 you know I had a meeting with my manager to discuss it, any worries or anything like that,  
222 you know anything I could perhaps do differently to to ensure my safety and then I went on a  
223 safety training as well, and provided with personal safety training quite regularly

224 W: so it sounds like the job generally is quite risky, obviously no one wants their children  
225 taken away from them, let alone if their distressed so it must be, it must just be quite tough to  
226 be in the situation for you

227 C: yeah I mean it's not, it's not all the time it's just a part of the job

228 W: would you say then that it is more at the extreme end of what you experience?

229 C: yeah definitely, oh yeah definitely

230 W: okay, that's good, it takes the edge off a little bit

231 C: <laughs>

232 W: it's not a daily struggle

233

234 C: yeah

235 W: okay, erm would you say that your job had affected your personal life in anyway?

236 C: erm yes, so.. during like times of finding my job really stressful or sort of I can absorb I  
237 can really absorb other people's trauma so listening to some very very harrowing stories  
238 where, you know, the young person has just been failed repeatedly and repeatedly you know  
239 just really angers me and really upsets me and sometimes I've struggled to be able to properly  
240 process that and I sort of brought it into my home life and been just you know, really cross at  
241 the world and the system and erm just sort of really upset really that I can't do things and  
242 then I suppose that made me it did make me at times a more negative person because I sort of  
243 saw a lot of darkness in the world where perhaps other people wouldn't see it, a lot of things  
244 at work shocked me, still shock me and then sometimes I still find myself to be a little bit  
245 more of a negative person than I was previously

246 W: okay.. how would you manage the ... er transition between work and home?

247 C: erm.. before Covid, spending half an hour, forty minutes travelling in my car you know  
248 listening to my favourite music and sort of processing the day in my head so I could walk  
249 through the door and sort of put that behind me was helpful, and doing things like getting  
250 home and taking the dog straight for a walk so I could have that bit of time, downtime, er  
251 yeah it is quite difficult to balance it really, at at times. Yeah, being organised at home  
252 <laughs> that helps

253 W: well I suppose that takes one less thing to worry about

254 C: yeah

255 W: if you know that everything is done

256 C: yeah

- 257 W: okay, what would cause you stress before the pandemic, Chloe?
- 258 C: What caused me stress? Erm I didn't enjoy working five days a week because I didn't  
259 like,- I found the erm the emotional trauma of the young people's lives just too much to cope  
260 with alongside my own life and my own family.. erm that's it really ..... yeah just constantly  
261 looking after everybody, never being able to look after myself
- 262 W: okay, I suppose, I suppose that's like time management, where, if you're working five  
263 days a week you haven't got enough time to decompress, it takes too much each day to  
264 decompress the previous day and at the end of it you've got nothing
- 265 C: yeah definitely, so it's spending you know when I was doing five days before the  
266 pandemic sort of just spending Saturdays coming down and then Sunday is like, oh I've got  
267 to do all my own life, my personal life stuff and then it's back to work again, so yeah it's  
268 never enough, never enough time, which is why I made the decision to go down to four days
- 269 W: and that seems to have made all the difference then, that's probably
- 270 C: fixed the balance, yeah definitely
- 271 W: did you do anything else to manage the stress other than listening to music, taking the  
272 dogs for a walk
- 273 C: no, just enjoying spending time with my children, having meals out and games nights and  
274 things like that, taking them to their clubs which I find .. relaxing. Um and you know just sort  
275 of seeing friends and trying to have fun <laughs>
- 276 W: <laughs> okay wicked, that's great, the next set is about during the pandemic and yeah,  
277 we'll start specifically about right at the beginning when Covid was in England but not, like  
278 they were talking about lockdowns, it was around but it wasn't everywhere
- 279 C: yeah
- 280 W: what changed about your workplace at the outset of Covid?
- 281 C: but this is before we all got told to work from home
- 282 W: yeah this is like when it was around the world, in England but we weren't sure how bad it  
283 was
- 284 C: oh okay, um I think initially people's sort of emotional responses heightened, sort of lots  
285 more foster carers and residential support workers, yeah lots more people were anxious I  
286 suppose, "what's going on?" and you know er yeah just worried about what it could be,  
287 potentially mean I suppose because everyone's lived through, I suppose sort of different  
288 swine flu's and things like that so sort of everyone had that previous experience of it so yeah  
289 it was just a case of yeah that anxiety of the unknown as to what, how bad, how bad it was  
290 going to be and whether it was going to affect young people or old people and things like that
- 291 W: Okay but work didn't change anything? They didn't change what your duties were, your  
292 responsibilities or..?
- 293 C: not that I remember, no, not before, not before things, not before we sort of entered into a  
294 lockdown and you know sort of rules came into place in England, not that I remember



295 W: okay, what changed when lockdown was announced and there was legislation

296 C: what changed when lockdown was announced? They closed our buildings, so we all had to  
297 start working from home which was obviously very different erm then when lockdown  
298 happened there was a huge sort of, sort of influx of carers and young people and other  
299 colleagues who were just panicked erm you know.. wanted answers to questions.. you know  
300 policies were a bit different, there was, the government set out that any children with a social  
301 worker could remain in school but for children in care that wasn't the case but then we had a  
302 group of children that wanted to go to school that didn't, foster carers- I don't know erm so  
303 that was, that was quite difficult and obviously there were children that had contact with  
304 parents that suddenly became very problematic and we had our own views again and sort of  
305 balancing that and just trying to keep up with how different things were really erm we were  
306 you know asked to Facetime some of our young people which was just nev- never never ever  
307 done before, we'd always had to do face to face visits, so that was a challenge for a lot of  
308 them

309 W: was that because of internet access or er technical ability?

310 C: No, I think just because they wanted that social, social connectedness of seeing somebody  
311 face to face as opposed the over the phone, you know certainly some of the children reading  
312 social cues and sort of body language was a necessary part of the way that they  
313 communicated, so yeah some of them found it hard, erm you know and then obviously the  
314 younger, sort of children under the age of twelve who didn't have phones, it was just so  
315 problematic for them to speak over the phone

316 W: so where they audio calls then with the younger people who didn't have phones or were  
317 they,

318 C: yes we did some audio calls and you'd sort of Facetime a foster-carer and try to get the  
319 young person to engage a bit, but they just didn't want to, but that was, yeah that was strange  
320 and obviously as a social worker to go from not having phone visits to just speaking over the  
321 phone or through Facetime whatever, erm as a social worker you need to feel an atmosphere  
322 you need to be in the room to smell things you know, you need to be able to really observe  
323 body language so that became a real barrier

324 W: I suppose-

325 C: and everybody is a lot more stressed, life has turned upside down for everyone and to try  
326 and manage that purely over the phone isn't, isn't right

327 W: I suppose you can't fe- your job you can't like you say you can't smell the room the can't  
328 feel the atmosphere but you also can't see who's around the person

329 C: yeah absolutely, yeah absolutely cos you know, as a social worker you see the child alone  
330 during the visit you know as well as whoever is caring for them and that's really important  
331 and yeah, I'd totally forgotten about that, you don't know, there was occasions when I would  
332 speak to my young people and I would know there was, somebody else was in the room with  
333 them and I'm like, "this isn't good enough, this isn't okay".

334 W: right and was that for malicious purposes that the person was in the room or was it just  
335 lack of space?

336 C: <shakes head> No no it was just, I don't know really, no it definitely wasn't, it was just  
337 the carers sort of lurking, I suppose maybe not thinking about it because it was that different  
338 form of communication or you know, perhaps it was through their phone so they were sort of  
339 keeping a little bit closer incase they got a call or whatever

340 W: right

341 C: yeah

342 W: so what did your employer do to help facilitate this, you must have a work phone?

343 C: yeah so already had a work phone and a laptop, we were offered a sort of desk to setup at  
344 home but I didn't have the space for it so that wasn't that useful to me, other than that not a  
345 lot really

346 W: did your whole job become work from home?

347 C: yes, yeah I mean we still had to do face-to-face visits to the really vulnerable children so I  
348 did carry on seeing a couple of my children at the time who required face-to-face visits so  
349 that carried on

350 W: how were those visits different from pre-covid?

351 C: well, obviously we didn't have PPE at the time, social workers weren't supplied with PPE  
352 so I had a couple of carers who were, that were incredibly sort of considered in the vulnerable  
353 category so they were very very anxious at me being there and you know, had I sanitised my  
354 hands and you know why didn't I have um PPE and things like that, and this was obviously  
355 just before it became mandatory, and um so you're trying to balance sort of their fears around  
356 you know sort of passing anything on to them with actually the child's needs come first, "I  
357 need I need to come and see them" – how can we do this in a way that doesn't sort of raise  
358 any tension in the home, you know that doesn't sort of induce more anxiety than everybody  
359 was feeling

360 W: right okay

361 C: and there was occasions I worked with the police quite a lot and they and other services  
362 weren't too keen on doing those visits and then that sort of became very problematic because  
363 you're trying to sort of contain other professionals emotions around it and and their response  
364 to it, saying, "well actually this is really really vital that we are here, face-to-face" you know,  
365 um yeah

366 W: I guess it gets quite involved then, if you're looking after, you've got your own stresses,  
367 you're going to a home where there are different stresses- its stressful, it's stressful anyway  
368 and there's new stress with the police turning up and they've got

369 C: yeah yeah yeah you're sort of managing so many different emotions, it's sort of – yeah  
370 I've never been so busy than when the first sort of lockdown, like I say I can't really  
371 remember too much difference when we, coronavirus first came into England, certainly when  
372 the first lockdown was introduced and it sort of became quite um you know a worry for  
373 everyone, I've never experienced so many phone calls, so many emails um just so many  
374 different worries about things you know, what they can do, what they can't do, because  
375 obviously it's different when they are your birth child in your care, and obviously you know

376 it was a new thing for everybody, everybody was trying to sort of navigate these new rules,  
 377 and what can we do to keep ourselves safe, and foster-carers obviously have a duty to keep  
 378 the children in their care safe ermm you know and erm some of them were vulnerable  
 379 themselves and so worried about contact, and you know contact centres were closed and then  
 380 foster-carers you know had difficulty with can they supervise this, should we be supervising  
 381 it, nobody's available to supervise it, very difficult very difficult you know, young children  
 382 obviously want to cuddle and kiss their parents and you know the government is saying that  
 383 they can't and we are saying, "well you know, actually the research says that, suggests just  
 384 how important that is for them", so yeah, lots of conflicting yeah, lots of conflicting-  
 385 balancing lots of conflicting advice

386 W: okay, so you said that.. you've never been busier than when the lockdown started because  
 387 you were fielding lots of calls, was that specifically to do with um you explaining policy or  
 388 discussing possibilities for people and trying to work out methods of continuing to do your  
 389 job and everyone else's job

390 C: yeah pretty much, it was an amalgamation of all those things um you know and some,  
 391 some people would just call because they were really worried and stressed about coronavirus  
 392 and they were by themselves and what things were going to look like and so are literally just  
 393 responding to, managing that, calming them down you know offering that reassuring voice,  
 394 erm so yeah it was definitely just a combination of all those things, sort of just trying to keep  
 395 up with everything that was changing um all the time erm and then yeah you know obviously  
 396 the young people themselves, you know I had one of my young people was absolutely  
 397 petrified of catching it and you know, I couldn't, I tried so hard to manage that stress and  
 398 obviously I don't know well, that was a difficult thing of what was going on in the home for  
 399 them to be so incredibly worried about it erm and the foster-carer became quite difficult to  
 400 discuss that with you know and when I sort of tried to arrange a visit you know it was  
 401 "absolutely not, you are not coming in my home", so yeah the back and forth battle of  
 402 actually you know, I've got a duty of care here to to ensure this young person is okay ermm  
 403 yeah very difficult, very challenging <laughs> and you know working from home you  
 404 haven't got colleagues to, "Oh this person has just asked me this what do I do?" or, "can you  
 405 think of an alternative way to my thinking?", and "what's the process for this?" ermm very  
 406 difficult to do that on your own especially sort of especially when you're new, new to the job

407 W: sure so was your, did you think your support was good from your employer, and from  
 408 your colleagues or was it a bit strained?

409 C: it was very good, but of course when you're sat at home and you want to ask somebody a  
 410 question you don't want to pick up the phone because you don't know what they are doing,  
 411 where-as if you're in an office environment you can have a look around and see who is, if  
 412 somebody is really busy or on the phone then you can go to somebody else, so it was kind of,  
 413 "do I bother this person? Am I bothering them too much am I asking them too many  
 414 questions?" So that became, that was quite hard, but everyone was really supportive with  
 415 weekly meetings to touch bases with my manager quite regularly, so that was good but just  
 416 very different to being in the office environment because also you can observe you know how  
 417 um the more experienced practitioners, they talk to colleagues um outside colleagues you  
 418 know and um the young people as well

419 W: um okay, and you said that you have a duty of care to these people they are looking after  
420 but would you say that your duty of care conflicted with- <internet dropped out> guidelines  
421 and policy

422 C: at times yes, at times because initially children weren't allowed to go between homes and  
423 obviously we had some children who um it was within their care-plan that they stayed at  
424 different homes um you know, and that was really important to them that they followed that  
425 and of course, we were follow- they were the guidelines set by our work-force we you know  
426 had to sort of adhere to them but of course that was then problematic because you had other  
427 people involved who said that, "well this isn't what the government is telling us to do.."

428 W: right, sorry could you just repeat the first part of that because it dropped out my end, I'm  
429 not sure if it cut out on your end

430 C: yeah like, children's care-plans might say that they have contact or stay overnight at a  
431 certain family member's and it's really really important that they continue to do that and um,  
432 as an organisation you know it was agreed that in order to have children to have the best  
433 outcomes possible that needed to continue for them, you know in the safest way possible, but  
434 then obviously that conflicted with the government guidance at that time, that children  
435 couldn't go between homes, but then that obviously changed so it made things a little bit  
436 easier but um, you know, but um things like contact, children weren't supposed to touch their  
437 parents, how do you tell a three year old not to go up and cuddle their parent? It was difficult,  
438 it was very difficult yes

439 W: okay, um how was the staff absenteeism at work, like the workload, did it change?

440 C: Oh yeah it definitely increased, um yeah we had obviously people off all the time, people  
441 isolating and um... and that became obviously quite problematic and then we had a few  
442 people that had er Covid so then that then meant that everybody had to sort of take on other  
443 people's cases, so yeah it's definitely for the first six months it was definitely really really  
444 intense at work yeah it was it felt under a lot of pressure

445 W: was that just because it was different, or because everyone was doing their best, and after  
446 six months your organisation was better prepared?

447 C: um yeah I think, I think after six months we had more flexibility to go and see our young  
448 people you know we were given that opportunity to resume home visits and that you know as  
449 a social worker I want to go and see my young people, I want to you know, interact with  
450 them face-to-face, just not having that part of the job made it far more stressful just being at  
451 home constantly on the phone and you know doing meetings at home you know.... Um ... I  
452 don't know and I suppose things became a bit clearer because at the beginning the  
453 government, the advice, I think I think it all just became a bit more clearer and obviously  
454 everyone had got used to life changing, and so I think a lot of peoples' fear had been  
455 alleviated er peoples' anxiety seemed to be slightly less so you're managing less emotional  
456 responses to things all the time

457 W: hmm that sounds, that makes sense, so um... you've said that your work-life changed  
458 because of Covid, you were sent home, you couldn't communicate as clearly um how, how  
459 did you feel about your work-life during the lockdowns?

460 C: it was hard going, because obviously both my children at the time were in school fulltime  
461 but suddenly we are schooling from home and I was working from home, and I was having to  
462 manage my work plus making sure they were doing their school-work and logging on and  
463 you know ensuring that they had access to everything, and you know managing the fact that  
464 their lives had been turned upside down you know not able to see friends, to do normal  
465 things, go to different school events and you know, there's no clubs anymore. Also then  
466 there's the thing with confidentiality, obviously in my job it's really important that I retain  
467 confidentiality, so my house is quite small so I'm moving in and out of rooms to make sure  
468 no one can hear my conversations and you know working from home and then finishing work  
469 and sort of being here it's sort of there wasn't really a divide between my work and my home  
470 and I worked a lot more hours, a lot of extra hours cos I was at home and it was like, "oh I  
471 won't switch off my computer because I'll just do an extra half an hour" um or somebody  
472 would call me and it'd be like, oh well yeah, it was difficult <laughs> it was very tough, very  
473 very tough sometimes

474 W: erm okay, would what were the most frequent and repetitive problems during Covid for  
475 you?

476 C: I suppose a lack of social connectedness was a huge problem erm trying to access  
477 resources for people, you know any kind of mental health support or domestic abuse support  
478 had suddenly sort of really seemed to dwindle erm or that wasn't face-to-face either and that  
479 just becomes so problematic, programs closed down, children centres were closed all those  
480 sort of things that the young people, and their families needed to access suddenly weren't  
481 available, so that was really really hard going, because they needed that support and you sort  
482 of you can't do your job as well if people don't have access to resources erm yeah and just I  
483 suppose managing a considerable amount of anxiety for people around coronavirus and that  
484 total change of what had gone from being a normal life to being completely different for  
485 everybody, it was really hard for- to manage.

486 W: I suppose you sort of become a representative of the authority and you're expected to  
487 know, to know why the government has done things and what everything means, what's the  
488 best course of action

489 C: yeah absolutely, and I found that quite hard to keep up with <laughs> you know, I'm  
490 really good at training and stuff but trying to remember all the changes, then also with our  
491 own local policies, yeah it was quite difficult you know people had questions for me that I  
492 just didn't know the answer to, you know... which... isn't great because you want to be able  
493 to reassure people and sort of for them to be confident in your ability to make sure that you're  
494 going to do what's best for the children, it can be quite difficult when you don't actually  
495 know what you're doing or what it is that you can access or sort of do, um yeah

496 W: would you say that it's very difficult to do your job without the interconnectedness of  
497 different services

498 C: yeah

499 W: yeah okay, is that better now that things have moved forward again or is it still a  
500 reduction in available support

501 C: yeah there's definitely a reduction in services, that's, I don't know whether that's to do  
502 with coronavirus or funding but yeah it's better because more things are open a few more  
503 services are doing face-to-face things but of course there's a backlog of everything as well so  
504 where I've got children waiting on ASD (autism spectrum disorder) assessment lists you  
505 know instead of it sort of being a year they are now saying it'll be two years because they've  
506 got to see the other children that they didn't see and you know that just puts life on hold for  
507 children that need the support now um so yeah, for families, drug and alcohol service for  
508 them to be able to access that has been really difficult, mental health services, yeah there just  
509 doesn't seem to be the resources lots of people now have got different anxiety, health anxiety,  
510 social anxiety, depression, have been affected by suicide within family members due to  
511 coronavirus and there isn't that support there for them

512 W: right...

513 C: so that's quite hard, it's quite hard to know that my hands are tied, I can't, I can't um I  
514 can't help the child in the way that I want to

515 W: sure

516 C: but better, but better than it was at the start

517 W: okay, well, with that in mind do you feel that your job is more or less a risk to your health  
518 and wellbeing now compared to before Covid?

519 C: Um I'd say it's the same, I mean I've had Covid so um.. yeah I'd say it's the same

520 W: and how would you describe your work relationships during the national lockdowns

521 C: with the young people or with my colleagues, or both?

522 W: both

523 C: okay um, so with my colleagues it was good, I do have really supportive colleagues erm it  
524 was just different, again I am somebody who doesn't do communication over the phone, team  
525 meetings, meetings and stuff like that via Teams, it's like, "aah technology!" I like to be face-  
526 to-face with somebody so I found that quite difficult um, and the same with my young people  
527 you know I wanted to be there, I'd sort of do things like take them to McDonalds, go to the  
528 park or you know do different things and to suddenly not be able to do that was quite, quite  
529 difficult. And like I say, some young people just didn't want to talk over the phone and so  
530 you felt that you were losing that connection, that relationship with them, and you know  
531 perhaps you don't want to tell me something that's really awful that's going on in your life  
532 over the phone.. you want to tell me in person. So I think a lot of my young people held a lot  
533 of stuff in and so that makes the relationship building quite hard ... erm. Yeah.... I can't  
534 remember if I've answered the question or not <laughs>

535 W: yeah that was good about the work relationships with the children, erm the impact that  
536 technology has as a dividing force, and your colleagues did well as well, that's alright. Erm  
537 can you please explain how your job affected your personal life during Covid, besides  
538 working from home and the things you've already mentioned?

539 C: I don't know I suppose .... It affected it in all kinds of ways because life was turned upside  
540 down, what was the question again, sorry

541 W: can you explain- do you need a break you can take a break if you want

542 C: no no that's fine, I just can't remember the question

543 W: can you explain how your job affected your personal life during Covid?

544 C: erm yeah, I had some conflicting feelings as to what my employer wanted me to do, um...  
545 balanced against my own personal views as to what I felt was the right way to behave, so that  
546 was quite difficult, a bit of a conflict for me, ermm to try and, you know it's really important  
547 obviously that I have personal and professional boundaries but Covid made that quite  
548 difficult, they became a little more blurred than I would have like them to, and I suppose just  
549 not being able to see my family and friends, not being able to do my usual activities meant  
550 that I felt like my life was just sort of I suppose work

551 W: okay

552 C: being at home, that was it, that was the only thing that I was able to outside of my home  
553 was walk my dog, so yeah I suppose- and doing the extra hours that impacted on my personal  
554 life because I was- erm I was more tired and you know, I I do have long Covid and so that  
555 sort of impacted my health and my energy levels as well as sort of having my children and  
556 my partner at home all the time... um I don't know if I've answered the question really

557 W: yeah no that was good that was good, thank you very much um... did you do anything to  
558 manage those feelings, the extra, the compression onto your work-life and personal-life?

559 C: yeah I mean the only thing I could really do was walk the dog which I did do quite  
560 frequently and yeah just talk to friends over the phone, but that wasn't really that helpful  
561 because I don't ever really talk to my friends over the phone, because I er don't like talking  
562 over the phone, so there wasn't a great deal I could do, so maybe I did- we bought a gym  
563 <laughs> so maybe I did exercise a little bit to try and manage that, and yeah just do things  
564 like made cinema nights and things like that to try and make it like we were doing something  
565 we would usually do

566 W: sure okay, how did your family react to erm Covid?

567 C: ermm they were upset about some things, my son, one of my sons was supposed to go to  
568 New York with the school, that got cancelled, prom got cancelled, er A level exams were  
569 cancelled not cancelled, well yeah they were, what am I talking about? Yeah they were. You  
570 know my other son was really.. enjoying his outside sporting activities that all- so yeah they  
571 found that quite difficult, and obviously they are teenagers they want t be with their friends  
572 all the time so although they still interacted I think that not seeing them face-to-face was  
573 difficult.... You know and my youngest found schooling from home almost impossible to do

574 W: right was that because of a lack of social support or..

575 C: yeah I think he just, I don't know whether it's just the type of learner he is, I can't  
576 remember what they are called but you know when you learn, children learn differently and  
577 he is somebody that needs to be in front of somebody talking about it, explaining it.. most of  
578 lockdown when they were home schooling was just sheets of paper, there wasn't a teacher  
579 there teaching them, it was quite awful really- and that just didn't work, too young, not able  
580 to focus enough to read a sheet of paper off the screen, so it just didn't work and obviously I  
581 was too busy to keep going upto his room every twenty minutes to ask, " why aren't you

582 doing your work?” <laughs> you know I’m not a teacher I didn’t know a lot of the stuff, a lot  
583 of the work he was doing just went over my head, so I was difficult for me to support him as  
584 well

585 W: right, okay, that’s pretty rough

586 C: yeah it’s not great

587 W: I don’t think learning from a screen works for anyone at the best of times

588 C: no no

589 W: did.. you said you had Covid?

590 C: yeah

591 W: I assume you must have had to self-isolate?

592 C: yes

593 W: and how was that?

594 C: well it was at Christmas, so it was the Christmas we weren’t allowed to see anyone  
595 anyway so it was a bit weird, but I was actually ill for quite a bit longer than the self isolation  
596 period, the self-isolating didn’t actually matter too much to me because I was actually too  
597 poorly to even get out of bed, erm but obviously it dragged on because my partner had it first,  
598 then my children had it and then I had it, so we were sort of stuck indoors for about 25 days  
599 in all because we all had it at such different times, so that was quite hard going because that  
600 was over Christmas and you know, because if the whole house hold was isolating at all times  
601 and it was like, “we need food” <laughs>

602 W: right

603 C: and I don’t like relying on other people to do stuff for me, so that was quite annoying

604 W: so how did you manage that if you’re stuck inside for twenty five days and people can’t  
605 go out

606 C: yeah well I just had to, like my mum and my dad just put food on my um doorstep.. pretty  
607 much it and we had quite a lot of stuff here and I didn’t eat for about two weeks so that  
608 helped

609 W: jeez <laughs> we are going to run over a little bit here Chloe, but there’s only couple  
610 more sections so if you’re still alright we will carry on

611 C: yep

612 W: what causes you stress at the moment?

613 C: Not knowing where things are headed with Covid, erm, worrying about the financial state  
614 of potentially what things are, what’s going to happen in terms of the country paying back the  
615 Covid debt, that worries me, how my children’s future is going to look as a result, whether  
616 my life is going to carry on being completely hindered by this virus...

617 W: okay,



- 618 C: yeah
- 619 W: those are quite serious, those are all like large erm, large long-term things, what about  
620 anything personal?
- 621 C: my health, at the moment, um I've still got long Covid, and they are still investigating  
622 other things and there is something wrong with my lungs, so that is stressing me out quite a  
623 bit um.... I don't know what else really, just the boring everyday stuff of I don't know,  
624 managing everything, managing work, managing home, doing all the cleaning, making sure  
625 everything is ready for Christmas, er yeah the price of- no because I've already said that but  
626 yeah um .....
- 627 W: are you doing anything to cope with all of these stresses, are you still exercising, taking  
628 dogs for a walk?
- 629 C: yeah I mean I take the dogs for a walk but I... can't exercise the way I used to because of  
630 my lung capacity at the moment which is a shame, which isn't very helpful, so actually at the  
631 moment I'm not doing a great amount to help it, just um almost trying to rewire the way I  
632 think, erm so everytime I catch myself thinking quite negatively and sort of reframe my  
633 thinking myself, which takes quite a bit of effort, but that's about it, oh and being really  
634 boundaried about work, saying "okay if I finish at five, I'm going to finish at five. You know,  
635 things can be done tomorrow" sort of thing, you know
- 636 W: so maybe if there's a limitless amount of work to be done, then I'm never going to finish  
637 it if I stay another hour, and an hour tomorrow
- 638 C: yeah yeah, there's always, there's always more to do so it's about sort of having that self-  
639 discipline to say, "okay, it's really important that I look after me as well, otherwise I can't  
640 look after anybody",
- 641 W: sure
- 642 C: and I want to be able to do it well, so it's just about acknowledging that, I think that I  
643 worked that out during Covid, that like actually it's really important to be able to look after  
644 yourself, to be able to look after anyone else
- 645 W: sure, how does... something that has just struck me, how does it feel to do a job that  
646 doesn't have an end? Like I assume even the case, the case, I assume and correct me if I'm  
647 wrong but your cases are long and ongoing and once you have a person and you have them  
648 until they are 18, or older. How does it feel to have a job that is like a constant but variable  
649 load?
- 650 C: I don't know, I've never thought about that, er I don't know really, it can be a little bit like  
651 groundhog day, yeah it is you're sort of on a never-ending thing until they are 18, they stay  
652 with me until they are 18. But no if I'm honest I like the fact that I know that I'm going to be  
653 the support for that young person ... for a long time, like that, yeah there's definitely some  
654 things about that, that long term thing that I err... want it to be at the end of this but it's it's  
655 never going to be ... erm but yeah, I've never actually thought about that...
- 656 W: it was just something that struck me, it must be worth it it must be, day-to-day continual  
657 effort must be worth being there for somebody who doesn't have anybody

658 C: yeah definitely, I mean there's times when I think, "Uh I'm just going to leave you know,  
659 I just can't deal- I can't cope with this emotionally anymore", and then I'll go and see a child  
660 and they've spent their weekend making me something

661 W: that's sweet

662 C: and I think you know, and my boss will say to me, "look you are making a difference,  
663 you're someone that's there that they can trust and that's so valuable", erm so I think yeah no  
664 it's really important that I you know, manage my emotional resilience... ermm... yeah..  
665 because I want these children to have good outcomes and there's no reason for them not..  
666 .so...

667 W: well, that's excellent, on that note we'll er call that a day... thank you that was excellent  
668 by the way erm all of it it was really good there is a little debrief here and then I will check  
669 consent and then I'll stop recording and then we can have a little chat about how it went and  
670 if you have any questions or anything

671 C: yeah lovely

672 W: excellent

## Interview\_6\_Sally\_Care\_Worker

- 1 W: have you read and understood the participant information sheet and are you happy to  
2 consent?
- 3 S: I have and I am
- 4 W: can you please state your name, age, and your job title?
- 5 S: I'm 65 and I'm a social carer
- 6 W: and what does your job involve what are your roles and duties?
- 7 S: My job involves visiting elderly people who find it difficult to get out, they might be  
8 lonely, family living away, so I go in and either take them out for a run in the car and a cup of  
9 tea or sit indoors and chat to them and do any jobs they might feel they need help with. The  
10 job actually encompasses a lot more than that but that is what I do for the people I see at the  
11 moment
- 12 W: okay, do you work fulltime or part time?
- 13 S: Part time
- 14 W: and what was the motivation to take the job?
- 15 S: I've always wanted to help people and when I was working at the hospital I used to see  
16 them struggling and I used to think, or I used to fill their water, thing, jug up or if they were  
17 bursting for a wee I'd go and get them a bottle or pan or something and let the nurse know, so  
18 it's just something in me I just can't help it <smiles and laughs>
- 19 W: okay so the next set of questions is about before the pandemic, so this is the context for  
20 the second set of questions, during the pandemic – it's just a comparative thing.
- 21 S: right
- 22 W: can you explain to me how you felt about your work life before Covid?
- 23 S: I enjoyed it, I'd retired from the hospital, I'd been doing a caring job for three years and it  
24 was all pretty much easy going, as it were, I could take them out, there was no worries, erm  
25 there were people about, the whole thing was just normal and it just made the job so much  
26 easier
- 27 W: and what about your feelings before or after a shift?
- 28 S: That varied on how they were, how I felt and how busy I was but mostly I used to come  
29 away feeling that my time was well spent and I'd done the best I could and that they were  
30 happy, I always tried to leave them happy, make them laugh <laughs>
- 31 W: what about your relationship with other staff and management?
- 32 S: yeah I think that was quite good, [employers names] that run [job] are very helpful and  
33 approachable and the other staff are really nice they are all similar types of people and we all  
34 understand where the rest of us are coming from, so I didn't have any trouble with that, and I

- 35 was seeing more of them, we were going out occasionally and having a get together if we  
36 shared a client and we were trying to find the best way to help them
- 37 W: so communication was always open
- 38 S: so communication was always pretty good, though even then at times I would think I  
39 haven't seen anyone for ages and I could feel slightly sort of on my own, but you only had to  
40 phone one of them and then you'd just feel better again
- 41 W: that's good, were there any frequent problems you faced at work?
- 42 S: I can't think of anything now
- 43 W: no?
- 44 S: No, probably the only problems were, depending on the person we were visiting, finding  
45 different tea rooms or coffee shops or places to eat that were easily accessible, which looking  
46 back now seems really, not a worry at all really <laughs>
- 47 W: what about any problems with staff turnover, or timing difficulties
- 48 S: I think staff turnover was pretty steady
- 49 W: would you say I was low, or high?
- 50 S: I would have said, I, I don't know but the same people used to be at the Christmas Do  
51 every year and they had been there for quite a few years and some of them had been there  
52 since the beginning, since 2014 I think. So I think, I think they were a pretty settled lot
- 53 W: that's good, it makes it easier if everyone is working on the same, sort of comes from the  
54 same kind of background doing the same kind of work
- 55 S: oh yes, they were all ex-nurses or something like that
- 56 W: right okay, how would you describe access to work related resources like information,  
57 guidance
- 58 S: they are pretty good with that they send out emails regularly and even, I do a dementia...  
59 study... er thing a few hours one evening, what's the word?
- 60 W: training?
- 61 S: training
- 62 W: and that's all paid for and setup by them?
- 63 S: yes, got a little certificate and a badge, which I don't wear
- 64 W: and did thoughts about work occur during your time off?
- 65 S: did work?
- 66 W: did thoughts about work occur during your time off?
- 67 S: my recent time off?
- 68 W: pre covid

69 S: erm thoughts of work precovid, they were okay I think there was nothing, we got tired and  
70 sometimes if we were seeing the same person quite regularly, especially if I was covering  
71 holidays, then after three visits a week you wondered what you could bring that was fresh to  
72 the table for that week.... But I think that was all, and I think probably I was doing more and  
73 sometimes it was hard to fit it all in because you can only give so much of yourself, I find

74 W: right and if you haven't got many people, staff, or too regular people

75 S: yes it can be a bit overwhelming, but I didn't feel those thoughts came too often

76 W: did you ever feel that your job was risky or dangerous to yourself or others?

77 S: no no, I always felt a huge sense of responsibility when I was taking people out, somebody  
78 else's mum or grandma and trying to keep them safe, looking out for things they can trip on  
79 and then.. then I'd be relieved when I got them back home

80 W: back to safety

81 S: back to safety, yes <laughs>

82 W: and your working relationship with colleagues, management and patients or clients,  
83 precovid?

84 S: yes pretty good, no troubles

85 W: did your job affect your personal life at all?

86 S: only from the point of view that I was seeing quite a lot of people at times and it, when the  
87 weather was good, you had to juggle doing things I wanted to do with seeing them

88 W: and what caused you stress before the pandemic?

89 S: just seeing certain clients perhaps a bit too often

90 W: The ones with more responsibility?

91 S: the ones with more responsibility, the ones whose memory wasn't so good anyway

92 W: okay and personally did anything cause you stress before the pandemic, what were the  
93 main stresses?

94 S: err traffic, getting to clients on time especially the ones you knew would worry if you  
95 didn't turn up on time, erm and probably getting them to the doctor's, in the time allotted or  
96 whatever

97 W: is that because there wasn't much time or ?

98 S: that was because I was probably having to do extra then, so it wasn't so much their time,  
99 as it was my time

100 W: because they pay for an allotted time?

101 S: so yeah, although I was paid it would still eat into the few hours that I might have had  
102 between one client and another, but that didn't happen very often they kept pretty well, they  
103 were a pretty happy lot that I was seeing

104 W: and did you do anything to manage this stress?

105 S: come home and go into the garden and dig something frantically

106 W: okay, that's good. The next set is about during the pandemic. What changed about your  
107 place at the outset of Covid, so when Covid was, everyone was talking about it and it was in  
108 the UK but before the lockdowns

109 S: I started to become aware of it, and wondered how it was going to affect us, and then we  
110 started getting emails from the office about what we might have to be doing, like wearing  
111 gloves and masks and aprons and using hand sanitiser and all that sort of thing and then  
112 everything was pretty normal and then I started to think that this might not be so good, and I  
113 didn't wear a mask for a while I found them really uncomfortable, but then once we'd turned  
114 into the New Year (2020) and more emails came out and I think, we may have been getting  
115 government things by then or hearing of them in the offing and began to worry perhaps a bit  
116 more, so until March time I think, I think I hadn't been well in February and may have had  
117 something like, it may have been Covid, and then we went into March and everyone was  
118 talking about it and one of the ladies I was seeing, she used to go dancing on a Friday and  
119 they decided to stop it, and the Government- the news wasn't good and the government  
120 weren't telling us not to do anything, but I thought this group that had cancelled all their  
121 dancing classes were doing the right sort of thing and then I think it was two weeks after that  
122 it was a lockdown, a national lockdown

123 W: and what changed with the lockdown, for your work?

124 S: errm... lockdown was quite scary at first and I started to feel that the responsibility was  
125 greater and the people I was seeing couldn't understand what was happening, and they had  
126 dementia, diagnosed or they were losing their memory and it hadn't been but whatever, they  
127 were quite worried and anxious, so that became quite a big thing because we would have to  
128 explain why we weren't going out and why certain things weren't happening for them and  
129 they kept asking, "when will it be alright again?" and I couldn't give them an answer and I  
130 had to try to explain it to them as basically as possible, without worrying them – so over a  
131 cup of tea and a biscuit and then thinking, "what can I do for the time I am with them,  
132 confined to these four walls?"

133 W: mm that's going to break their day up a little bit

134 S: that's going to break their day up a bit and make them feel that the visit was worth it, was  
135 good, and they felt better for it, I don't know it was just hard at first, and then we were- the  
136 office decided that we weren't to see so many people, multiple people

137 W: as in, there are, multi- each..

138 S: as in each carer had their workload reduced to two or three clients..

139 W: and those would be the only ones you'd see and everyone else would, instead of swapping  
140 people around so everyone could chop and change

141 S: yeah so, sometimes you had to go if you were asked as a last resort but mostly we were  
142 reduced and then ... ermm yes, also one of my ladies got so bad that she had to go into a  
143 home so, that was, that was the first lady quite early on in the first lockdown

144 W: how was, did you have to lean on your team to find things to do in people's homes, to fill  
145 the time up or was it?

146 S: they were very good, and [name] especially used to say what she was doing, rummaging  
147 through cupboards to find games and- but some of them depending on how they were feeling  
148 didn't want to do things, it was hard to try to engage them and it was hard, but yeah we got  
149 through. I mean we did in the end, when it got really hard, we put them in the car with the  
150 windows open and just take them for a drive because otherwise I think I would have gone  
151 round the bend and it wasn't doing them any good and the weather was beautiful and they  
152 were so much better being out, even if we couldn't stop to get anything, just to be in the car  
153 and seeing something, a car, a sheep, something <laughs>

154 W: erm how did your employer react to Covid, to the lockdowns?

155 S: er in what, from what angle, in terms of their responsibility?

156 W: yeah in terms of like, you said that they had changed workloads and timetables, what else  
157 did they implement to protect people, or didn't?

158 S: they issued masks, gloves, hand sanitiser, they were texting to say, "we have this now"..  
159 they found it very difficult to get protective erm

160 W: PPE

161 S: PPE and anything we might need and they would text to make sure you were alright,  
162 and... we didn't have to work if we didn't want to and a lot of people didn't because they  
163 were from the vulnerable group themselves

164 W: right okay

165 S: so they had to self-isolate

166 W; so what happened to the clients?

167 S: I think they were taken on by other people, but also if that didn't happen and the families  
168 were close by, they then had to, or felt they wanted to look after their own so they would sort  
169 them out, so they did lose quite a lot of clients... so that did enable them in some ways to  
170 focus on the clients whose families lived a long way away

171 W: So I suppose it reduces the amount of people that need attending to, but that's good  
172 because you have less people to attend generally?

173 S: yes yes

174 W: okay, erm what about your feelings before and after shifts during Covid?

175 S: er I think I felt more tired, I think the- perhaps not at first ermm perhaps not that first  
176 period because it was- the weather was so good, but it really didn't feel some days like there  
177 was anything happening, terrible... and the fact that I could get from here to some of them in  
178 under 15 minutes was wonderful, because no traffic, and that was spooky I didn't like that  
179 and that reminded me then, as I drove to them that um.. this wasn't right. So in the back of  
180 your mind you start to feel the pressure, and you get to their house and they are so pleased to  
181 see you, and you hear- you started to hear people being infected and the responsibility of

182 trying not to infect them when you're out doing your shopping and I ended up taking my own  
183 towel and soap, keeping doors open where possible without them being uncomfortable when  
184 you're in someone's house to try and get the tea and lunch if they want to be with you and  
185 help and have a chat, to try and keep your distance, and I think in the end I thought, "blow,  
186 we are just going to have to see what happens and just carry on", and I don't think anybody,  
187 any of the clients we looked after caught Covid

188 W: that's good, was there sort of a trade-off between having to go their to look after people,  
189 you can't just mechanically look after people, you are there to interact with them, so being in-  
190 I don't know how big the houses are but you need to be able to share that space for them to  
191 get as much out of those visits as possible.

192 S: yes, a few ladies I ended up with had fairly large houses, sitting rooms, so we could sit  
193 quite a distance apart, one of them that really wasn't very good, if I could get her colouring,  
194 she had a colouring book and pencils, whilst I got her lunch or did the washing or whatever,  
195 but sat her where she could see me and we could talk between the rooms, that used to work  
196 quite well and then I would sit her outside, get some deckchairs out and we'd sit out there and  
197 have a cup of tea or something, and I would take my lunch- that's what I ended up doing  
198 more, it all changed, I began eating with them because their families weren't coming because  
199 they were afraid to infect them, so yes, it was just trying to find ways to not leave them on  
200 their own for too long while you were there and to keep them engaged but they did find it  
201 hard, they did um significantly drop off ... their um ability to remember things..

202 ( 25mins 2800)

203 W: How was the communication if you've got to wear PPE and keep your distance with  
204 people?

205 S: They decided that it was- that we should wear it if possible, but it frightened them.. so.. um  
206 and they couldn't hear us

207 W: because they are deaf or..

208 S: yes because they were in their 80's, one of the ladies was eighty-odd and she just couldn't  
209 hear, and I ended up shouting and it just wasn't pleasant, so I think we just opened the door a  
210 bit and they said, "wear it if you can", they reinforced that but I I didn't in the end, I just kept  
211 my distance as far as I could and it was much better, and she could see that I was smiling or  
212 something... ermm yeah

213 W: so is it more that even though they are 80, and it's like, well if they, if I'm wrong tell me,  
214 but is it that if they got Covid it is bad, but if they don't get Covid and you are covered up  
215 then they won't communicate with you and they won't enjoy ...

216 S: I think this is probably what we thought after a while, that their quality of life had to be  
217 perhaps priority... rather than.. quantity but that was how I felt personally, but there is then  
218 that problem that there is family, they've got their families... so... um yeah, the  
219 responsibility I felt was huge to look after them and keep them safe and happy...

220 W: but the difference between the guidelines and what is practical ..

221 S: yeah, exactly.



- 222 W: um.. and were there any frequent or repetitive problems, like the change in workload?
- 223 S: The repetitive problems were, trying to keep them engaged and happy, “what am I going to  
224 do today?”, and worrying, you could see them declining quite rapidly
- 225 W: that must have been quite hard
- 226 S: so... <becoming upset> it was hard
- 227 W: do you want a break?
- 228 S: No I'm fine, no. I mean we ended up, if we weren't taking them out in the car with the  
229 windows open then we were walking them up and down the road or around the park or  
230 something ... and that worked, that was.. quite good. We didn't want to wear masks but we  
231 did because other people weren't and when we were out and people were vaping or smoking  
232 you could see how far the smoke went ... and... pavements are only so wide so... we did  
233 that, and they were happy they were just pleased to be out
- 234 W: did you feel then that your job was a greater risk to your health and wellbeing?
- 235 S: Yes yeah, I was.. I became aware of that especially as we went into Autumn and Winter  
236 last year.. and um.. starting to get, perhaps, a bit tired not having been away nor done  
237 anything different and they hadn't and one of the ladies, her daughter started coming down  
238 from London, she knew she shouldn't.. but she said “it was too long”. Although we were  
239 doing, as a care company we were doing our best with the time allotted erm it was still too-  
240 her mum was spending too long on her own, so she started coming down on a weekend, a  
241 Sunday or Saturday and stayed overnight so we then didn't go those days unless she was  
242 coming after erm lunch or whatever so then that started to bring in another erm person that  
243 could possibly be infected and um then I did worry again a bit more and then as time went on  
244 and other family members started coming... and that I felt was, from my point of view, the  
245 effect again somebody being infected with Covid and how that would spread and her  
246 daughter, one of her daughters did get it, not infected but she was working with someone that  
247 was, and then had to self-isolate ...
- 248 W: so it got a bit close
- 249 S: yes, it got a bit close there...
- 250 W: So I suppose, how you you describe it that the family is sharing some of the burden?
- 251 S: yes I think they were trying to, I think that they felt.. um... almost helpless they just didn't  
252 know what to do for the best, and.. I think it was quite worrying for them to come down on  
253 public transport, or to drive- even to drive I think one of them felt she might be stopped and  
254 asked what she was doing, so yes, I think the pressure started to build quite a bit by then
- 255 W: and then it's worse, I suppose everyone's had enough of being locked down and feeling  
256 powerless, but in doing stuff and relieving one burden they increase another
- 257 S: yes
- 258 W: okay, um how would you describe your work relationships during the national lockdown  
259 between staff and management?

260 S: It was okay, I didn't see anyone really, I might have seen [name] because we shared a lady  
261 and as she deteriorated [name] was living up the road so she was popping in, and sometimes  
262 if I couldn't get in, uh everything seemed to go wrong I couldn't get in, the key wouldn't turn  
263 and the back door. We had to use the backdoor and keep the front door locked because she  
264 was, the client was standing in the front door, almost on the street, being very vulnerable and  
265 someone did take advantage of her, some other person, so we had to be even more careful

266 W: so that must have been quite hard, was the management supportive in these things?

267 S: they were, they were very appreciative of everything we did, and they, themselves, were  
268 having to go out and see clients to share the workload ... so they knew exactly where we  
269 were coming from, so you didn't feel- although you felt like you were out there on your own  
270 some days and there wasn't anyone else.. when you sat and thought about it, you knew they  
271 were there

272 W: okay, how did that make you feel?

273 S: ermm.. better .. that I wasn't the only one

274 W: like a shared risk?

275 S: like a shared risk, and you knew the people working in hospitals, I kept thinking about  
276 them and how awful that must be, and glad I I wasn't in the environment day in day out yes  
277 and then trying to put my work day into perspective and that helped, I had to be really erm..  
278 tough on myself some days and just get on with it

279 W: what, to keep a lid on it, on the worry?

280 S: yes, and to think I only had two people to look after although one lady deteriorated so  
281 badly I was seeing her ten times a week and um... then that started to pick up, and that was  
282 because she deteriorated and one of the carers became unwell, not Covid related, but unwell.  
283 Yes, I took her role um her slots because the client knew me and to introduce someone else at  
284 that point would have been quite detrimental I think, so I said that I would do it because it  
285 was winter time and I thought it would be best for her... and then she became, she had to be  
286 signed off the carer, so it gradually went to ten times a week

287 W: so how long did that go on, that must have been quite hard?

288 S: yes that was.... That must have been, I don't know whether it was five or six months and  
289 then the client herself deteriorated so quickly... in a matter of um two months ... and urinary  
290 tract infection is not, just not coping and when she had these.. infections she would just  
291 become so poorly she couldn't do anything, she would just lay in bed and you'd have to try to  
292 get her to drink and her daughters would come down, and you'd call the doctor's and try to  
293 get hold of someone that could help and explain all the symptoms over the phone, because  
294 none of the GPs wanted to come, but her daughters were very good and kept on it, and we got  
295 her over it each time, but each time she recovered she didn't get back to where she was  
296 before, she was worse, until in the end they were planning to send her into a home in April  
297 this year, but they had to do it, I think it was at the end of February, because they just...  
298 didn't want to leave her, because she really needed 24/7 care by then. So in the matter of a  
299 few months both of them deteriorated and by ... March.. I wasn't seeing anyone.

300 W: was that a choice?

- 301 S: I didn't want to take anyone else on, and I didn't feel that I had anything else left to give
- 302 W:... okay.... That sounds like a frantic few months
- 303 S: it was.. it was.. and... I just hoped it would have been different.. better.. for them.. to have
- 304 more time to come to terms with it.. and for me sometimes, in a way.. I got quite fond of
- 305 them <visibly upset>
- 306 W: do you want a break?
- 307 S: no..
- 308 W: was it quite hard to get rid of- not get rid of, was it quite hard to get hold of the doctors or
- 309 medical staff?
- 310 S: sometimes... you'd phone up and ask for a telephone consultation.. and ... they didn't get
- 311 back while you were there ... and ... you knew that it didn't matter, you could speak to the
- 312 two clients until they were blue in the face but they, they needed to speak to the carer, so you
- 313 were worried whether the phone call might have upset them, so you'd perhaps stay a bit
- 314 longer and um hope that, that the doctor would phone.. and usually, I have to say, they did, if
- 315 you said what times you were there they were pretty good. So it was, was only on the odd
- 316 occasion that I found that they didn't.
- 317 W: erm.... ... so you said you were very worn out and after you were finished with your two
- 318 clients that you didn't take on anymore, can you explain how your job affected your personal
- 319 life any further?
- 320 S: I think that I started to worry that I just couldn't cope with it with anything, that I was
- 321 almost burntout... and ... my friend... as well, had huge mental health problems.. and
- 322 I found myself... not phoning her.. because I couldn't cope.. it seemed to compound.... How
- 323 I saw everything, and, how I dealt with situations, and I didn't feel that I was doing a very
- 324 good job and... just wanted to.. er.. either crawl away or... vent.... But.. with my friend
- 325 venting would not have helped... so yeah I feel that it impacted quite significantly.
- 326 W: Was that, do you think, because it was all- your life was mostly work then and there
- 327 wasn't much..
- 328 S: probably
- 329 W: and work felt like work as opposed to "cool, I'm taking someone that I'm friends with to
- 330 a coffee shop". If you don't get that, then it's just work, and if it's hard work... everything
- 331 sort of
- 332 S: yeah, and there was nowhere to- apart from going to her house, and my mother-in-law was
- 333 also deteriorating and phoning constantly and at times I felt as if I was under siege.. and...
- 334 didn't answer the phone to her either... just could not cope. But that gradually got better...
- 335 W: what made it better?
- 336 S: I suppose the fact that I wasn't going to work, the fact that Spring was, erm, happening,
- 337 and the days were lighter... not quite so cold, and I could get outside... I don't know how I-
- 338 how it happened, it just seemed to gradually ease, ease up.. and then we managed to go away
- 339 in June... after... umming and arring whether it was the right thing, but it was because

- 340 having that break and coming back I felt, I could cope better, the problems with my friend  
341 and my mother-in-law were still there, but it had changed, reset me I suppose...
- 342 W: can you describe how you socialised through Covid.. if you did at all?
- 343 S: seeing my family... my children.. and those times became really precious, really.. um...  
344 tried to make the most of them... but they were still... few and far between.. but they became  
345 really important and I suppose the focus of everything, had changed, that how fragile  
346 everything, life... was... that it could change at the drop of a hat... and... so therefore... I  
347 suppose I started not to worry quite so much about little things, like I tried, I'm terrible at that  
348 <laughs> .....
- 349 W: was there any particular method that you used to try not to worry?
- 350 S: I just used to think, "if I wasn't here would it matter?"..
- 351 W: in what way?
- 352 S: Um and if I'd got Covid and died, or if I'd just... dropped dead, does it matter if this  
353 doesn't get done, or that doesn't get done... just... uh.. I don't know, just tried to be more  
354 realistic... and if a plant died in the garden think, "oh well" and not really stress over it, or try  
355 to keep it going if it looked like it was on it's last legs <laughs> just hoik it out <laughs>
- 356 W: <laughs> it's like a reframing of your experience maybe?
- 357 S: yes, probably
- 358 W: you aren't the only person to say that, I've had a few people say that they changed, the  
359 things that used to annoy them before Covid suddenly it's like, not an issue, like immediately  
360 becomes a non- a non-problem
- 361 S: yeah it's strange, really weird
- 362 W: how did your family react to Covid?
- 363 S: I think... they... tried not to let it interfere or worry them too much, they tried to carry on,  
364 I think we all had that mindset, "we've got to carry on, we've got to do as much of the normal  
365 stuff as possible, within the.. er.. guidelines restrictions, and trying to keep each other safe",  
366 but things did get a little tricky last Christmas, so.. I think we all realised that we shouldn't be  
367 spending Christmas together, and nobody else seemed to be... erm... around us.. so..  
368 therefore we felt that that was the responsible thing to do, but up until then I think we'd just  
369 been sensible
- 370 W: how did their reactions make you feel as a- well with your job as a healthcare worker?
- 371 S: sometimes I used to worry, if they'd gone out and met people, but... I was having to go  
372 shopping and, be with people so... just tried to be a bit realistic and hope for the best
- 373 W: okay and um... you said that you thought you might have had Covid, but none of the  
374 ladies you looked after did have Covid, erm did you come into close contact with anyone  
375 infected with Covid?
- 376 S: Not that I was aware of, and I don't know where, if we thought we'd had it where we  
377 would have got it from, so maybe it wasn't but when I did the antibody research survey, most

378 of the .. erm symptoms or a good two thirds to three quarters I could relate to, which made  
379 me wonder because we were unusually poorly for a heavy cold or...

380 W: okay, alright... and what causes you stress at the moment?

381 S: um that's interesting, um... I suppose perhaps I don't feel that stressed at the moment.... I  
382 am I have gone back to seeing people, I've got two at the moment, I think maybe the most  
383 stress at the moment is caused by the fact that this virus hasn't gone away, the mutations of it  
384 worry me that they may mutate into something we can't treat, or keep at bay... um... I think  
385 that because of the way that I am thinking about things now, I'm not worrying too much, I am  
386 carrying on mask wearing and hand washing now I am back at work, I'm keeping my  
387 distance and yeah I think it's the wider social aspects... um of this virus, the people that  
388 haven't been vaccinated... and... the effect on those that are... um... in homes..... yeah I  
389 think that it's- it isn't so much for me, it's for the people that are feeling strained and a bit of  
390 worry and concern, that coupled- the virus coupled with... um the cost of living, the energy  
391 prices going up, it all seems to be compounding... um... people's worries and.. it's just not  
392 helping anyone, and it's something that, to a certain extent that we can do so much about, but  
393 we can't do a lot about all the things that are coming at us and how people are going to  
394 cope.... Are they going to completely lose it, the instability of, I suppose... of it, the world..

395 W: is that because you've realised how fragile it is? Like maybe you've always known that it  
396 was fragile but now you've seen- you have experienced it to be fragile? And that now things  
397 are continuing to be more expensive ..

398 S: maybe

399 W: that you feel a bit more vulnerable?

400 S: maybe

401 W: or that maybe you feel the vulnerability more for other people

402 S: yes probably.. probably... um yes... I haven't really thought about it to.. verbalise it that  
403 well, but I think that's what I'm feeling, I don't really want to read the newspaper but I feel  
404 that I ought to.. listen to the news, even if it's just once a day, or have a quick look at the  
405 headlines.. but then you wonder what's going on underneath, and then I try not to worry  
406 about it because you can't do anything about it, that's another way I've found of coping.. if I  
407 can't do anything about it I try not to worry

408 W: that's probably quite wise..

409 S: if it's within my remit to do something.. then I try to give it some thought.. but.....

410 W: because the advent of another lockdown isn't too appealing..

411 S: no.. no I'm hoping there won't be because I think at some point we are going to have to  
412 live with it.. ermm... yes, I'm not- I am concerned for it all but I am trying to- I am starting to  
413 go back on the day-to-day, you can only do today

414 W: do that and just see? Do tomorrow tomorrow

- 415 S: and just- and try to get the most out of today um... but I suppose going back to work this  
416 week um doing a bit more has made me more tired, so perhaps I've thought about it more  
417 again...
- 418 W: okay... would, so aside from changing your perspective and trying to only worry about  
419 what you can tend to, has how you've coped with stresses changed because of Covid?
- 420 S: yes I think so, I think it's had to be more clear cut
- 421 W: what do you mean by clear cut?
- 422 S: I mean, if I can do something I will, if I can't... I can't
- 423 W: a bit more practical, maybe?
- 424 S: a bit more practical, more- less pressured on me, although one of the ladies we are seeing,  
425 she's 98 and is deteriorating a bit... and .. we, [name] is trying to find a way to keep her  
426 motivated .. and take her out, go somewhere, so I suppose I'm starting to feel it a bit again,  
427 the responsibility side of it, I don't know. Again I haven't really though about it, but I did  
428 think, "I hope we can do something to help, and I hope she isn't going to end up going in to a  
429 home", because she's a lovely old thing <laughs> and that's good in some ways, it's a  
430 challenge.. but I'm finding it very, very much and even dread and a, a challenge at the same  
431 time, er in a positive way
- 432 W: yeah sometimes it's more overwhelming and sometimes it's more like, "I can deal with  
433 this, I'm on top of it
- 434 S: yes
- 435 W: that's it for questions, there's a brief debrief
- 436 S: okay
- 437 W: and then we'll stop recording and then there's time if you want to ask any questions or tlk  
438 about how it went, we can do that
- 439 S: okay
- 440 W: so the debrief is just a bit lighter than the rest of it
- 441 S; yeah I hadn't realised just how I'd felt...
- 442 W: a couple of people have said that, they've said that it was quite erm cathartic, might be the  
443 wrong word but it was nice to have somebody listen to what it was all like, because you don't  
444 know, you don't know, you can't tell people in fifteen minutes how your day was, "Oh it was  
445 shit.."
- 446 S: no no, and I hadn't realised how upset I'd felt... I think I did but perhaps how upset I still  
447 feel about them, those six months or so through that winter
- 448 W: right
- 449 S: last winter... um
- 450 W: alright so what are the highlights of your shifts at work?

- 451 S: what are the highlights?
- 452 W: yeah
- 453 S: um.. seeing the people smile.. er making them laugh.. feeling that they've appreciated the  
454 effort that you've put in.. er.. that's it really I think, its simple, human communication and  
455 just um trying to.. be kind and.. and positive and helpful
- 456 W: was there a best bit of lockdown for you?
- 457 S: uh the traffic! And not seeing so many people.. and having that quiet, no aeroplanes,  
458 seeing seeing the erm... birds and the wildlife, and not seeing so much dead animals on the  
459 roads.. uh... yeah so that was, that for me was really good
- 460 W: good, that sounds very.. wholesome
- 461 S: yes <laughing>
- 462 W: less death more quiet
- 463 S: <laughing> yes
- 464 W: do you have any plans for the coming year, what are you looking forward to?
- 465 S: any plans for the coming year.. perhaps... going back- taking on a few more clients... er..  
466 and looking forward to hopefully the virus.. uh abating, hopefully it'll run itself out at some  
467 point, but it doesn't seem to.. erm.. just getting out in the sunshine and.. going away, trying to  
468 book a family holiday <laughs> er.. just just appreciating what I've got more, and not being  
469 so frantic with things I can't do anything about, hoping my new perspective on everything  
470 will make the days more um.. meaningful, productive
- 471 W: okay, good, thank you that was excellent all the way through that was excellent, thank  
472 you
- 473 S: was it? Oh good
- 474 W: brilliant, if you're still happy to consent I'll stop the recording?
- 475 S: Yes yeah
- 476
- 477
- 478 Interview7\_Jane\_Care\_Worker
- 479 E: 70, and I work for Seniors helping seniors
- 480 W: okay, and what does the role entail?
- 481 E: erm... it entails visiting clients in their homes and assisting them to remain independent in  
482 life, but not with personal care, it's more with their social life, their emotional wellbeing,  
483 continuing to do activities that they like doing or find new ones that they'd like to do, making  
484 sure that they have meals sometimes, it varies depending on the client. Basically it's about  
485 enhancing life, really

- 486 W: okay, trying to keep them out of care homes as long as possible
- 487 E: absolutely, absolutely
- 488 W: and do you work full-time or part-time?
- 489 E: part time
- 490 W: can I ask what you did before you started Seniors helping Seniors?
- 491 E: I was retired and before that I was a school matron, boarding school matron
- 492 W: So what motivated you to take to the job at Seniors helping Seniors?
- 493 E: Erm wanting something to do basically, being retired didn't suit me <laughs> financially  
494 or socially and emotionally erm I enjoy what I do, it's... um spending time with people, I'm a  
495 people person, I like spending time with people and particularly the older generation, the  
496 generation of my parents and my parents have not been with me now for thirty-odd years, so  
497 I've missed that connection, so I really enjoy spending time with people of their generation  
498 who, you know, it's a connection, a two-way process, things we can relate to and things we  
499 can talk about that we both understand, slightly better than teenagers
- 500 W: well yeah, they are a challenge aren't they, as I was one..
- 501 E: well yes, having having worked for ten years with teenagers elderly people would be a bit  
502 easier
- 503 W: <laughs> as almost a teenager myself, still, I understand. Okay, so is there some sort of  
504 familiarity in the interactions with the people you care for, is that the attraction?
- 505 E: yes I think so, we are closer- more closely on the same wavelength in a lot of things, you  
506 know we have memories of the same things and you know ermm it helps, especially with  
507 clients with dementia, it helps them to be able to talk about things and to have what they have  
508 said, saying, understood. Erm... if they talk about you know an event in the 1950s, I can  
509 relate to that you know, I can convincingly talk about it
- 510 W: right, and I suppose the conversations are therefor better
- 511 E: yes, so the conversations are better for them because they are understood, I suppose it's a  
512 bit like when I talk with my eighteen-year-old grandson and he's telling me how CRT TV  
513 produced pictures on the screen and I'm thinking, "what?" and then he says, "well, it's  
514 cathode ray TV, grandma".. "ah, the ones with the big tubes, yeah I know what they are"...  
515 well that's as far as my knowledge ever went but but, it's having that understanding of what  
516 somebody is talking about, only with Tom that's as far as it goes, but with a client we can  
517 talk about the reality of watching the darned things or you know, not having a remote control,  
518 or only having 4, no only two channels at one point you know, which Tom can't appreciate  
519 but he likes the technology side of it more, which leaves me cold <laughs>
- 520 W: yeah I'm sure, so you're more interested in the experience of the thing..
- 521 E: yes that's right, and I think that's the thing with Seniors you know, because we are of a  
522 closer sort of generational space we can talk about shared experiences and we can understand  
523 better



- 524 W: okay, that's interesting, erm the next set of questions is about before the pandemic and  
525 serves as context for the second set of questions, erm can you explain to me how you felt  
526 about your worklife before Covid?
- 527 E: erm I enjoyed it, because it's flexible it fits in around life, or my life so um in terms of  
528 work it didn't feel like work used to feel
- 529 W: in that it was less regimented?
- 530 E: yes, before I retired I was answerable to more people, you know there was a routine and a  
531 regimental sort of system to it and you know everything else but doing this kind of work is  
532 much more flexible and I feel that I have more autonomy over what I'm doing, I like what I  
533 do now, it doesn't feel like work and that's the difference, before I was working and I knew I  
534 was working, now I'm having fun most of the time so it doesn't feel like work
- 535 W: well that's nice, that's lucky isn't it
- 536 E: yes it is, I mean, I think at 70 I've reached the point that I deserve that kind of thing you  
537 see
- 538 W: yeah you should have a bit of freedom by now
- 539 E: yeah exactly
- 540 W: is the autonomy important for you?
- 541 E: Yes
- 542 W: is it, was the lack of autonomy before you retired a challenge?
- 543 E: occasionally, yeah I'd say occasionally, most of the time it wasn't but even, even working  
544 as a matron there was still a lot of sort of independent working so there was a fair degree of  
545 autonomy in that, I always sought that in my working life because I'm that sort of person..
- 546 W: I think I might be that sort of person too
- 547 E: yeah yea, I think the term maverick would apply
- 548 W: possibly... <laughs> what about your feelings before and after shift before Covid?
- 549 E: Erm... I looked forward to going to work... except occasionally when we had a  
550 particularly challenging session <laughs> generally quite happy afterwards, there was then,  
551 there still is quite a lot of job satisfaction in it, you know it's like I've spent an hour or two  
552 with a friend, very positive, positive experience.
- 553 W: and what about relationships with staff and management before Covid?
- 554 E: all good, no problems at all
- 555 W: that's fortunate, were there any frequent problems you faced at work before Covid?
- 556 E: Not really no... I mean only, only the things that would, that would be an issue anyway,  
557 like the challenge of trying to communicate with someone with dementia who is having a bad  
558 day
- 559 W: okay, and that's especially difficult is it?

- 560 E: It can be, you know, but there are ways of getting round it, it can be quite tiring, I think a  
 561 long day with a couple of clients like that you get home, and you're very tired and you need a  
 562 cup of tea and put your feet up. So it's not physically tiring in that sense, but because you're  
 563 always.. you have to be on the ball because you have you, as I describe it you have to keep  
 564 changing dimensions, realities, and time zones to keep up with the clients where-ever they  
 565 are. That can be like mental gymnastics, so when you get home you can be quite tired, it's a  
 566 positive tired you know, it's no the sort of negative, fed-up, exhaustion tired
- 567 W: right, how would you describe that then the positive tired?
- 568 E: erm... just knowing that you've had a positive impact and that you've survived in  
 569 <laughs> and you are home and free to put your feet up and have a cup of tea
- 570 W: okay good, that's good. Um ... How would you describe access to work related resource  
 571 prior to Covid? Training, guidance, support etc
- 572 E; um... fine, actually. Um Seniors doesn't do a great deal because we are pretty much  
 573 autonomous in many way there's not a lot of requirement for training or anything else, but for  
 574 anything that we do want to do there is always support. You know, I did the Dementia  
 575 Friends Champion Training um and I've done a few online things that I've chosen to do, and  
 576 yeah the company is very supportive of it.
- 577 W: okay that's good, would you say that thoughts about work occurred during your time off?  
 578
- 579 E: oh yes, not necessarily a bad thing, sometimes, sometimes it's just planning you know,  
 580 planning ahead, thinking ahead, occasionally it's looking back and thinking "oh crikey", but I  
 581 wouldn't say those thoughts are intrusive
- 582 W: what would you say those thoughts were about, you said planning and sometimes it was  
 583 perhaps a bit of gratitude maybe you've survived the impact
- 584 E: well with the planning you know I take my clients out so um it's sort of thinking,  
 585 remembering that most of the tea shops and coffee shops that I like to take them to are closed,  
 586 because Canterbury has that issue and you know reminding myself not to drive to  
 587 Bekesbourne because it will be closed erm so that sort of planning, thinking ahead you know  
 588 if I'm taking my client to an appointment so sometimes there's an appointment to be booked  
 589 or whatever, and if on a particular day if I have a client who is being a little refusing, a little  
 590 rebellious as we do from time to time, yeah getting home at the end of that, "Oh, we got  
 591 through that! I left her happier than she was when I arrived" sort of thing, that's a good thing.
- 592 W: Would you ever worry about the clients you're seeing?
- 593 E: Yes, yeah sometimes um... if I'm aware that they are feeling really down or they have  
 594 health issues there is a concern there, but I have a good relationship with the family of my  
 595 clients and as well as support at Seniors so there is always someone to talk to about it and  
 596 ways of helping with it
- 597 W: do you find that the familial and collegial support is... there must be a benefit I suppose?

- 598 E: oh yes, like I said, I like autonomy but I also appreciate the value of having a team there  
599 that is supportive and being part of it for other people as well, bit of a contradiction but that's  
600 me <laughs>
- 601 W: I think that's life at the end of the day
- 602 E: yes, I like the autonomy but I don't like to feel completely isolated by it, I think that's  
603 important for all of us I think we like to do our own thing but we also need to know that, you  
604 know, when you're not sure or when we want to share something there is somebody there  
605 who is quite happy to listen and join in and you know, we can share experiences and share  
606 ideas really, you know even if it's just swapping a list of coffee shops <smiling>
- 607 W: <laughing> serious first world problems
- 608 E: absolutely! Cor it's quite important that is, knowing which ones are open and where, and  
609 finding new ones, we all have different places we go to so.... It's useful and I think it's  
610 important to feel that I am part of a team as well as being able to operate pretty independently  
611 within that..
- 612 W: so maybe the term 'anchoring' is too strong but it's something like that, you can drift and  
613 you can come back
- 614 E: Yes I think that's a good term actually, it is a bit like that, it's knowing that that's there, I  
615 suppose like the astronauts in the space station can go on a space walk because they've got a  
616 tether haven't they, they know they can get back
- 617 W: yeah, yeah.. okay
- 618 E; yeah I think anchoring works quite well
- 619 W: okay good, did you ever feel that your job was risky or dangerous before Covid?
- 620 E: No
- 621 W: no, nothing?
- 622 E: not really... .. no because we don't, we tend not to have clients who are too  
623 challenging... no I don't think so
- 624 W: okay, that's fair enough, what were your working relationships like, with the colleagues,  
625 management, residents, you said they were very supportive?
- 626 E: Yeah yeah yeah, very good no problems at all
- 627 W: communication was, how was the communication
- 628 E: communications good yeah
- 629 W: okay, that's all very smooth. Have you had any thoughts as to why the relationships were  
630 so good?
- 631 E: Erm perhaps we are all mature enough to not sweat the small stuff. I think because we all  
632 share the same sort of ethos, we are in it for the same reasons, yeah I think that's the big  
633 thing, so we share the same sort of values, and we appreciate why Seniors is how it is, and  
634 that's what attracts us to it, to perhaps working with a different sort of care company

635 W: maybe the, the substrate is all the... you are all the right type of plants for the substrate, as  
636 it were

637 E: yeah I think that's a good one.... Yeah the common one is we are all singing from the  
638 same hymn sheet

639 W: That's it, that's the one

640 E: I don't like that one, especially as people don't tend to sing hymns these days, it kind of  
641 loses it's meaning doesn't it

642 W: yeah it's an interesting representation of how the analogies change over time

643 E: exactly, you know at one time everyone sang hymns in school assemblies or where-ever,  
644 church, whatever, now it's becoming a minority activity isn't it

645 W: okay, how would you say your job affected your personal life before Covid?

646 E: well it enhanced it, because it gave me money to spend <laughs> yeah resources, and you  
647 know social contact, just being out and about, meeting people and being part of the world  
648 really, so I think yeah It's been a positive in that sense. And getting contacts, getting out and  
649 about, finding places in Kent that I didn't know, all sorts of aspects to it you know, getting  
650 out and about and, I've learnt a few new things

651 W: yeah? What have you learned?

652 E: A few cards games... and some interesting stories you know from other people's lives,  
653 history, local history things that I otherwise wouldn't have known otherwise, so yeah, it's  
654 been good.

655 W: What would cause you stress before the pandemic?

656 E: .... Life... <laughs>

657 W: Life is pretty stressful sometimes

658 E: I don't know, family problems or relationships or lack of money, or being late for  
659 something, you know the normal things, nothing, nothing sort of drastic

660 W: everyday sort of, the challenges of everyday

661 E: yeah, nothing springs to mind as, as... "Oh my god!"

662 W: yeah okay did you do anything to manage these stresses or were they just  
663 inconsequential?

664 E: erm if I was feeling particularly sort of stressed or tired or whatever then yeah talking to  
665 people, making a phonecall, having a cup of tea ermm phone a friend! <laughs> all those  
666 sorts of things, put music on or I also do a bit of mindfulness and meditation and things like  
667 that, that helps

668 W: yeah I find it quite, when I remember to do it, when things are bad and I start doing it  
669 again, I find it rewards...

670 E: yes that's right, or reading or something like that or mindless, mindless things rather than  
671 mindful things, mindless things like crosswords or computer games where you are just  
672 watching things that sort of, just to switch off sort of thing yeah

673 W: that's excellent so far, thank you we are about halfway through – the next set of questions  
674 is about during the pandemic and it's much of the same content, can you explain to me what  
675 changed about your work duties at the outset of Covid, so before, when it was around maybe  
676 the early part of 2020, before the lockdown

677 E: before the lockdown when Covid was a thing, a new thing, um.. I think we had to just be a  
678 lot more cautious and careful about how we interacted and where we went, as pretty much we  
679 would have done had there been any other disease outbreak at the time but this was an  
680 unknown one so we had to be a little more cautious, I suppose...

681 W: erm... how did that translate into action, being cautious at work?

682 E: um, avoiding closer physical contact, some people some elderly people like hugs and hand  
683 holding and stuff like that so being a little more cautious about close contact and when taking  
684 them out avoiding crowded places, erm, choosing- choosing a little more carefully the  
685 activities bearing in mind who is about or what the situation was erm and also paying even  
686 more attention to the basic hygiene things, but to me personally that is no different than if  
687 there was a flu outbreak or a norovirus outbreak or a- that was just second nature in a way to  
688 think about infection control or infection mitigation, but yeah the biggest thing was thinking  
689 about where was okay to go, you know finding places because I felt it was still very  
690 important for my clients to get out and about so it was finding places to go that were okay

691 21minutes 2700 words

692 W: Okay, alright, so it's a little bit more vigilant all round, the next level

693 E: yeah yeah

694 W: and how was that different to when we were in lockdown, how did it change again when  
695 lockdowns were brought in

696 E: when lockdowns happened I was able to take my clients for walks around empty car parks,  
697 because getting out for a walk, getting out in the fresh air was so important but with limited  
698 mobility, with a walking frame or zimmer or whatever, you know we have to find level  
699 surfaces and empty car parks were brilliant, so that was a positive. We could drive to a  
700 carpark and they could walk around and then we could get back in the car and er have a cup  
701 of coffee from a flask, so we could sit in the car because obviously in lockdown you couldn't  
702 go and have coffee in the coffee shops because they were all shut, but it didn't stop us going  
703 out in the car and actually getting out of the house, because it is so important for everybody,  
704 but particularly elderly clients to get outside the four walls

705 W: break the routine I suppose

706 E: yeah, it's its its just otherwise you might as well be in a prison cell,

707 W: yeah I suppose it isn't much different, if you can't get out

708 E: it might be a nice prison, but it's still, it's still not good and so the change of scene, and  
709 one of the things I like about taking my clients out, the ones with dementia is being able to  
710 see the change in seasons so you can relate to, it's winter the trees have no leaves, it's Spring  
711 the trees are getting their leaves so it's looking at the world and seeing and feeling connected  
712 I think is vital for people living with dementia, and you know it brings all sorts of  
713 remembrances to them that they did at different times of year, so it's a conversation started  
714 but it's also a kind-of bind to now, it brings them in the present, so that was to me a very  
715 important thing to try and find ways to continue that despite the lockdown

716 W: sure, giving them the context that the world is still turning

717 E: yeah that's right because they couldn't understand, they couldn't grasp what was  
718 happening, I had one client that thought there had been a big storm and couldn't understand  
719 why the elderly were allowed to stand on their balconies, slightly bizarre things but you  
720 know,

721 W: if you don't know, you don't know

722 E: that's right. She'd read or heard or picked up that people in care homes were dying, and  
723 her response to that was, "well why did they let them stand out and watch the storm?" What  
724 storm?! <laughs> but I was able to explain, well you remember when you were little and you  
725 had measles and you were trying to avoid being with people, so yeah, we sort of talked it  
726 through, but yeah getting a context to the problems and trying to make it... understandable in  
727 a way so they didn't feel panicked by what was going on

728 W: yeah I suppose if they can relate back to a familiar experience then it's a) less scary  
729 because it's already partially familiar and that's easier to understand

730 E: yeah that's right if you can understand how measles used to be, which again is a  
731 generational thing because not many of your generation have experienced it, because you all  
732 had jabs, but that sort of conversation is is, it's an infectious disease and if you meet people  
733 with it... and all the rest of it, it's explaining it in terms that are relevant to their experience  
734 and knowledge, that they can relate to and then not feel so panicked by

735 W: that must be a major challenge with clients with dementia, the context and

736 E: yes it can be, and also because it's a fleeting thing so you might have to explain it on  
737 replay, rewind replay! But you know it works, generally and I think that is one of the  
738 important things that we do, that is to help our clients stay grounded, if you like, as far as  
739 possible and to not panic because even people without dementia if they are in panic, or fear  
740 they do not necessarily cope and they don't behave rationally so the idea is to keep the  
741 anxiety out of it as far as possible and just sort of get on with it. Keep calm and carry on  
742 <laughing>. Lets face it, they are the generation that as children coped with being evacuated,  
743 being in the Blitz, never knowing if they were going to see their parents again, being carted  
744 off to places they didn't know with people they'd never met, you know they are quite a  
745 resilient bunch with or without dementia, so what they've experienced- we haven't got a clue,  
746 I mean the challenge of that today if you said that's what was happening, you're going to  
747 school today and your whole class are going to get on a train and taken God-knows-where,  
748 and you are going to live with somebody else until further notice.... And that is what  
749 happened to that generation when they were children

- 750 W: yeah I suppose if that's the worst thing that's happened to them, then a pandemic is much  
751 more understandable
- 752 E: that's right, and they've lived through Polio, Polio epidemics and things, they've  
753 experienced these things but without the technology and wizardry that we think is so essential  
754 to our lives now
- 755 W: sure, which has probably caused quite a lot of... problems, miscommunications
- 756 E: well it's not exactly helped has it <laughs>
- 757 W: it doesn't appear to, everyone seems to have their own opinion and that isn't good in a  
758 group-think situation where it could be- if it was worse than, if covid was worse than it was  
759 with a higher mortality rate it would have been exacerbated by the technology
- 760 E: yeah yeah, that's been my sort of grounding thought, is that thank god it wasn't like Ebola,  
761 Ebola killed 90-odd percent of those who catch it. Covid fortunately, though we didn't know  
762 that at the beginning has turned out to be 90-odd percent survivable, which is a totally better  
763 ball game, but yeah um I don't think we have in society now, we don't have that instinctive  
764 obedience, conformity, and I do put my hand up and admit that I am a bit of a rebel myself,  
765 you know the previous generation were much more likely to follow the rules or work together  
766 as a team
- 767 W: I think that is more important, that everyone is allowed to be a maverick for their own  
768 individual lives but when it comes to problems that affect the community, having 90  
769 mavericks isn't going to help anyone rebuild a house
- 770 E: no, you can't have a committee of mavericks <Smiling> because it don't work. When you  
771 do team building exercises you realise you can only manage one in a team, you also need to  
772 make it work, you need the other people, the sensible, grounded, plodders, you need a  
773 balance
- 774 W: yeah the sure footed
- 775 E: yes it's like any recipe, if you don't have all the ingredients you don't make a good cake
- 776 W: that's very true, and cake is very important
- 777 E: oh it is, especially to older ladies
- 778 W: it's not just older ladies, it's younger people too
- 779 E: yeah but when you're going out to find coffee and cakes most days of the week you need  
780 to know where the good cakes are
- 781 W: ah, yeah that's a good point
- 782 E: yeah I have a list of places where the cakes are good
- 783 W: well maybe we can carry this conversation on later <laughing>
- 784 E: < laughing> I think your mum has a few good ones too
- 785 W: does she? I'll have to ask

- 786 E: yeah we know where to find cake
- 787 W: ah it's a lovely problem to have. Okay, can you explain to me how you felt about your  
788 work-life during Covid?
- 789 E: It was a lifeline. It was saving my sanity, because I was still able to do it, because we were  
790 designated as key-workers, it made it possible for me not to have to stay indoors all the time,  
791 so I didn't feel locked down in that sense and if I had I would have struggled. It would have  
792 been really difficult for me, yeah I found it- it was a lifeline to still be able to connect with  
793 people and, you know, still have a reason to go out, even though I was being ultra-cautious  
794 about here we went the fact that I could still do it was a really important thing for me and for  
795 my clients, otherwise what would they have done? They'd have just been isolated, you  
796 know, the ones that needed personal care visits would probably still have gotten those, but  
797 ones who needed the visits that we do which in some ways are just as important, would have  
798 been abandoned (personal hygiene = social interaction) and that would have been horrible
- 799 W: yeah it doesn't really bear thinking about, I know how I feel being stuck inside even after  
800 a couple of days
- 801 E: yeah but the big difference there is you can understand why, I could understand why, even  
802 if I didn't like it, but someone with dementia would feel totally lost and abandoned
- 803 W: yeah and there would be no-one to explain it to them
- 804 E: yeah and when you get to that age, from what they all tell me, um they know that they  
805 aren't going to be around forever and contacts are important and their families are important  
806 and being cut-off in the way that they were was .. damaging
- 807 W: is that how you would have felt if you hadn't been able to carry on, if you'd have lost  
808 your work life, is that how you would have felt? Damaged by staying inside?
- 809 E: yes, yes very much so
- 810 W: okay, how were the relationships with other staff and management during Covid?
- 811 E: yes very supportive because we were all in the same boat, and again back to the thing, we  
812 are all trying to do the same thing, erm and also very understanding of people who felt that  
813 they did want to lockdown and isolate, you know we had quite a few members of staff who  
814 felt that they needed to self-isolate and so trying to keep a supporting reassuring role for  
815 them, because staying in touch was important, so we all did our bit on that one, because you  
816 have to respect that a lot of us are older and some of us do have health worries or issues and  
817 if that is what people felt they needed to do they were supported to do that rather than  
818 censured, so... it did put a little more pressure on those of us that were willing to still go out,  
819 but it was, it was okay we were all in it together so we looked after each other
- 820 W: okay... so I think I heard you say that the people who decided that they didn't want to  
821 work, everyone else would still phone them and keep them in the loop, they weren't suddenly  
822 just done
- 823 E: oh no no no, we had regular phone calls and you know kept them in touch as much as they  
824 wanted to be, to check that they were okay, because we are a small company and a small



- 825 workforce relatively so you know that was something that we managed to do, for just about  
826 everybody who felt that they wanted to stay indoors
- 827 W: well that's quite good, I suppose that's about a least bad as it could be
- 828 E: yeah, it was trying to mitigate the circumstances as much as you can. As soon as things  
829 were different or they were ready to come back to work then you know, we resumed when we  
830 could
- 831 W: So it was very flexible then?
- 832 E: absolutely, we are very fortunate that that is what we are, that is what Seniors is, it's very  
833 unusual, it's a very unusual company to work with and for
- 834 W: it must be nice though, if that flexibility exists and if you want more there's more and if  
835 you need less then you can take less. It's a lot less stress
- 836 E: yes, that's right there's no pressure there's no, "Oh I must do a certain amount of hours a  
837 day", or "I must do so many hours a week" erm you know you can choose to feel that way  
838 but the company doesn't press that upon you and the same with the choice of clients, you  
839 know if we go to a client and we feel that it's not quite working erm that's fine we just report  
840 back and then we will be swapped out and somebody else can go, we don't take it, hopefully,  
841 well I certainly don't, most people I work with don't take it personally, we don't feel that we  
842 fail, and we don't feel hurt if our clients happen to say, "I'd rather have somebody different"  
843 because we are all different, some people want the human dynamos who come in and whizz  
844 around and some people just want the quiet conversations so it really is about matching  
845 clients and providers to get the best relationship so yeah it takes away a lot of that, "oh I'm  
846 being sent to Mrs. Bloggs again"
- 847 W: sure, that lack of autonomy
- 848 E: that does come back to that autonomy but the company is supportive of that, because that  
849 feeds into the ethos of matching clients and providers relationships, we are encouraged to  
850 build a client and the clients family where appropriate. I think if you talk to other people  
851 employed in the care industry you might find that that is not encouraged
- 852 W: yeah, perhaps it isn't that it isn't encouraged, but that there isn't time
- 853 E: there are time constraints but sometimes having had a background in social work many  
854 years ago, sometimes it's built in to avoid those .. relationships being built because they take  
855 more time, so if you build in the timetable for someone to go A-B-C, half an hour here,  
856 twenty minutes there, erm it prevents that extra dimension from developing, because if you  
857 get that relationship it's always, "I'll just have a cup of tea with you"... or something, which  
858 disrupts the system, if you're a time and motion person, you know erm, the people that go in  
859 and say, "well it takes 5 minutes to make a bed and ten minutes to vacuum", erm yeah there  
860 are those who will say how long a job will take and that is, that is not always conducive to  
861 building relationships, you know it might take 5 minutes to do a shower for one lady and it  
862 might take half an hour for another one, erm and it could even be for the same lady, one day  
863 it could take five minutes and then another day it takes longer and unfortunately that doesn't,  
864 some of the less good care companies don't and can't take account of that and if you've got  
865 20 clients and ten of them want to be up at 8 o'clock in the morning, how on earth do you

- 866 spread your staff, it's a logistical thing and you know I've worked in care homes, I've  
867 managed care homes, I know that it can be an issue, so sort of making it less easy to form  
868 relationships that you can sit and have a chat about can be better for so called efficiency
- 869 W: sure, because it takes the human element out of the work
- 870 E: That's right, it depersonalises it, it becomes task-centred not person-centred and that is the  
871 big difference, with person-centred you have to be flexible, and you know it's a balancing act  
872 because if you've got to stay a bit longer with Mrs. Smith you're also knowing that you've  
873 got to be with Mrs Brown, so you know it does mean that you have to detach more from your  
874 clients if you're going to stick to your timetable, which is why I like what I do because I can  
875 build in gaps,
- 876 W: right, so you can accommodate the vagaries of life
- 877 E: I don't have, except in very rare circumstances if I'm covering for someone who is off, I  
878 don't have a visit ending at 2 o'clock and another starting a quarter past 2. I don't do that, I  
879 would build in at least an hour between, so there's a little bit of flexibility either way
- 880 W: That sounds like a very stress-free way to work, although it must be a nightmare
- 881 E: well it is, it is and it isn't, but it's better for what I do and for what my clients expect to  
882 experience but from a management point of view that could be a bit of a headache,  
883 fortunately we don't have too many clients, most of them I could ring up and say, "look I'm  
884 sorry I'm delayed, I'll be with you soon" sort of thing, so that takes a lot of the stress from it  
885 all, we can communicate, or I can ring somebody else and say, "look, I'm going to be late to  
886 Mrs. Bloggs can you fill in for me" or whatever, so yeah it works but that is why Seniors  
887 matters to me as much as it does because it gives that option, that ability to give a proper,  
888 holistic service, which sadly in the real world....
- 889 W: is too expensive?
- 890 E: yes. That's the other point, yes we get paid for what we do, but there is that opportunity to  
891 give more if we want to, almost like voluntary, it's entirely down to the individual and that's  
892 what- that's one of the things I like, that I can give over and above if I want to, I've got the  
893 autonomy and freedom to do that which works, works for me
- 894 W: it must be quite nice, especially if you're having a good day and you're like, "I can do this  
895 one extra thing for this person that they can't do for themselves", and it costs you 15 minutes  
896 of 'not-work'
- 897 E: yes that's right and if it's a really nice day and we've gone out for coffee and we fancy a  
898 walk along the beach you know, or something like that, just a drive round the countryside  
899 erm I can do that and that's okay, there's nobody to say "you've got to go onto someone  
900 else", it's better
- 901 W: it doesn't cost you more time than it provides value
- 902 E: yeah yeah, I think that's a good way of putting it
- 903 W: okay that's good, would you say there were any frequent problems at work during Covid,  
904 aside from the communication?

905 E: erm, the extra time for PPE and the difficulties that PPE can throw up when you're dealing  
906 with people with communication issues, hearing aids and visual problems and all the rest of  
907 it, and just staying abreast of what was happening I think and keeping, keeping up with where  
908 we needed to be, was a bit of an extra pressure, and also the need to be, the need, I felt the  
909 need to be more constrained in my life, with or without lockdown, more constrained in my  
910 contacts outside of my clients and work, I think that is where I felt the biggest impact on my,  
911 you know reflecting back, the biggest impact on me I the last two years I don't think that I  
912 have met anybody new, I have very consciously, because I live alone anyway, contracted you  
913 know my sphere of communication with people, social life, even after lockdown you know  
914 when we are allowed out, that has contracted and I have realised that I have become a bit of a  
915 recluse apart from my clients, you know people I don't already know have not entered my  
916 life erm which is not, not a very good thing in a way

917 W: I suppose it depends, I would think somethings like that are necessary and until we know  
918 how bad Covid was or is then that is the correct course of action and it's a everyone-  
919 everyone voluntarily takes on the limitations to protect everybody else, I think the challenge  
920 certainly coming out of Covid is how to build that muscle of socialisation and getting over  
921 the minor anxieties and the communication and conversations that you've lost the skills for

922 E: yes I think that's right, going back to my grandson in Ireland, I mean they went out to the  
923 cinema to see SpiderMan, first time they've been out as a family in two years and he said,  
924 "Grandma I've forgotten how it works at the cinema", he said, "you know, the trailers before  
925 hand, it feels like new", and I think that's it, we've lost the habits that we just automatically  
926 did you know, kicking up conversation with people if you're waiting in a queue, now  
927 everybody's if they aren't masked they are still not, not going to talk to you. You know,  
928 getting in a lift at the supermarket with your trolley everybody looks to see if anybody else is  
929 coming in and it's all of those sort of things we've, we've become so very guarded, which  
930 was necessary and still is to a certain extent but we've focused we've focused totally on  
931 Covid we've not remembered that there are other transmittable illnesses like norovirus or  
932 common colds or you know chickenpox, measles, all of those sort of thing, we seem to have  
933 forgotten that those existed and we are only Covid focused and I think that has been  
934 engineered by the media more than anything else, you know that has been, we've had nothing  
935 else, we've have to Covid figures, the Covid graphs, you know, we are overwhelming the  
936 hospitals with Covid, yeah I think it's had a really big impact on our psychological wellbeing  
937 and our resilience, we've not relied on our reliance and coming back to our elderly clients,  
938 the reason they are elderly is because over their lifetime they have been resilient, and they  
939 have learned resilience, and they habe used resilience and I think the impact of the last two  
940 years on the population as a whole is that it has undermined, it has undermined that  
941 resilience,

942 W: so perhaps it is us that are frail now, socially and culturally we are a bit maybe bruised  
943 and retarded in the fact that things have slipped and gone backwards and socialisation is not  
944 the same as it was

945 E: that's right, I mean I think about teenagers, how did teenagers cope for two years when  
946 they weren't allowed to hold hands or fancy somebody, all of- all of the normal things that  
947 teenagers, well everybody does really, but teenagers in particular, you know just finding  
948 themselves and finding relationships and not even being able to see people because the

949 schools were shut but even when they were allowed in school it as all this social distancing  
 950 and masks, we've created so much fear of each other in a way, we've kind of started-  
 951 everybody is a threat, so don't breathe on me, don't cough on me, don't stand near me, and I  
 952 think I think that is going to be an ongoing issue particularly for young people and children,  
 953 hopefully they will be helped- will find resilience in the same way as our elderly folk in the  
 954 same way they managed to come out of being evacuated and some of them had awful  
 955 experiences and some of them were really appreciated but some of them weren't, but they  
 956 were- they came through it, they got on with it afterwards, I hope we don't go down the  
 957 route- there is so much emphasis now on mental health and wellbeing and my anxiety and all  
 958 the rest of it, but I think we are not facilitating- we are not giving them the tools to cope with  
 959 the adversities of living, which are always there, we are not giving them the tools we are  
 960 enabling them to feel victimised

961 W: which serves into the frailty and the dehumanisation of the Covid guidelines, "stay in  
 962 your room, don't talk to people and you will develop anxiety and depression and then we  
 963 will encourage you to stay that way because it is easier

964 E: yeah, the thing is human, humans are like many other creatures on the planet we are not  
 965 solitary creatures we are community creatures we need each other, we need touch, we need  
 966 community, we need communication, we need all of those things as a species, if you look at it  
 967 from that point of view, and to have that cut off and to create that fear is- I think the  
 968 consequences will be felt for a generation. In the same way, I suppose, that the children who  
 969 are now our elderly, our eighty and ninety year olds, I mean they are not the generation that  
 970 fought the war, they are the generation that grew up in it, and experienced it from a totally  
 971 different perspective in that their childhoods were totally messed up

972 W: but comparatively, they could still socialise, where-as kids today have been limited to  
 973 technological communication which isn't the same

974 E: Yes that's right but one of my ladies recalls as an eight year old, in some rural village  
 975 somewhere, the Midlands I think, and how at the school assembly they were told, "Johnny  
 976 and Mary aren't in today, they'll be back tomorrow but can you all be extra kind because  
 977 they've had bad news, their parents have been killed in the Blitz" or something like that, so  
 978 so that sort of community or supporting and understanding you know, I don't think we are  
 979 giving our children those skills- but that's another story we could talk for hours. But yeah, I  
 980 think there will be- there will be a big impact on different generations, a big impact, I think  
 981 the effect that having our normal means of survival, from our support, our peer group  
 982 support, being disrupted in the way that it has, I think there will be repercussions. I mean I  
 983 certainly feel it, because I realise the idea of going to a music event, a concert or a recital or  
 984 something like that, I'm consciously thinking, "well, who's going to be there?" and I'm one  
 985 of the people who has been less panicked throughout, I've had friends who have practically  
 986 Jeyes fluided the doorstep after the postman had stood on it literally, I mean washed  
 987 everything, the light switches and the work surfaces everyday with bleach even though they  
 988 were the only people in the house, and they weren't going out. So I regard myself certainly  
 989 as not reacting like that, but even I still feel that I've lost some skills, I've lost some abilities  
 990 to get out here and meet people and be gregarious, if you like, and that's- that's a shame. And  
 991 I've also lost two years of my grandchildren's lives which irritates me intensely, because you  
 992 know I saw my grandson in Ireland for his eighth birthday and then I didn't see him again

993 until his tenth birthday, and we could talk on Skype but it wasn't the same. I was used to  
 994 seeing them three or four times a year, I would go over for a long weekend or whatever, erm.  
 995 And I'd lost that, and the years between eight and ten are really ... precious years of a child's  
 996 life, they are into things then, they aren't too grown up to do things with grandma then, they  
 997 like it when they are 8, they aren't so sure when they are 10.. so... thoe sort of things I  
 998 certainly, I am aware of, they are the negatives if you like, that I've got to deal with going  
 999 forward, how to manage, how to readjust, how to reset those things, and I think for some  
 1000 people that's going to be very hard

1001 W: yeah you said that um you'd lost the skills, but you also said that even you effectively felt  
 1002 some fear over acting like you used to, so maybe it isn't that you've lost the skills, but that  
 1003 they have been either curbed or.. reduced limited by fear. Because it's only fear, if you can  
 1004 stop the fear you can go and do anything, and fear is a natural response to a threat I suppose

1005 E: yeah yeah, to a certain extent I would say that and.. it's that spontaneity is gone, you can't  
 1006 just decide to go somewhere you've got to think about masks ... yeah because I have a health  
 1007 condition I tend to not wear masks generally, but I do in specific situations, I'm a little sort-of  
 1008 choosey about it

1009 W: most people are, they won't- a lot of the interviews I've had people will say, "we stuck to  
 1010 the lockdown rules... but then we did this, but I did this because these 9 reasons..." and so  
 1011 you're just justifying the risk, we all do it

1012 E: yeah you know, I think the current political situation is such that they are slamming people  
 1013 for what everybody else did... If you could manage the risk and you felt that you were  
 1014 managing the risk then I felt that people did do things that were perhaps not in the spirit of  
 1015 the rules and regulations

1016 W: sure but that's also life..

1017 E: but that's life and I think that is an important thing that shouldn't be taken away from us in  
 1018 a democracy .... I don't normally talk politics but I think- I think that it's very important that-  
 1019 I know how important it is for me to have personal autonomy, I suspect that I am not alone,  
 1020 and that where you can influence your own life you will, because that is the nature of us, as  
 1021 creatures, and you see it in elderly people who are losing control of all sorts of aspects of  
 1022 their lives and so they- they put the brakes on where they can, which could be, "I'm not going  
 1023 to eat that".. or "I'm not going to wear that", you know their sphere of control becomes so  
 1024 limited, and you see it in care homes where my chair is my territory, "You can't sit in my  
 1025 chair, you can't sit in her chair, that's Mrs. Brown's chair, don't you go siting in that", and  
 1026 you get these sort of very limited sort of territorial things and that's the nature of things and  
 1027 we need to have that and when the wider world takes away those sort of choices the ones we  
 1028 are left with become vital and much more important, and I think we find ways I mean there  
 1029 was a black market in the war ....

1030 W: things still happen

1031 E: that's right, so I think people ought to have been recognised for being able to use common  
 1032 sense, and I think sadly the world, not just this country, the whole world seems to have lost  
 1033 sight of the fact that, you know, some people can be trusted- you only have to deal with the  
 1034 people that can't, let the rest of them get on with it

- 1035 W: maybe the impression is most people can't be trusted now-a-days, for one reason or  
1036 another whether they be maverick or have a lack of common sense
- 1037 E: snowflake, snowflake, milleniums, Gen X whatever they call them
- 1038 W: I think it's young people, I think that's the trend
- 1039 E: yes but that's always been the case, when I was a young person, my parents and my  
1040 grandparents to some great extent didn't think that we had any sense in the 60's and 70's  
1041 when we were growing up and doing things that they'd never dreamt of doing, I think that  
1042 goes with the territory, the older generation views the younger generation as "Oh my god  
1043 what do they think they are doing! They'll learn, they'll find out" and the younger generation  
1044 think, "What do you know Granny? Yeah, we'll be alright, we've got all this stuff now that  
1045 you never had, you don't know anything." And I think if you look back over history it's  
1046 always been that way, that's just how it is, but I think the pace of the development and  
1047 change over the last century, yeah that's the thing, when I can think I was born in 1951, erm..  
1048 that's a long time ago, I tell you what brought it into focus for me recently, I saw something  
1049 that said, "In 1970, the number of years back to 1918, in 2022, 1970 is as far back as that"...  
1050 Between 1918 and 1970 is as big as the gap between 1970 and 2022.
- 1051 W: which is terrifying
- 1052 E: yes it is when you, especially when you're at my age, it's not so bad for you, you know  
1053 young wipper snapper, but yes it is quite terrifying. I found that when I was doing invigilation  
1054 for GCSE's and things and seeing questions on papers about 1960's, WHAT! You know, I  
1055 can just about cope with 1950's, but history? 1960's? That's a sobering thought. But that bit  
1056 about 1970 to 1918 that is really, when you think about what happened in that space, and  
1057 what has happened in the next- I mean it's jus crazy, so that is why generations can't  
1058 understand each other...
- 1059 W: they can't because they speak different languages, effectively
- 1060 E: yeah, it's a totally different ball game really, erm.. and... it'll play out somehow and I may  
1061 be sitting up on a cloud in 20 years time watching it, or I may have gone into oblivion I don't  
1062 know yet, unfortunately no one can come back and tell me
- 1063 W: or maybe fortunately?
- 1064 E: yeah fortunately. So have I answered your questions, we've rabbitied on here.
- 1065 W: Some of them, We are- obviously we are over running a little bit, I reckon we've got  
1066 about 20 minutes left if that's okay?
- 1067 E: yeah that's fine with me
- 1068 W: Do you feel that your job is more or less a risk now ?
- 1069 E: No, no I don't think so. No I don't know, I don't think so, I think now that we know more  
1070 about this virus and science has been able to work on it and find treatments and everything  
1071 else, no I don't think so, but I do feel that I still have to be careful on behalf of my clients as  
1072 much as for myself, and now I am getting older I think I ought to think about that as well
- 1073 W: Can you explain how your job affected your personal life during Covid?

1074 E: yeah, well, that's what we just talked about, it reduced my social contacts and my family  
1075 contacts in a way because I was restricting myself to protect the clients I was working with  
1076 because I think that was an important thing, it wouldn't have been okay for me, even if I  
1077 could, to have gone off and out to say a football match and then go and visit my clients. So  
1078 whenever I am out and about I am still conscious of the fact that I am going to visit someone  
1079 that is vulnerable, that I'll be sitting in the car with them, or I'll be sitting at the table with  
1080 them, erm... there is that need, and that has had quite an impact on any social life I think I  
1081 had two years ago

1082 W: Okay, erm... have you come into contact with any with Covid?

1083 E: yes

1084 W: So you had to experience self-isolation?

1085 E: I've not had close contact with anyone that's had covid, but I have known quite a few  
1086 people that have had covid, but I haven't been in the same room as them

1087 W: Right, so no isolation?

1088 E: No, no isolation.

1089 W: what causes you stress at the moment?

1090 E: erm... being alone, sometimes. I think it's that feeling of... having lost that connection,  
1091 erm, yeah it's great with my clients but I've lost the connection with other people, friends,  
1092 family that stresses me a bit

1093 W: okay, is that coming to an end? Are you fixing that, or is that a... an ongoing thing for a  
1094 while

1095 E: it's ongoing, its been going on for a while, I think I am beginning to fix it because I am  
1096 acknowledging it more, and because, because people are coming out of this mindset a bit, but  
1097 it is ongoing and I don't know where it is going yet, I'm working on it <laughs> it's a work  
1098 in progress, I'm hoping it's going somewhere, but there is that feeling all the time, "How do I  
1099 re-establish that connection, or how do I make new connections?" erm... are the questions  
1100 you have to ask people, "Are you vaccinated? Are you not? Do you believe-" no I don't ask  
1101 anybody that, I don't want to go there, everybody is entitled to their own views but you  
1102 know, what's the quote... "You are free to make the choices but you are not free of the  
1103 consequences of the choices",

1104 W: I mean that would have been- maybe you should have done the government mandates,  
1105 and been like, "Look, do what you want, but there might be consequences either way"

1106 E: There are always consequences, whatever choices we make they come with a  
1107 consequence, it can be a good one or it can be a dodgy one depending on your point of view.  
1108 But if you're not prepared to take the consequence then don't make the choice. It's like if you  
1109 aren't prepared to take the answer, don't ask the question

1110 W: yeah I live by that, there are some questions I'd rather not know the answer to

1111 E: exactly, that's a skill that I think is very important to learn, who used to come to the UK  
1112 and liv with a family and go to school, and there were certain rules they were supposed to

1113 follow in relation to alcohol and things, that sort of thing, because they were all under 18, or  
 1114 most of them were; and when one particular young man on a cross channel ferry asked me if  
 1115 it was okay for him to order a drink at the bar... and I said, "How old are you?" "17" "then  
 1116 no it isn't..."... and so he didn't but had I not been there and had he not sought me out and  
 1117 had he, because he looked older, and if he'd only had one pint of beer... but he asked the  
 1118 question so I had to give the answer.

1119 W: What's the er... I think it's a Banksy quote I heard "I used to pray for God for a bike, but  
 1120 then I realised God doesn't work that way, so I stole a bike a prayed for forgiveness"

1121 E: Yes that's it, if if if you haven't learned how to get away with it, don't do it, sort of thing.  
 1122 If you ask the question and had the answer, once you've had the answer you can't do it

1123 W: sure because then you are morally culpable

1124 E: that's right, if you aren't mature enough to work that out.. yeah

1125 W: heres the playbook

1126 E: but yes it's an interesting one really that... but again you have to have that sense of  
 1127 morality and autonomy and a sense of responsibility that you know your actions are not only  
 1128 going to affect you, there is a ripple effect, you chuck a pebble in a bucket and it you know,  
 1129 spreads out, whatever you do will have consequences not just for you but for other people so  
 1130 you need to have that ability to see that, and that's what growing up is supposed to be, I think  
 1131 <laughs>

1132 W: mm maturity, knowing when the ripples are coming back

1133 E: that's right, knowing when you are in the path of other people's ripples, and knowing how  
 1134 to get out of the way

1135 W: okay, has how you cope with stress changed throughout Covid?

1136 E: erm yes because I've had to cope with more of it on my own, you know, I've had less  
 1137 access to people, you can't just go and knock on the door and have a chat, a coffee whatever,  
 1138 it's it's been more controlled by things, you phone up, and a telephone call or a Zoom call or  
 1139 anything, it's all very well but it isn't the same as being in the same room, and you know, not  
 1140 being able to sort of pat someone on the shoulder, or give someone a hug those are stress-  
 1141 busters, so yeah, lack of those has had an impact

1142 W: I think it's the social cues as well, if we were having a coffee now at your house, you  
 1143 could say "I'm going to the kitchen would you like a biscuit?" and you can offer food and  
 1144 you can offer things and theres a whole substructure to our experience which is interaction  
 1145 that maybe you don't- this is an interaction but it is two-dimensional

1146 E: yeah exactly, and that's what I was saying about the grandchildren, yes I've been able to  
 1147 see them on the screen but it's not the same, we are a species that thrives on contact, we  
 1148 understand that now in other animals, we know that chimpanzees etc and we know that tigers  
 1149 shouldn't be kept in cages, we understand that for other species but look at what we've just  
 1150 done to ourselves...

1151 W: stay in the box..



- 1152 E: yes, get in the cage
- 1153 W: it's a nice cage, still a cage
- 1154 E: yeah don't come out, don't go out to play you know...
- 1155 Debrief
- 1156 W: What are the highlights of your shifts at work?
- 1157 E: er I suppose, I suppose just being, just feeling that there is a positive, a positive contact  
1158 erm Cake... <laughs> I have one particular lady who loves to be outdoors, and just driving  
1159 over the Downs and her sort of reaction to what she is seeing and sharing the her reaction to  
1160 that, I think that is the big thing, is being able to share that experience. A sunset is a sunset if  
1161 you're looking at in on your own, but if you're sharing it with somebody it's different, and  
1162 that's what it is, it's being able to share that experience of whether it's cake, coffee, sunset or  
1163 you know, the colours of the autumn, it's being able to share that experience with another  
1164 person
- 1165 W: that's very nice, nice to hear. Was there a best part of lockdown for you?
- 1166 E: yes, less traffic on the roads, being able to drive around the town and get from one side to  
1167 the other in less than 5 minutes, and places not being crowded, that sort of thing.
- 1168 W: Do you have any plans for when Covid ends?
- 1169 E: yeah I want to go back to Ireland to visit my grandchildren, I hope to start visiting my  
1170 friends and family that live a bit of a distance away, where it entails an overnight stay, that  
1171 will be easier... yeah and I think that is important, to have something I am planning, that I am  
1172 looking forward to. I say a lot of the time the lockdowns haven't impacted on me the way  
1173 they have, with other people, because I've still been maintaining a big chunk of my normal  
1174 life, but there's a big chunk that I haven't and it's that bit that I'm kind of looking forward  
1175 to getting back to because I, life has to get back to normal, whatever normal is or was ... I  
1176 don't think I want to carry on with all these restrictions and avoiding people and treating  
1177 them like they've all got the plague, or they might have, or listening to the adverts of doom  
1178 and gloom, "Covid hangs in the air like smoke, most people odn't even know they've got it,  
1179 and they could be breathing it on you without you knowing, so wear your masks, stay inside"  
1180 yes I am looking forward to doing things that haven't been possible, it's the little things it  
1181 isn't the big things, I've been on holiday in October and that was nice, that was fantastic to  
1182 get on a aeroplane and go somewhere, and there were restrictions but you have to accept that.  
1183 But it's the little things, like going up to see my sister in Lincolnshire at short notice and  
1184 saying, "I'm coming up, can I have a bed for the night?" You know, this sort of thing ,that  
1185 spontaneity that I want back, the just decide to do something and do it, and not have to think  
1186 about all these, well who's going to be there and are they vaccinated, yeah that's actually an  
1187 interesting one because one of my clients is coming up for her 90<sup>th</sup> birthday and I was  
1188 discussing it with her son, you know, "What are we going to do?" sort of thing, and I said,  
1189 "Well is your cousin coming over?", "well he'd probably want to but he isn't vaccinated"...  
1190 so that could impact on a family getting back together. You know, maybe he might not want  
1191 to come because he isn't vaccinated, or maybe some members of the family might not want  
1192 him there because he isn't vaccinated.... It's yeah, it'll be nice not to have all of that, but I

1193 think we've got it for life, but we don't worry about whether people have had a flu  
1194 vaccination

1195 W: no, and I think this may be a reflection of the novel experience

1196 E: because we didn't know, nobody knew, and.. China set the example of locking down it's  
1197 people, and you know every country has watched every other country, if you didn't do it your  
1198 press and your media were slugging you off for not doing it and if you did do it, they are  
1199 slugging you off because you either didn't do it enough, or you did it too much, but yeah I  
1200 think it was a novel thing and until we knew, well I say to people, well normally if you've got  
1201 a new issue, a new thing, take HIV, when that first came on the scene and there was panic,  
1202 and it's taken 20 to 30 years, more than 20 years to develop treatments, management of the  
1203 condition and all the rest of it because of getting the data, because of the number of people  
1204 who were infected by it, with this... within 2 years we've had millions of people  
1205 simultaneously affected by this virus and so the data they've been able to gather to develop  
1206 treatments or whatever is so concentrated is why they've been able to make progress, it isn't  
1207 because they are experimenting and inventing things off the cuff, they have the data. When  
1208 they started doing the HPV vaccine for teenagers, it was only one cohort per year, so you  
1209 need to have it going for a few years before you've got enough data coming back to tell you  
1210 what impact it is having, with this it all happened within a year its just been so big, it's never  
1211 happened before where we've had the means of communicating, it might have happened in  
1212 the Spanish influenza in 1918, but they didn't have any means of talking to each other in the  
1213 same way, they just didn't have that communication, and that is one of the benefits of our  
1214 global interconnected society, is that there is all of that data there that can and has been used  
1215 and yes we've found treatments a lot quicker than we would have done previously, and I  
1216 think that's a benefit.

1217 W: I think you're probably right, I think it would be different if it was different.

1218 E: Like ebola, you need to have the outbreaks to try preventatives or to try treatments or try  
1219 whatever and to understand how the damn thing transmits anyway. You know, viruses are  
1220 pretty damn amazing things, and because we humans think we are in charge, we don't like  
1221 things that threaten our supremacy, not even a little bit. We don't like volcanoes, we don't  
1222 like earthquakes, anything that is beyond our control

## Interview 8\_Emma\_Care\_Worker

- 1 W: What motivated you to take the job?
- 2 E: Initially I was also carrying out my undergrad doing my last year, and I needed to support  
3 myself and I had been working in the summer for an agency but the hours just weren't  
4 consistent because obviously with Covid in the homes, erm, a lot of the time they wouldn't  
5 have agency staff come in and then when they did it was weekends, and when you can pick  
6 your hours it just wasn't consistent enough and to fit in with my lifestyle, so I decided to  
7 apply for a role in a home, it was quite a nice home, it was a private one and it was meant to  
8 be more assisted living, however a lot of the inmates were- they needed a lot more support  
9 than just assistance, quite a few of them suffered with dementia quite awfully, but I'd say that  
10 was my motivation going into it, financially going into it, and more consistent hours
- 11 W: so, you weren't trained in dementia care?
- 12 E: I wasn't no
- 13 W: and what was the capacity of the home, and how many of them had dementia or bad  
14 dementia?
- 15 E: I think the home had upto 30 people, obviously it changed throughout because some  
16 people passed away unfortunately so I would say anywhere from 24 upto 28 at times, the  
17 dementia capacity did really depend, so I think some of them had lower levels of it, and some  
18 of them were a lot worse, probably about ten or eleven of them had dementia, which when  
19 you have the ones that did have dementia when it was quite awful, I'd say it was probably  
20 four or five at most who would be up and in other people's rooms at night
- 21 W: Quite disruptive
- 22 E: very disruptive, yes
- 23 W: that must have made caring for other people quite hard?
- 24 E: Yes, quite a few other people were paying quite large sums of money to be there for the  
25 care and.. well, on nights for most of it there were only two of us then caring for 28-29  
26 people, with then people in the middle of the night going into other people's rooms or  
27 screaming, um... throughout the night
- 28 W: Because of the dementia, the screaming?
- 29 E: yeah because they didn't understand what we were doing trying to care for them, some of  
30 them obviously were bedbound which becomes difficult because even though the home isn't  
31 equipped to deal with elderly people who were bedbound, if you moved them to a different  
32 home they are likely to die
- 33 W: why is that?
- 34 E: Familiarity, so some of them had been in there for years and years and when they initially  
35 gone to the home were up and about and even if they did have lower levels of dementia is  
36 was okay for them to be there, they were able to walk and talk and be quite cognitive, and  
37 you used to be able to have conversations with them apparently and then it just degraded over

38 time quite significantly and then with Covid and not being able to see their families it made it  
39 worse, so then the familiarity further just probably, dropped off

40 W: Do you think it was, would you say that all the residents in the home suffered because of  
41 Covid?

42 E: yes definitely

43 W: and why do you think that was?

44 E: some of them I think felt quite isolated and lonely and obviously at times they were having  
45 to stay in their bedrooms for weeks at a time so the only people they would see would be the  
46 carers, and again because they were paying such large sums of money some of them, kind of  
47 rightly so, felt that they should have more time with the carers especially when they were  
48 stuck in the rooms and I think it affected them all emotionally, some of them would get  
49 visibly upset and would cry quite a lot, and it's difficult because you are there trying to  
50 provide a level of care, and although you are there to be friendly in some ways you become  
51 sort of family to them, which then there is a difficult line because you can't, you can't cross,  
52 you can't be their family member unfortunately you also have to be professional at the same  
53 time, which I think obviously they knew that and the other side to that is they are sat there  
54 paying for someone to sit with them, it's like a paid family member

55 W: and how was that for you, having to straddle the line between family member and  
56 professional?

57 E: quite difficult, I think probably because I couldn't see my own family and then you're  
58 going in there and you're dealing with elderly people who you don't know if- when- I mean  
59 you don't know when Covid is going to end, I suppose, erm these elderly people could be  
60 your grandparents and you don't know if you're going to get to say goodbye to your own  
61 grandparents whilst dealing with other people's, so..

62 W: so you're sort of living it, living both sides

63 E: yeah it was pretty awful yeah

64 W: erm, can you briefly, you mentioned that there was some death in the home during the  
65 covid period, did you lose many?

66 E: erm A few here and there, not so much due to Covid, a few due to the aftereffects of  
67 Covid, there was one gentleman who actually suffered more with disabilities, he had been  
68 attacked when he was younger, which then lead him to being in the home because homes for  
69 gentlemen of his age weren't equipped to deal with his needs, and so post Covid he just  
70 became quite unwell and passed away, so probably in my time there there was.... Oh I don't  
71 even know, 4 or 5 but never on my shift. I think on my first shift, my first ever day, I went  
72 home that morning and a gentleman had gone to fall and pass out and by that evening he had  
73 died, so... and he was quite friendly with some of the others in the home which then lead to a  
74 sort of, a breakdown for them, they became quite lonely and... so... they all sort of depend  
75 on each other in the home...

76 W: so the social cohesion is quite fragile

77 E: yeah when one member passes away it has quite a detrimental effect on the people left

78 W: did it ever have an effect on you when people died?

79 E: This probably sounds really horrible <laughs> sometimes, some of the residents probably  
80 less so than others, some were very difficult and when they are very difficult and when it's  
81 the middle of the night and you have so many other people you have to take care of, it's quite  
82 difficult to bond but I think in some of their last days some of the ones that were more  
83 difficult to bond with in some ways became quite understanding. One lady who really  
84 suffered in her last days and it was her mind keeping her going rather than her body, and I'd  
85 really hurt my back and was in there and she would just constantly press the buzzer all night,  
86 and unfortunately she kept thinking she needed to use the toilet when she didn't, and so you  
87 have to help them out of bed, some, some more than others, and I was just quite honest with  
88 her, "look I need your help because otherwise I'm not going to be able to get you back into  
89 bed let alone out of bed" and she's was like, "okay, we'll do it together" and I think that was  
90 one of the first times that we'd ever really bonded in that way, because before that it was, it  
91 had been "Oh my gosh this is, this is hard work" feeling, which isn't what you want when  
92 you go to work, but in the back of your mind I'm well aware, because obviously we had  
93 pagers as well and sometimes you'd walk out of one room and you've got six other rooms  
94 buzzing, someone might have fallen over and there is two of you in the home to take care of  
95 all these people

96 W: that's got to be quite a challenge, working out who needs what, who's got the highest  
97 priority

98 E: I suppose, when you see certain people, certain people's buzzers going and some people  
99 are very aware obviously to just wait and you will come, other people, people who have more  
100 dementia needs by this point could be in someone else's room, getting into their bed, some  
101 people defecated onto people's beds because obviously they didn't understand what's going  
102 on, and when it's 3am and you're in someone's room because you've had to prioritise  
103 someone who is a falls risk, to then go into someone else's room who is obviously visibly  
104 upset because they've been woken up to someone else coming into their room and defecating  
105 on their bed

106 W: there's a lot to manage everyday, every shift

107 E: yes, yes definitely, especially when you have very little sleep, so I did the night's  
108 obviously and you'd finish at 8am after starting at 8pm and by the time you're home, and a  
109 lot of the girls would have it where they had children, some of them just wouldn't sleep, or  
110 they'd sleep for 2 or 3 hours, get up and do what they had to do and come back to work that  
111 night...

112 W: that's rough, that's really rough. Would you say that it was a common feeling that you  
113 and the people you worked with felt, how would they feel about their job? Especially on the  
114 nights where you've got 2 looking after 28

115 E: erm.... Rushed, sometimes felt quite angry because the day staff tended to have a lot more  
116 people on obviously, and if then when you came on in the evening let's say there had been  
117 quite a few accidents or, not even accidents but they hadn't managed to get as many people to  
118 bed as potentially they could have, um you are starting off your night on a backfoot, so I  
119 suppose it is a bit of anger because you are angry that you know they could have done more,  
120 because they know there's only 2 of us, and ... just upset, coming in when you're that

121 exhausted and then finding that, even more so, it's sometimes running from room to room to  
 122 try to get people into bed; and obviously you start at 8pm and if some people aren't in bed, so  
 123 they'd put 10 or 11 people to bed and everyone else is your responsibility between two, that  
 124 might be 18 people yeah, and some people as their needs progressed and became worse you  
 125 are then spending longer with people, so you really are having to run around and move  
 126 equipment from room to room which then wakes up other members of the home, and I would  
 127 probably say that a lot, well not a lot, some people just wouldn't get to bed until 11 o'clock  
 128 and when they aren't sleeping very well generally, they are up and down through the nights  
 129 or, elderly people don't always sleep the best, then they could be awake in three or four hours  
 130 and I think that is partially due to the homes' ermm inability to provide more staff for nights

131 W: to tie that in, and then you rushing around having to deal with too many people, you're  
 132 understaffed and therefore underequipped to do your job as professionally or familiarly as  
 133 possible, like you can't be family or professional you just have to be like, "I need to do the  
 134 minimum, the bare minimum to get you done to go to the next person because I'm already six  
 135 people behind", tying that in to what you said about hurting your back and the lady, when  
 136 you told her you'd hurt your back and she helped you and you had a better experience, why  
 137 do you think that was?

138 E: I think for a moment there was an understanding between the two of us, like it was almost  
 139 like she, rather than seeing me as a carer could see me as a human where-as a lot of the time  
 140 they see you as like, "You do this for me", they see you as staff. Some of these people,  
 141 obviously they've come from quite wealthy families and they have actually had servants and  
 142 butlers and you know they've been around a long time, some of the people in there were 97  
 143 years old, they come from a different way of living, so in some ways you are just staff, you  
 144 bring them their cup of tea and you bring them their food and you care for them and it was  
 145 almost like there was a breakthrough in that moment and in other moments with some, some  
 146 of the members in there where it's like, "ah, you do, you do actually get upset too and you are  
 147 in pain and this is just as difficult for you as it is for me" so... yeah...

148 W: can you explain to me how you felt about your worklife before Covid?

149 E: I quite enjoyed it I suppose, because the money you would the earn you could spend doing  
 150 whatever you wanted really, um... if I wanted to go out several nights a week with my  
 151 friends I could, I'm not saying that was necessarily the best choices but you could have a lot  
 152 more fun, or going out for lunch with friends or just generally there were a lot more options  
 153 and you were less tied to what you could do sort of within the home

154 W: What about feelings before and after your shift?

155 E: before my shift there was dread, sometimes I would just cry and cry... um because I was  
 156 so exhausted, especially with juggling university and doing the night shifts so... it, there was-  
 157 I just felt awful all the time probably somewhat depressed in ways but that is entirely  
 158 circumstantial rather than actually feeling low from myself I suppose, but- it probably sounds  
 159 quite dramatic but I could probably just lay on the ground because you know when you're so  
 160 tired, you're cold feeling so cold a lot of the time, so tired all the time and just laying on the  
 161 ground in front of this little electric heater crying so... rough very rough. And afterwards um  
 162 it depended on the shift, if it was a good shift and that depended on who you were on with,  
 163 some of the girls I was on with, one in particular who did 4 nights in a row, she would

164 absolutely smash it out and be so good, bless her, and if you were on with other members of  
165 staff there was more tension and they could be quite rude and it would be a less enjoyable  
166 night, so going home would be a, “thank god that’s over” rather than, “I had a good shift and  
167 I did what I could do” so yeah

168 W: and that probably impacts on the way you feel about the job, if you’re dreading before-  
169 the dread is probably tied to who you’re working with?

170 E: yeah yeah definitely yeah, because you can tell on the rota who is in and who is not ...

171 W: and then whether you’re likely to have a good shift or a bad shift

172 E: yeah yeah definitely

173 W: Okay, what about relationships with the management?

174 E: Um some of the management were better than others, I would probably say three of the  
175 management out of 4 were quite understanding and then the owner sort of was, higher  
176 management above that.... Um .... One of the, there were 3 team leads, an assistant  
177 manager, manager, and the team leads were very good one of them had carried out nights  
178 before so she was quite understanding in some ways, however when I then sat there and was  
179 like, “I can’t keep doing the nights like I am..” because my health was really starting to  
180 suffer, it was a bit like, “you have to”; and speaking with the other one, when I had really hurt  
181 my back and I came in on the start of a shift and was, was just crying but I’d had to come  
182 back to work after being unwell, due to other reasons, she was a bit like <shrugs> “There’s  
183 not really a lot I can do, you kind of have to do the shift”... um... but otherwise they were  
184 quite understanding, they were quite nice, um and one of the- the assistant manager was the  
185 most understanding and you could sit and have a conversation with her because she was  
186 younger, where-as the rest of them were a bit older I suppose, and had children and um I  
187 think they did, they did it because they needed to, and the hours they could do you know  
188 around the family yeah, especially in the management you could organise it a bit more around  
189 yourself, which isn’t ideal but they could um where-as the owner I don’t really know, I  
190 always found her a bit .. off.. really... like I did understand, they had their home on-site  
191 aswell, but when I come onto a night shift and they are like, oh they are leaving things to  
192 make sure we’re cleaning properly, because it wasn’t just we were taking care of these  
193 elderly people, we were also mopping and setting up breakfast, sweeping and doing  
194 paperwork, um...

195 W: and that was all pre-covid, that was standard fare of job description?

196 E: No and yes, I suppose it depended on the home pre-covid, but with covid it all became  
197 worse.

198 W: Okay, so precovid can you elaborate on that for me?

199 E: Pre covid, some of the homes it was more that I would go in and just take care of- this was  
200 obviously when I was on the agency, I would just go in and take care of the elderly people,  
201 you would set up breakfast but that was about it, um... because they understand that there is  
202 two of you on, most homes do it, depending on the size of it obviously, that there was two of  
203 you on um.. and.. you would just do what was needed to be done, because it’s a difficult shift

204 and during Covid, maybe it was just because it was one home, staying in one home, there was  
205 a lot expected and if you didn't deliver then you'd just get in trouble...

206 W: um... your health issues, were they to do with work, or were they ongoing? When you  
207 were coming to work and crying and things were really rough?

208 E: Um... So I have a problem with my ear erm which I then, I quite often get ear infections  
209 and obviously doing the nights the ear infections wouldn't ever really go away, so there was a  
210 point where I had to take a weekend off for example and then thought I was well enough to  
211 go back to work on the Monday and actually wound up in hospital that night, so consequently  
212 I had to take that week off work all together which, is less impressive obviously when you're  
213 in a role, a caring role and they want you back as soon as possible, but because of obviously  
214 never really getting better from the infections, it then meant that I would have other infections  
215 that would occur, so when I actually had a bad back, which I thought was just a bad back it  
216 was actually a kidney infection, um... which ... got to the point – probably a bit too much  
217 description – but I started to wee blood and that's how it then got to a point where it had to be  
218 dealt with, but because obviously working the nights and the hours there was never really,  
219 unless I was really unwell the possibility to deal with the illnesses... um...

220 W: so do you think you never had time to deal with the illnesses because of the lack of staff  
221 or the pressure from management, or anything like that?

222 E: Lack of staff, and it kind of always felt like my health came second to the elderly people,  
223 because I'm young, so I should be able to be fit and healthy

224 W: and there wasn't any leeway, much understanding?

225 E: no, not really no, I wouldn't say so no.

226 W: were there any frequent problems you faced at work before covid?

227 E: probably just people calling in sick for silly stuff, as in, going on a night out and then not  
228 being able to deal with the shift the next day, um... Other than that not particularly,  
229 everybody seemed to be able to let off steam and enjoy their job more um and then Covid hit  
230 and then the job became quite serious and with everyone being like, "Oh yeah, carers and  
231 nurses lets clap for carers" and stupid stuff like that brought quite a lot of attention to people  
232 in the role, which brought a seriousness to it. It wasn't enjoyable anymore. People were  
233 originally doing it because they wanted to do the job, and they quite liked elderly people and  
234 they could do the hours that fitted around their family, yeah... But... with everything, clap  
235 for carers and oh you just, the constant on the radio and in the shops and stuff, and the posters  
236 everywhere it was a bit much, it was a bit much yeah

237 W: You felt like you were more responsible or more visible or ...

238 E: both, yeah both definitely and like, it wasn't appreciated- I didn't really appreciate posters  
239 and things I thought it was dumb, you- like it was absolutely no real help, we were working  
240 shifts where we didn't have enough PPE, but you're printing out a poster saying "well done  
241 for putting your life at risk and going to help these elderly people", it means jack-shit to me,  
242 that you have printed a poster so...

243 W: and how did you feel about the wages in all of that?



244 E: They were shocking, shocking wages for the fact that you are literally dealing with  
245 people's lives and when there's two of you and I was, I don't know, 22 years old, taking care  
246 of some of these elderly people, some of these people by myself who are, I don't know, 3  
247 times my age, maybe more... I don't think the wages are enough for what people have to put  
248 up with, and especially in some of the homes, you'd have very violent residents, so when you  
249 would get attacked in the night- I've come home with scratches and blood down my arms,  
250 I've been punched in the face several times in a night, pinched, trying to be bitten, kicked,  
251 you name it- and you're paying me something like eight pounds something, or just nine  
252 pounds an hour even, for a night shift to get beaten up quite a lot, or to get verbally abused as  
253 well, and sometimes when you are that exhausted and you are just being verbally abused it is-  
254 like it's too much so nine pounds an hour for that <shrugs>

255 W: were they quite frequent problems the verbal and physical abuse?

256 E: Somewhat yeah

257 W: every week?

258 E: Err when I worked full-time in the home consistently, it was like nearly every shift, um...  
259 because obviously you'd have certain residents who were just abusive by nature... so...

260 W: okay um, how was the training and support?

261 E: Um, I think the training was more concerned about the ability of equipment rather than the  
262 emotional- um the emotional side to it

263 W: so whether you were competent to use the equipment?

264 E: yeah yeah so anyone could have used that equipment, it's not that difficult, a lot of the  
265 training as well is like, "Fill out this piece of paper, what does this mean?" and they would  
266 say you can Google it, it's fine you can find out the answer. Management actually said to me,  
267 "there are other people's forms that are in the files, you can get them out and just copy them  
268 in the night, that's fine, we don't care, it just needs filling out", basically, in case someone  
269 came in and inspected it

270 W: so that's obviously super illegal?

271 E: Super illegal! And I couldn't tell you what half those forms even asked me, let alone what  
272 I answered, because as well I'm filling it out at 3am at night in between buzzers, I'm sorry, I  
273 really don't care what the piece of paper says ... yeah...

274 W: okay, um And precovid, how was access to work related resources, like information, PPE,  
275 guidance and training?

276 E: erm PPE was there, obviously it wasn't as enforced as it was during Covid, obviously  
277 you'd put gloves on and err you would put on aprons, not particularly, not particularly unless  
278 you knew you needed to, and masks <shrugs> masks weren't really necessary

279 W: would you say that thoughts about work occurred during your time off? Whether that was  
280 between shifts, or on holidays

281 E: yeah yeah we had an app that people would post on, really petty stuff as in, "Don't put this  
282 in here", and "Don't put that in there" so you could finish a nightshift, go home and sleep and

283 then wakeup to loads of messages on this app on your phone, or stuff like, “can you come in  
284 and do this? Can you come in and do that?”, asking you to come in around your shifts when  
285 you do nights is, no-one wants to do it I’ll be honest, sometimes as well, like one time  
286 instead, I offered just to stay and do it because they said you would get paid for the training,  
287 so I stopped getting paid at 8am and I sat there and waited and did this training and didn’t get  
288 paid for it

289 W: and that was frequent was it? That kind of thing..

290 E: Quite frequent yeah

291 W: not necessarily miscommunications, but some sort of distrustful communication?

292 E: distrustful, I think they took advantage of the fact that people were just exhausted and  
293 couldn’t be bothered to argue with them, because everyone’s emotions in there are on high,  
294 “I’m on three hours sleep and I’m coming in yet again early to talk about the fact that you’ve  
295 underpaid me, for something you’ve wanted me to stay to do, and you’re saying no, and I’m  
296 probably going to cry because I’m so tired, because you said no...” so...

297 W: would you describe yourself as emotionally exhausted

298 E: yeah I was definitely,

299 W: all the time or just occasionally

300 E: Most of the time, I’d probably put it at 85% of the time, unless I’d had a really good sleep,  
301 which didn’t happen often, but sometimes I would go home, especially in the winter, on a  
302 rare occasion and then wake up and it would be dark outside, and I’d be a bit, a bit confusing  
303 but it’d be like four-thirty in the afternoon and it would have been the best sleep, and the fact  
304 is you’ve only actually had like seven hours sleep, but seven hours compared to three or four,  
305 is such a difference

306 W: okay, did any other thoughts about work occur during your time off?

307 E: that I really hated it and did not want to go back, yeah, constantly, the dread was constant

308 W: and the reason for the dread, do you think?

309 28mins4600words

310 E: erm... probably going in to shifts unequipped, having had day-staff not do things properly,  
311 going into complaints by management that were just consistent, or having them changing up  
312 the job description, like then suddenly we were doing paperwork until whatever time or they  
313 wanted us to all be drugs trained and to do medication in the evening and the morning and it  
314 was only because one of the team leaders spoke up and said, “I don’t think after a 12 hour  
315 night shift that they should be giving out medication in the morning...” that was what  
316 decided that we wouldn’t be doing it in the morning, but we’d still be doing it in the evening,  
317 so definite dread

318 W: okay, um did you ever feel- you said that you were getting attacked quite regularly, did  
319 you ever feel that your job was risky or dangerous to yourself or others?

320 E: Before covid, probably not so much, I was in the agency so obviously that does affect the  
321 level of care that you can give, if there were people that were particularly violent, in the  
322 agency you probably wouldn't have been asked to go in to them, or you would have- no  
323 matter what, you'd have one in with someone else then. Where-as when you work full-time  
324 in a home, and someone is violent, that doesn't necessarily mean that there's someone to go  
325 in there with you

326 W: Right, so if you're with the agency you'd be, the auxiliary carer but never the lead, but  
327 with the home you would usually be the- either unassisted or the primary carer?

328 E: yeah definitely

329 W: Okay and what were your working relationships like with colleagues and management?

330 E: it very much felt like it was two-sided, like there was the night girls vs. the day-girls vs.  
331 the management. The night girls, most of them bar one all very much got on and we were  
332 very much on the same wave length of "we do what we need to do to get through the nights,  
333 to earn the money we need to earn to pay our bills", and the day girls saw us all as quite lazy,  
334 I don't really understand how, and we used to say to them, "well come in and do a night with  
335 us and then maybe you'll stop saying that", and some of the girls, when we needed help on  
336 the nights would come in and do a night here and there, and they would just sleep and sleep  
337 and then we'd have them turn around and say, "I don't- I literally don't know how you do it",  
338 "we do it because we have to" so... tense, very tense.

339 W: how would you describe the team cohesion, team support?

340 E: Like I say it was very, very divided; so there was team cohesion within the night-girls and  
341 team cohesion within the day-girls, I mean they all spoke about each other behind each  
342 others' back, the day girls, which was quite intense; and then they'd talk about us night-girls,  
343 which was also quite intense. But us night-girls did what we needed to do, apart from- there  
344 was obviously the odd outlier for the night-girls who liked to make things difficult for anyone  
345 whether you did the nights or the days, so yeah

346 W: how did your job affect your personal life?

347 E: ermm... I suppose it depends... my friends, lets say, who didn't do care like I do  
348 understand it was Covid-

349 W: Precovid,

350 E: Oh pre-covid, um... Obviously I was with the agency so I could pick my hours so it was  
351 okay, it was still long hours sometimes they'd want you in for 13 hour shifts, rather than 12  
352 um and sometimes I've had it where you get a text at 6am to go in, but that was fine... so I  
353 think it didn't affect my personal life too much pre-covid, obviously, you know the job's  
354 more enjoyable pre-covid so yeah

355 W: What about family, hobbies, stress and wellbeing, Precovid?

356 E: I mean I did see my family Precovid but not as much as I would have wanted because you  
357 still have to earn money at the end of the day um... hobbies, well, I would do a lot of walking  
358 to see my friends, would have a few drinks here and there, would still go on night's out so it  
359 was okay

- 360 W: Didn't feel particularly stressed?
- 361 E: not like I did during Covid no,
- 362 W: and what would cause you stress before the pandemic?
- 363 E: ermm... my finances, probably. Because being with the agency again, you know it wasn't  
364 consistent enough work, so that would probably be my main stressor
- 365 W: any others?
- 366 E: I suppose because we were going out more, my friends and me, there was always a bit  
367 more drama when you're going out, so the stress was probably immature situations
- 368 W: erm.. how did you manage that stress, the stress of the finances and the stress of your  
369 friends?
- 370 E: Probably have a few drinks, yeah yeah, probably me and my house- because I lived with  
371 my friends, would sit and watch a few films, we used to turn the sofas all round, or like next  
372 to each other, get some popcorn that was quite nice. I used to smoke as well, so we used to  
373 spend a lot of time because it was quite nice weather here and there, so we would sit outside  
374 and have a few cigarettes, a cup of coffee, you know, so yeah
- 375 W: what changed about your workplace and duties at the outset of Covid, early 2020, no  
376 lockdowns yet?
- 377 E: Things started to be spoken about at work, I suppose people didn't know what was really  
378 going on, I suppose just before the start of Covid, suddenly the name had started popping up,  
379 like it wasn't long before things were mentioned on the tele to when we went into lockdown,  
380 so it suddenly went from, "Oh what is this?" to quite serious, quite quickly um.. so yeah
- 381 W: So then what changed about your workplace and duties during Covid, once the lockdowns  
382 had kicked in?
- 383 E: Once the lockdowns had kicked in would be, the agency work just stopped, they wouldn't  
384 have people in..
- 385 W: was that immediate?
- 386 E: Probably give it two weeks, and then it just stopped suddenly, so we are sat there just  
387 waiting for hours to come in, which obviously puts a financial strain on us, I think at one  
388 point I had to apply for Universal Credits because obviously you don't know even if you're  
389 going to get any hours that week, let alone month, it's a lot, it's a lot, and when you're trying  
390 to budget as well, for food when you've got like £15 for a week or ten days for food, it's not  
391 a lot of money, and if you don't know what's coming in, so
- 392 W: So I take it you found a contract job as opposed to an agency job?
- 393 E: yeah
- 394 W: And how did your employer react to covid?

395 E: In the home, was very strict obviously, because I think- I don't believe it was fear-  
396 mongering, but in some ways I do... that, um... if Covid entered the home then all the elderly  
397 people would die was how it felt,

398 W: was that from the management, or the news?

399 E: probably a bit of both. I think the news then reflected onto their attitude, and then other  
400 homes in the area did get Covid and... they- this then probably made it worse, they then  
401 unfortunately their elderly people hadn't been vaccinated so then quite a few of them did pass  
402 away which then lead to further fear from management, so things were quite strict, we  
403 couldn't take our uniforms home they had to be washed at work, we had to come into work  
404 and get changed, and do tests

405 W: How did that affect your shifts, were you working longer hours, more things?

406 E: we were obviously coming in earlier to make sure tests were done, and recording stuff, so  
407 working slightly longer hours, that would be unpaid. There were more things to do, because  
408 obviously we were having to do washing as well, so then we were having to wash all the staff  
409 clothing as well as residents, and get that dry for the next day for the girls to be able to wear-  
410 which the day staff didn't have to do, only the night staff had to do washing.

411 W: What other extra duties were there during Covid?

412 E: During Covid, um... it's quite difficult to say because the agency was very different to the  
413 home, but I suppose with the home there was just a lot more... more preparation that went  
414 into everything, there was trying to keep on top of PPE, people were having to record what  
415 was being used and what wasn't used and we always managed to run out even though we had  
416 containers full of it! There was a lot of discomfort from the girls because there was that grant  
417 from the government so that homes could buy more PPE, and our- well the owners took the  
418 grant but it wasn't used for PPE, it wasn't clear what it was used for, but yeah

419 W: How did that make the staff feel, and you?

420 E: Um... undervalued, because they want us to carry out work in a certain way, and if you  
421 can't carry it out in a certain way it was almost like you'd be in trouble, but they are not  
422 upholding their end of the bargain

423 W: So you'd feel a bit let down then?

424 E: yeah definitely, not supported,

425 W: How did your employer react, was there any expectation to work extra shifts at short  
426 notice were there any mandatory trainings?

427 E: definitely, there was both of those.. mandatory trainings when you'd done nights are very  
428 difficult to attend, one of them I had just forgotten because I was so exhausted, and I just  
429 missed it... there wasn't a lot that could be done about it, fortunately I wasn't the only night-  
430 girl that had missed it because like I say, you're exhausted you haven't really got a clue  
431 what's going on outside of work. And expectation to work, there was- I would work a  
432 Saturday night, and then Sunday I'd purposely only sleep for a couple of hours and then get  
433 up, and that night go to sleep at 9 o'clock, 9.30 and getting a call one time in particular at half

- 434 past 8 saying someone has tested positive, there's no one that can cover it can I come to  
435 work? You are expected to be there..
- 436 W: and what did you do in that situation?
- 437 E: Well that was a voicemail, probably really horribly, I ignored it... because I was so  
438 exhausted... So I could go in on two hours sleep... but I'd get in trouble if I fell asleep, but  
439 they needed me there but I hadn't slept
- 440 W: so what did they do, do you know if they got agency in or?
- 441 E: One of the other girls did her fifth night in a row, which isn't safe, um... but, no one  
442 would cover it. You would see that phone call and all the girls would say it, and just ignore it.
- 443 W: Well it doesn't sound like a nice place to work
- 444 E: yeah, there's no comradery
- 445 W: Was there much use of agency staff?
- 446 E: Only at one point, when Covid was in the home and a lot of the staff members had Covid,  
447 or were unwell and so weren't allowed to come to the home, and... there was only a few  
448 agency staff that came in then, but they didn't like to use them at all, it was sort of expected  
449 that we should pick up the hours and they shouldn't have to pay agency staff
- 450 W: even though you would say there weren't enough of you?
- 451 E: yeah
- 452 W: and what about any incentives or rewards during Covid?
- 453 E: There was one where after Covid had been in the home in particular, some of the girls had  
454 done a lot of extra hours, family members of the residents had donated loads of money, to be  
455 honest, for it to be given to staff members to be shared equally, and understandably the  
456 management said they were going to divvy it out depending on the amount of hours that you  
457 had done during that time, which was fair- and then they put stipulations on it, which were  
458 like, "all of your training has to be up to date, and you have to come in and do this and that,  
459 and then you'll get the money, but if you leave in a certain amount of time afterwards, or  
460 you're on a disciplinary you can't have the money, or you have to pay it back..." so
- 461 W: they basically kept it for themselves?
- 462 E: yeah yeah, basically.
- 463 W: How did you manage with dividing residents and or staff between the healthy and the  
464 unwell, during Covid?
- 465 E: Um they did it in wings, so some of the residents as I mentioned earlier who suffered quite  
466 awfully with dementia had to be given sedatives for several days in a row, or they would have  
467 one member of staff to sit outside their bedroom door which was pretty horrific. And they  
468 would have the doors shut in the hope that the residents that did have it [covid], because a lot  
469 of them were very confused when they did have it, would understand that with the door shut-  
470 the doors are fire-doors so they are very heavy as well, so they shouldn't be able to get it  
471 open, so it wasn't the safest because then you weren't able to look down and see they haven't

472 stepped over their fall mat, um... cos some of them- they understand that if they stand on this  
473 mat then we come to the room, they, they, they do relate one to the other, some of them  
474 would find ways to step over it- it was quite clever.. but then when they've got Covid and  
475 they are weaker as well, and stepping over it and we can't see up the hall way... it does, it  
476 becomes quite dangerous so

477 W: So if the building was divided into wings, were the residents moves rooms or, how was it  
478 organised?

479 E: Some of them did, yeah, some of the residents moved rooms yeah, they mainly put the  
480 awfully- the ones who really suffered with dementia they put in one wing together, and there  
481 was another wing for ladies and gentlemen who had Covid but didn't really suffer with  
482 dementia, some of them were more bed-bound but they didn't suffer with dementia so it was  
483 okay. Outside of the bedrooms there were boxes and bags so you could tell which room had  
484 covid, and for our home they didn't want to write "Covid" so they put rainbows on the doors  
485 as well, so that staff members could remember- because like I said, at 3am you don't know,  
486 you can't remember, you don't even think about it

487 W: and the boxes and the bags outside would be for contamination ...

488 E: yeah waste PPE

489 W: Can you explain how you felt about your work-life during Covid?

490 E: It depended when, obviously in the home we didn't have Covid for- we only had it in the  
491 home for 6 weeks I think. When there wasn't Covid in the home sometimes it was better,  
492 sometimes it was more enjoyable, you sort of get into a routine with it, um... the not-  
493 sleeping... so you could go in and smash a 12 hour night shift, and it would feel like there  
494 was no problem at all, but if there were any extra stresses, I suppose, in the home then you  
495 knew, and it would just exhaust you and there would be a particular hour in the night,  
496 probably between 4 and 5 where you would struggle to keep your eyes open, yourself awake,  
497 and you kind of get the shakes because you're so cold because you're so exhausted, um..  
498 yeah yeah

499 W: What about feelings before and after your shifts during Covid?

500 So when there wasn't Covid in the home, feelings before the shift weren't weren't ideal, I  
501 was still really exhausted, and after the shift glad for it to be over, but I did enjoy my job.  
502 And like I said, working with some of the girls was better than some of the other girls, and  
503 when there was Covid in the home just all of it was awful, even some of the night girls who  
504 you didn't get on with, you just kind of bonded with for that period of time, and you just did  
505 what you had to do to make it through the night

506 W: what do you think was the difference with the- with the people you didn't usually get on  
507 with?

508 E: they understood that you were struggling mentally as well, because you could see that they  
509 were struggling so it would be a bit more, you could have conversations before covid like,  
510 "You do this, I'll do that", but it was just tense, they would take it as "you're telling me what  
511 to do", um where-as during Covid it was, "can you do that so I can do this?" and it would be  
512 like "yeah cool, got it", because you had to, because you are literally running from room to

513 room, sometimes you are making the decision between putting PPE on and being able to get  
514 into a room with someone who has got Covid who is on the verge of a fall, and they've had a  
515 fall before and it would probably kill them, a second fall. You are making those decisions and  
516 the other person understands that and you're just doing what you had to do

517 W: How did that make you feel, not having the time to prep, to protect yourself?

518 E: er pretty awful, pretty awful. Again, like undervalued, because even at the end of it, even  
519 with the family members donating money like it's a nice gesture but I am sacrificing my  
520 health, potentially my families health, not seeing the rest of my family to take care of your  
521 family it is- it's quite harrowing in some ways for some people, um but in other ways, like  
522 it's- for staff members, sometimes like the girl who would just come in and do night after  
523 night after night, I think partially because she felt that she couldn't say 'no', um but, I  
524 suppose other than that, apart from the feeling that is slightly like that for some of the staff  
525 members, you just feel undervalued

526 W: erm, how were your relationships with the management during Covid?

527 E: One of the managers, the assistant manager who everyone really got on with, the younger  
528 one, she stayed in the home for quite a lot of it just incase something went wrong during the  
529 night, she was live-in, which they didn't do particularly or at all, and even she said, "you can  
530 hear the buzzers going the whole night, you can hear everyone running around the home", but  
531 she really got it, and if something was really wrong in the night, she would get up. Other  
532 management, one of the owners stayed for a couple of nights and she would just sleep, and  
533 she was meant to be dealing with one case in particular and she... I don't think she dealt with  
534 it very well.. she used to say to her [the resident] "I'm not going to come in and change you  
535 between this hour and this hour because I need sleep because I've got to be up tomorrow..."  
536 so this resident just had to deal with it, it doesn't sound very caring..

537 W: was there any talk of other staff living in?

538 E: no the main manager said, "No I've got children I can't do that", she didn't really like her  
539 job, we all knew that, she just did it because she needed the money, like fair enough, you  
540 can't really blame her for that, but you've got other people who are making sacrifices...

541 W: Were there any frequent or repetitive problems you faced at work?

542 E: Probably just the expectation as they went up, that a lot of the night-staff faced, like I said  
543 with them bringing in paperwork, or they decided to bring in a third member of staff for the  
544 nights, and ... at first that was great and we felt really on top of things, and then they said that  
545 we weren't doing enough, so that third member of staff for the start of the night had to do  
546 paperwork, and following that- before that they had to do medication then paperwork, and  
547 then they would do certain jobs in the home that the other girls couldn't really do because  
548 they've been doing personal care, so really you shouldn't be going in the kitchen to set up  
549 breakfast if you've done personal care, so then the third member of staff was then expected to  
550 do that, they weren't actually expected to care until about 3am, which is then, "Why, why  
551 have you put a third person on?" Because then we are getting stick for not getting enough  
552 people up or putting people to bed at a decent time, but ... there's still only two of us, so  
553 actually it just put more pressure on us...

554 W: Any other problems?



- 555 E: Access to PPE, sometimes it just felt like there was none, you'd have gloves consistently,  
556 masks yeah, aprons not always not particularly at all, um...
- 557 W: What about staff absence and shortages because of Covid, was that a problem?
- 558 E: Yeah I don't think they really valued a lot of staff so there were staff members that did just  
559 leave, um... quite quickly during Covid, like you had a new member of staff, there was quite  
560 a young girl who started, she was quite open conversation wise about her health issues too,  
561 and she would actually- at first it seemed fine, they would just change her shifts so she could  
562 go to her appointments, but she would still do the hours... but they got rid of her, because it  
563 was just too much effort.. so... which then just isn't good when you're trying to work, you  
564 make friends with new people, for them to be just let go of
- 565 W: was that quite a hard thing, getting familiar with new staff?
- 566 E: yeah I guess it's quite difficult to become familiar in that role, especially on nights because  
567 you're running around quite a lot, you don't spend much time with them really, and when you  
568 do finally get to sit down- like we weren't allowed breaks on nights, so... we all just used to  
569 keep our mouths shut and shut our eyes for half an hour if we could, you couldn't always do  
570 that, especially if there was just the two of you, so if you did get the chance to know people  
571 and people were leaving or getting let go, yeah it was hard, it was hard, especially during  
572 Covid when you're spending the majority of your life there and you aren't seeing your family  
573 um... these people are probably are meant to feel a bit more like family, the girls you work  
574 with, but.. when you get to know them and they go, or your shifts get changed around a lot,  
575 then you are never with the same people... so yeah
- 576 W: Do you think your job was more or less a risk to your health and well being during  
577 Covid?
- 578 E: Probably more of a risk, but just because of the expectation, not necessarily because of  
579 Covid, because obviously there was quite a few members of staff that would work in there  
580 generally, but, I mean... everyone was quite careful... um so people wouldn't see their  
581 families, like I didn't, and I only lived with my partner at the time so if there's just two of you  
582 in the home and he works by himself the majority of the time so his chances of getting Covid  
583 are almost nil, slim... which only a few of the girls lived in a large household so I wasn't  
584 really worried about Covid itself I think just the job role when Covid kicked in, changed and  
585 put so much pressure on people, people were just becoming unwell, so ...
- 586 W: Would you say it was as much Covid as the extra work, or was it mostly the extra work  
587 that made people unwell, that made everything harder?
- 588 E: the extra work, the extra work yeah
- 589 W: were there any extra duties you had to do? How much off your shift would you spend  
590 donning and doffing PPE?
- 591 E: <sighs> quite a lot because, it's, it's not a quick thing sometimes, especially when you're  
592 trying to get the blooming apron on, yeah! So yeah, sometime you have to make the decision  
593 to put it on properly, or put it on at all, and get in the room so..

594 W: You said the building was divided into wings and you've got the super high risk people,  
595 the high risk and high movement people, the dementia patients... so did you have split teams  
596 to work in different rooms, different areas, or did everyone sort of do what they did?

597 E: so, when there was Covid in the home, they had the 'Infected Staff', and 'Non-Infected  
598 Staff' is what they called us, so really nice names, so I did a night where I cared for the  
599 people who had Covid so I would only go into the rooms of residents who had Covid, so they  
600 tried to keep some members of staff who didn't go into these rooms and just worked with the  
601 healthy residents- which none of it worked anyway because the staff members got Covid and  
602 gave it to everyone else, because like I said, not having the time to put PPE on properly, you  
603 just pick it up and that's it, and like I said before if you've done personal care you shouldn't  
604 really be going in the kitchen, so staff members who had been treating Covid positive  
605 residents couldn't go in the kitchen but there were items from the rooms that you were  
606 removing that they've obviously used, so then there are healthy workers then having to clean  
607 these items and we would stand there and say "this is the dumbest thing, but if they come in  
608 and see that I am doing it, I'm going to get in trouble so, you've got to do it, but the chances  
609 of you now getting Covid are now up... yeah they didn't think it through at all

610 W: that sounds quite hard. Do you think the decisions that the management were making  
611 were well received by the staff or not?

612 E: some of them, like I say, when the assistant manager was living in, I think that was a good  
613 decision and I think everyone quite appreciated it because as well, we aren't in the- us girls  
614 who do the nights, myself included we weren't in the position to have had enough care  
615 experience to make the decision when someone is really poorly when to call the ambulance,  
616 like we've had enough training to know that someone is hurt or someone is unwell like you  
617 do certain things, you take their temperature, you do their oxygen flow, but then you are  
618 making that decision which if you get it wrong you are wasting someone else's time, the  
619 ambulance person's time, and one of us has to sit with them as well, if they are unwell, so  
620 having a member of management on site when some of them are extremely unwell, you can  
621 go and get them up and be like, "I need your help, I can't make this decision", that, not  
622 having to deal with that level of responsibility was a good one, a lot of their other decisions  
623 that they made were not good ones, putting bins outside of people's bedrooms to put infected  
624 PPE in, it's still sat there, someone has to clean that, still has to take it out, that whole area is  
625 infected... it's not just the bag... so...

626 W: did you have extra cleaning duties during Covid?

627 E: so we had, I can't remember what it as called, it was a box on wheels that you pulled along  
628 and left in a room and it would disinfect the whole room, which was all well and good until  
629 you had a resident walk in the room... you've got to run in there as it's spraying stuff  
630 everywhere, and you've got to get this resident out the room, and also that would be the room  
631 you'd be allowed to sit in, which they wouldn't- they would turn the heating off in certain  
632 rooms to save it during the night, so then you're sat in this room that doesn't have heating  
633 and has been sprayed with disinfectant that you're breathing in the whole night which is  
634 wonderful...

635 W: makes you feel really valued...

636 E: yeah really valued, yeah

637 W: Can you explain how your job effected your personal life during Covid?

638 E: erm, like I said I didn't really see my family. I think my partner struggled because I was  
639 struggling quite a lot, so him having to take care of me because I was taking care of other  
640 people pretty much, like I would, the house would always be clean and stuff, it was just,  
641 emotionally I needed a lot more support and he would have to be that person that I would go  
642 to, because it's very difficult when you can't- or you haven't seen your own family for like 5  
643 months, 6 months, they just don't understand, they aren't there for it and my family come  
644 from quite a different background as well, they aren't in care, so it isn't like I could call them  
645 up and they would understand and that, my partner is there he sees me everyday come home  
646 from work in pieces, so yeah

647 W: was there any cancelled holiday or anything?

648 E: ermm... yeah when I'd- as I'd mentioned when there had been Covid in the home and  
649 some people were just generally unwell and they took it as they had Covid, so I was unwell  
650 and they took it that I had Covid even though I was testing negative, so they made me take  
651 the 10 days off the isolate, so I took the ten days off and I was meant to have two weeks  
652 holiday not long after that, so had the ten days off, came back to work and then had a  
653 message from the owner, "Do you still need the two weeks?" No I think I spoke to him and  
654 said, "I've got two week booked off still", and he was like, "well do you really still need two  
655 weeks booked off after you've just had ten days?" so he just paid me a week of it in cash and  
656 let me have a week of it. He said you can pay a certain amount in cash, I don't know if that's  
657 true, without it being taken into account by tax, it's all a bit dodgy, but he saw it as "why do  
658 you need another week off", even though the ten days where I had to self-isolate wasn't a  
659 holiday...

660 W: and that is what they'd asked you to do

661 E: yeah they said I had to self-isolate and I couldn't come in

662 W: Can you describe how you socialised throughout Covid?

663 E: I had group chats with my friends, <laughing> so we used to send a lot of memes back and  
664 forth, socialised with my partner, that's about it. Me and my family had a little group chat as  
665 well, so we would talk in that, so Christmas day, I've got a brother who lives in America, my  
666 other brother lives with my parents and I live with my partner, so we were all on Facetime or  
667 whatever together having a chat,

668 W: that's nice, must have broken it up a little bit

669 E: Christmas day, yeah so

670 W: How did you feel about communicating predominantly through technology?

671 E: sometimes it made it worse, I think, it just made me want to cry more, because I just  
672 missed them, I missed being in their presence, as much as my family does my head in, when  
673 you know you can't see them there's a- I think it's so much worse because then I could just  
674 hear their voices and it's just, like... I need a hug from my Mum or a hug from my Dad and I  
675 couldn't have it so...

676 W: How did your family react during Covid?

677 E: They were obviously very careful, my stepdad has like highblood pressure so they were a  
678 bit worried about that, and like most people they isolated and kept away and did what they  
679 needed to do to get by. My brother was working from home, I think they were doing one day  
680 in the office and one person was allowed in the office so they let him drive to work, rather  
681 than get the bus and they paid for his car parking because he said, “my parents are a bit of a  
682 high risk”

683 W: Quite understanding from most people then, caring. How did you friends react?

684 E: Some of them just didn't seem to care and still having parties, like they would care- I think  
685 they took it seriously at first- like one of my friends when I was living in a house with my  
686 friends just when Covid began, one of his sisters is disabled, so he is from Gibraltar and took  
687 it very seriously because he needed to fly back that summer because our tenancy came to and  
688 end as well, so was very much in the mindset of, “No, we aren't doing this that and the other,  
689 I need to make sure I am going home and not give it to my sister”, which is completely  
690 understandable and fair enough

691 W: How did that make you feel as a careworker, that some people were taking it seriously  
692 and some people weren't?

693 E: I think I appreciated my friends who did take it a bit more seriously, because it's almost  
694 like I'm sat there giving up everything, so having them also near enough give up everything  
695 the same is like, well at least I'm not just doing this for nothing. My friends who just did  
696 whatever they wanted did my head in quite a lot, like they'd find it quite funny, you know  
697 when you sit there and think, this isn't actually funny at the end of the day, like a lot of  
698 people are having to do pretty horrible things and you can't take it seriously, like... when  
699 there was covid in the home and there was people asking me if they are going to die, and I've  
700 got my friends having parties... like it's- I don't know, I don't think they understand at all, I  
701 think they are quite immature for it

702 W: that must have been quite hard to maintain friendships through technology and when they  
703 don't share that experience?

704 E: yeah I think so, I think it has kind of shown me who I want to be friends with and who I  
705 don't, and in some ways I think I've probably distanced myself since then from some  
706 people...

707 W: Is that the only time you experience self isolation?

708 E: no another time my partner got Covid, and I thought I was all in the clear, so he tested  
709 positive on the Wednesday, did a PCR came back positive, um and I did one and was  
710 negative but he continued to isolate, and then on the Sunday I was doing negative lateral  
711 flows but did have a cough, so did a PCR and was positive... so all in all it was like 15 days  
712 inside, it was not fun, but it was fun in some ways, like we were quite poorly, so we  
713 absolutely rinsed Netflix, and in other ways it was quite hard because we lived in a bungalow,  
714 a small one, but there wasn't a lot of space, and when there's two people unwell it gets quite  
715 intense sometimes

716 W: how was the experience of not having so much space?

717 E: Whilst we had Covid? It was actually quite nice, it felt quite homey, we were in a nice  
718 area, we could go for walks, we could have done with a little patch of garden with it really,  
719 but that's fine, we made do, we did our best. When we had Covid it was probably a little  
720 more difficult because we didn't have a patch of garden, so we were sat inside quite a lot. We  
721 had like a little gate, so no one could see in, so we had the windows and doors open all day  
722 long,

723 W: how did you feel about not getting out?

724 E: I felt like a bit like a hermit <laughing> I felt very lost, especially when you are used to  
725 going for loads of walks and just getting fresh air whenever you want, to then being like, "I  
726 have to sit inside for day after day", moving from the bed, having a shower, to the sofa- like  
727 that was a good achievement some days...

728 W: What causes you stress at the moment?

729 E: Probably, now where we currently live, we live with his parents in their attic, and we are  
730 trying to save some money to buy a house rather than rent. So there's two people's stuff in  
731 quite a small space, in one room, especially when there's been times where my partner had  
732 Covid again, so I had to work from home... and the last time was particularly more difficult  
733 because I am trying to work from home now, because I've now left the care industry, and am  
734 on my computer all day long, in the one room where we live, with all our things, where we  
735 sleep

736 W: did you have anywhere to work from home?

737 E: kind of, there is a desk, but there's a lot on it, so I just sat on the bed all day long?

738 W: That must have been hard, physically, mentally?

739 E: yes, yes, that was probably worse than when we were inside for 15 days... so yeah. I still  
740 have a problem with my ear but that is going to be dealt with very soon, so that is exciting.  
741 Generally my health has got a lot better since leaving care, the nights were just horrific along  
742 with the stress, like you don't- I don't think anyone realised how stress can make people  
743 unwell until you're in a situation where it does and even after leaving the care, still being  
744 poorly with infections, really random infections, it took a while to get better. But I remember  
745 my landlord, 5, 6 weeks later said "You're finally starting to look, you know better, a bit  
746 more human"

747 W: What was the motivation to move in with your partners parents?

748 E: So we had wanted to buy a house, but we were in- not financially difficulty, but Covid,  
749 that last time, because we had had to take quite a bit of time off work, so he's self employed,  
750 and I was in care, and just two weeks off was a lot of lost money, so it just put us in a bit of a  
751 tight position, and our landlords were selling the house anyway, and they said we could stay  
752 til November, or October, but we thought to try and recoup the money- it's like half a  
753 month's money each right there, it would be best to move out and move in to his parent's  
754 house to save more money in the long run

755 W: What do you do to cope with the stresses life at the moment?

756 E: Take tablets, take St Johns wort for quite bad anxiety. I was doing a lot of walking, but I  
757 don't have the time now. I have traded the nights for a job where I earn better money, and  
758 feel more appreciated, but the hours are very long still so... It's still a trade-off but I enjoy it  
759 more

760 W: and has how you cope with stresses changed because of Covid?

761 E: where I used to go out with my friends and drink and go on nights out that would be our  
762 stress relief, and like I used to absolutely love dancing, I still love dancing but now I think  
763 that Covid has shown me that you just don't know what's coming, so spending that amount  
764 of money going on these nights out just isn't really an option anymore...

765 W: How do you feel about the uncertainty of the world no because of Covid?

766 E: Like I say, I think it's just shown me that at anytime things can change, it's made me quite  
767 wary, and I think it's made me wary of jobs generally, because you need to be in a job which  
768 won't be threatened if there was another pandemic, security, I want security. I think it's  
769 probably afraid of there not being that security, because if there was another pandemic and  
770 being made redundant bills still need paying and inflation is still going up, bills are still  
771 rising, consequently they are saying that we are in a fantastic financial economic position, but  
772 bills are rising so in a year or so's time there's going to be another recession, it looks like that  
773 from the outset. So it's shown me to be in a role where it isn't going to be affected

774 Debrief

775 W: what were the highlights of the shifts when you were at the home?

776 E: Sometimes you'd have really good conversations with the elderly people who were really  
777 sweet, sweet elderly people and they would really make your shift. There was a gentleman in  
778 there, because there are only a few gentlemen in there, it was mainly female dominated, he  
779 would tell me about his wife, and they were together for years and years, and they didn't have  
780 children but they would have loved to have children and I think it was more that those  
781 conversations really made a difference

782 W: was there a best part of lockdown?

783 E: I saved quite a lot of money because I suppose you don't have to spend your money, you  
784 pay your bills, and put the rest aside for food, and then you don't really have anything to do  
785 so I'll just put it into my account,

786 W: Do you have any plans

787 E: would like to go on holiday, because we haven't been away and I'd like to see my brother  
788 because I haven't seen him in 3 or 4 years, and he's had a little girl so that would be nice to  
789 meet her. I'm looking forward to going back to some sort of normality, we've book tickets  
790 for things like watching a play but before you wouldn't even know if it was going on, if you  
791 could get there.

## Appendix H: Samples of Coding &amp; Evidence

Code	Evidence	Interview.Line-numbers
"desperate" becomes normal	just general really, like making sure people were, we were just desperately trying to get fluids into people all the time	1.238-239
"Stuck indoors"	we were sort of stuck indoors for about 25 days in all because we all had it at such different times, so that was quite hard going	5.561-562
Abrupt end to work	Well obviously the service shut on the Friday and we went into lockdown on the Monday	4.124-125
Abrupt end to work	we just sort of sat around waiting to be told what we were going to do... and they said, "That's it, end of the service as it is now, you work from home um off you jolly-well-go"	3.168-169
Accused of not caring by distant relative	and had a phone call from her niece who she's not spoken to in .. years.. um... screaming and shouting at me down the phone "no-one's been and made such-and-such a cup of tea, how dare you..." and just really really going for me and I just broke down, and was like "I'm really sorry I'll go and see her now" and then I just sat down and cried, I couldn't believe it	256-259
Adaptation & Overcoming	because we started doing virtual sessions so that they could actually see us, we'd play bingo overline and that sort of thing	3.302-303
Adaptation & Overcoming	we had like a red team who would deal, would deal with the people with Covid and so they were like, literally one to one for this resident just making sure this resident keep trying to put her back in her room and stuff	1.183-185
Adaptation & Overcoming	so we were like washing up and sterilising everything in like the communal bathrooms before we could bring it the kitchen	1.241-242
Adaptation & Overcoming	In the end I just said, "Keep the jugs in the rooms and we found some big massive bottles and we were just going around filling them up and that was hard work	1.244-245
Feels responsible to hold back the inevitable	although one of the ladies we are seeing, she's 98 and is deteriorating a bit... and .. we, [name] is trying to find a way to keep her motivated .. and take her out, go somewhere, so I suppose I'm starting to feel it a bit again, the responsibility side of it, I don't know. Again I haven't really thought about it, but I did think, "I hope we can do something to help, and I hope she isn't going to end up going in to a home", because she's	6.404-410

	a lovely old thing <laughs> and that's good in some ways, it's a challenge.. but I'm finding it very, very much an even dread and a, a challenge at the same time, er in a positive way	
Flexibility can be good, but too much is unreliable	I was with the agency so I could pick my hours so it was okay, it was still long hours sometimes they'd want you in for 13 hour shifts, rather than 12 um and sometimes I've had it where you get a text at 6am to go in, but that was fine	8.328-330
Flexibility with the rules	I went in and I had somebody else to help me and we were printing and .. so it was a bit more like normal life but still weird because there wasn't anyone else around	3.200-202
Flexibility with the rules	They decided that it was- that we should wear it if possible, but it frightened them.. so.. um and they couldn't hear us because they were in their 80's, one of the ladies was eighty-odd and she just couldn't hear, and I ended up shouting and it just wasn't pleasant, so I think we just opened the door a bit and they said, "wear it if you can", they reinforced that but I I didn't in the end, I just kept my distance as far as I could and it was much better, and she could see that I was smiling or something	6.195-201
Focused on others' needs	frequent problems... just general really, like making sure people were, we were just desperately trying to get fluids into people all the time so um... and um... we weren't allowed to bring anyone with positives dishes and like plates and stuff back to the kitchen for infection control reasons so we were like washing up and sterilising everything in like the communal bathrooms before we could bring it the kitchen, so like we'd finish someone's water jug and we'd like.... We were having to sterilise them before we took them back to the kitchen to be refilled and and and that. In the end I just said, "Keep the jugs in the rooms and we found some big massive bottles and we were just going around filling them up and that was hard work... but um... other problems like families ringing up worrying ... everyone was phoning, worrying... but everyone would start the conversation like "Hi, I know you're really busy, I know you're really struggling down there but... we	1.238-267



	<p>just want to know how mum is... “ and you’ll just like “Oh I know! She’s okay..” but you know it’s so like of course, if it was my mum I’d be desperate to know how she was, but um... “yeah we are really busy”.. and we had this one, this one woman and it was at the worst point and I’d just got off the phone to Dr. Gar- to the Dr. and I think we had twelve, she’d arranged for like twelve people to get PRICES meds, like end of life medications in place, and I was feeling really stressed about it and um... we had a resident, we have residents that are like, self-caring they look after themselves they are in separate contained flats, and you know and this particular lady she can make her own tea, she has her own kettle she really fine, really self-sufficient and I’d just got off the phone to the doctor arranging all these awful medications and had a phone call from her niece who she’s not spoken to in .. years.. um... screaming and shouting at me down the phone “no-one’s been and made such-and-such a cup of tea, how dare you...” and just really really going for me and I just broke down, and was like “I’m really sorry I’ll go and see her now” and then I just sat down and cried, I couldn’t believe it that this woman, and I went to see her and she was fine, just about her room, able to make herself a cup of tea just felt a bit &lt;mimes hands rotating besides head&gt;, you know, “I just feel a bit giddy” I was like, “alright darling, I’ll make you a cup of tea”. But um yeah it was very fraught, very fraught, a lot of very worried families, ermm... so yeah It’s all time, time just didn’t seem to be enough time for everything and you know looking after these really really poorly people, having to make phone calls and let people know that their loved ones had Covid and unfortunately their loved ones passed away that was really really hard, so definitely there were a lot of problems &lt;laughs&gt; but there was no answer to the problems</p>	
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Following guidance compromises finite time, creating extra work and stress	a visitor centre in the bottom of the garden with doors all around that we could keep open and people could have their visits and that in itself was hard work, testing everyone as well before they came in was really really hard so we had, so we'd allow five visits per day, you'd have to run over do the test, go back because you've got work to do, um, set an alarm to go back half hour later to tell them the result, take them to their loved one and so that was really really quite stressful, some people got forgotten <laughs>, and waiting for an hour obviously the room, the room and the visitor centre needed cleaning between each visit, which took it's toll on the house keeping staff	1.165-171
Forming relationships	I mean, obviously when you are looking after people for a long time and they pass away it can, I used to get quite upset cos obviously you do form quite nice relationships with them.. I always said, like, I have loads of grandparents there, they were all like my grand parents	2.108-111
Fresh air is good / Illness changes sense of self	I felt very lost, especially when you are used to going for loads of walks and just getting fresh air whenever you want, to then being like, "I have to sit inside for day after day", moving from the bed, having a shower, to the sofa	8.678-680
Friendship reduces stress, lessens perceived length of day	you're not working with your friends so the care team is really close knit, and it, and they have a laugh and a joke, they're friends, we are all friends and um you know it does make your working day longer and a lot more stressful when you're, and you think "Oh I'll probably never see this person again they are probably only here for one shift and then I'll get another new person"	1.435-439
Frustration at delayed return to normality	like now things are going back to normal in the world, but it doesn't seem like we are... still very restricted on what we can do which I think sends mixed messages to service users	4.363-365

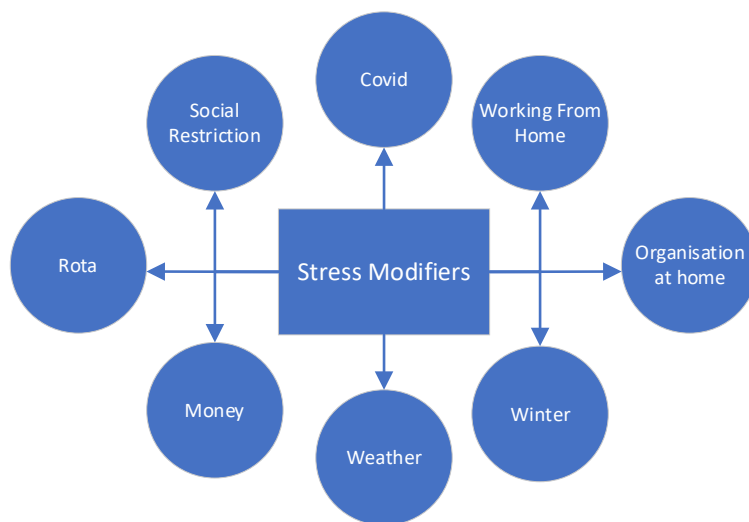
Frustration at lack of team cohesion	sometimes felt quite angry because the day staff tended to have a lot more people on obviously, and if then when you came on in the evening let's say there had been quite a few accidents or, not even accidents but they hadn't managed to get as many people to bed as potentially they could have, um you are starting off your night on a backfoot, so I suppose it is a bit of anger because you are angry that you know they could have done more, because they know there's only 2 of us, and ... just upset, coming in when you're that exhausted and then finding that, even more so, it's sometimes running from room to room to try to get people into bed; and obviously you start at 8pm and if some people aren't in bed, so they'd put 10 or 11 people to bed and everyone else is your responsibility between two, that might be 18 people yeah, and some people as their needs progressed and became worse you are then spending longer with people, so you really are having to run around and move equipment from room to room which then wakes up other members of the home	8.105-116
Frustration with Technology	again I am somebody who doesn't do communication over the phone, team meetings, meetings and stuff like that via Teams, it's like, "aah technology!" I like to be face-to-face with somebody so I found that quite difficult	5.490-492
Fun needs few restrictions	you could have a lot more fun, or going out for lunch with friends or just generally there were a lot more options and you were less tied to what you could do sort of within the home	8.140-142
Functional Risk	I ended up taking my own towel and soap, keeping doors open where possible without them being uncomfortable when you're in someone's house to try and get the tea and lunch if they want to be with you and help and have a chat, to try and keep your distance, and I think in the end I thought, "blow, we are just going to have to see what happens and just carry on", and I don't think anybody, any of the clients we looked after caught Covid	6.174-178

Furlough was a solution to Work:Life imbalance	when furlough come in it was a bit of a.. it was a chance for some people to have a break as well...by the time furlough came around I was like “yes! I’ll take it” <smiles> “I’ll take three weeks off that’s fine by me” <laughs>	2.261-269
Further removed management create unrealistic expectations	my manager personally has always been really good and supportive and um hasn’t always necessarily agreed with decisions that have been made with managers higher than him, um and he will sort of fight for us but yeah I’d say it’s been generally been okay, it’s higher management .. you know that issues have been with	4.284-289
Getting out and about is good	yeah the biggest thing was thinking about where was okay to go, you know finding places because I felt it was still very important for my clients to get out and about ...when lockdowns happened I was able to take my clients for walks around empty car parks, because getting out for a walk, getting out in the fresh air was so important	7.198-207
Getting out and about is good	it didn’t stop us going out in the car and actually getting out of the house, because it is so important for everybody, but particularly elderly clients to get outside the four walls...it’s its its just otherwise you might as well be in a prison cell...it might be a nice prison, but it’s still, it’s still not good	7.212-218
Good access to training	yeah it’s pretty good, we’ve got an online learning portal which all staff can access and there’s like a huge training matrix which goes on forever, and pre-covid there was a ot of face-to-face training, alright staff as well, but yeah generally yeah we are- there is a portal as well called KNET and it’s literally just for KCC staff where you can go and access staff support, yeah training yeah it’s huge there’s loads of different things on there	4.65-68
Good access to training	that’s really easy, that’s not problematic, I have lots of training, lots of availability to look at resources and research and um, anything that I am not able to access I can ask someone, you know a manager or something like that, and they are able to access that for me so that’s really good	5.160-162

Good access to training	I had a meeting with my manager to discuss it, any worries or anything like that, you know anything I could perhaps do differently to to ensure my safety and then I went on a safety training as well, and provided with personal safety training quite regularly	5.207-210
Good carers are nice people	if you're generally interested in being a carer, you... tend to be quite a nice person anyway	1.112-113
Good Communication and Social support	yeah they'd give feedback at the end of each day and obviously if there were any issues we'd feed it back to the management team, where-ever they'd redeployed to, yeah we were always a point of contact	4.154-156

## Appendix J: Descriptive Figures

Figure 6: Stress Modifiers



The 'Stress Modifier: Rota' exemplifies how arbitrary decisions at one level, who works with whom and when, can have a palpable consequence for the individuals that decision affects. This participant suggests that there was a certain member of the workforce that she and everyone else found difficult to work with – a 'team outlier' – who negatively affected day-staff and night-staff cohesion.

“But us night-girls did what we needed to do, apart from- there was obviously the odd outlier for the night-girls who liked to make things difficult for anyone whether you did the nights or the days”

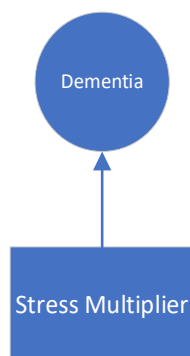
Emma - Care Worker (321-323)

“the day staff tended to have a lot more people on obviously... so I suppose it is a bit of anger because you are angry that you know they could have done more, because they know there’s only 2 of us, and ... just upset, coming in when you’re that exhausted and then finding that, even more so, it’s sometimes running from room to room to try to get people into bed”

Emma - Care Worker (105-107)

When the participant’s shifts were with the team outlier, it is easy to understand how much worse the perception of those shifts would be, especially because there are only two staff working. Whereas the dayshift would have had more staff to share the difficulty between. Further examples of stress modifiers are the presence or absence of money, SARS-CoV-2, and organisation at home which were suggested by participants. Individually, they are surmountable, however the presence of an increasing number of stress modifiers, especially if the effect is negative, was experienced as increasing stress in individuals.

*Figure 7: Stress Multiplier: Dementia*



Similarly, ‘Stress Multipliers’ were conceptualised as experiences which always increase difficulty and negative affect. Among the participants, those whose work involved residents or clients with diagnosed or suspected dementia (5 participants) reported increased difficulty with everyday communications, and explanations regarding the nature of Covid-19 and its impact on their lives. Working with dementia was also further complicated by SARS-CoV-2 infections and the restrictive policies which increased the degree of isolation both in terms of familial visitation and routine healthcare appointments.

“... lockdown was quite scary at first and I started to feel that the responsibility was greater and the people I was seeing couldn’t understand what was happening, and they had dementia, diagnosed or they were losing their memory and it hadn’t been but whatever, they were quite worried and anxious, so that became quite a big thing because we would have to explain why we weren’t going out and why certain things weren’t happening for them and they kept asking, “when will it be alright again?” and I couldn’t give them an answer and I had to try to explain it to them as basically as possible, without worrying them”

Sally - Care Worker (124-130)

The presence or onset of dementia was a significantly stressful experience for participants, necessitating additional time and consideration, despite time being a limiting factor. Much like the stress modifiers, participants inferred that if all their other stressors were reduced, managing a dementia patient would be less stressful. However, in actuality, the disruption during Covid-19 to health and social care services necessitated repeated, mindful translation to clients who couldn’t understand or retain the information. As such dementia was experienced as challenging without reward or reprieve, and therefore a significant stressor.

#### Discussion of Experiential Stress Modifiers & Multipliers

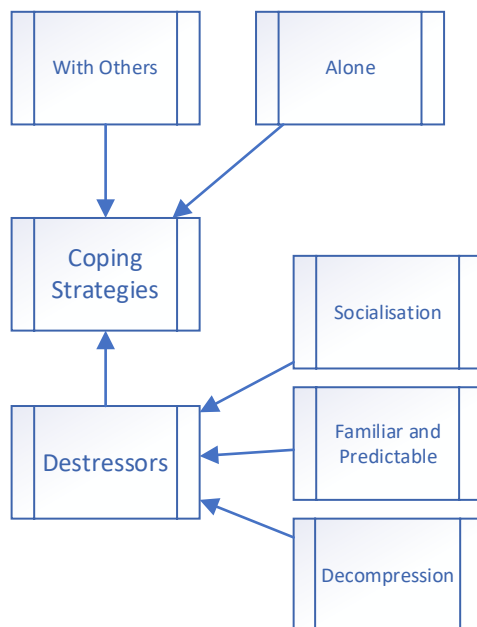
Certain aspects of participants’ experiences appeared to modify their perceptions of those experiences. Modifications were alternate, either increasing or decreasing participant subjective experience (enjoyment, fear, anxiety, etc). Dementia exemplifies a stress multiplier, in that its presence was reported by participants as *always* increasing the difficulty of communication and cooperation (distress) and failing to produce positive experiences (eustress).

One method of measuring stress responses involves the neuro-endocrine system which allows the measurement of the neurotransmitter cortisol, used as the proxy for allostatic load (Nader, Chrousos, & Kino, 2010) – the amount of stress the body is experiencing through constant adaptation to psychophysiological stress (Sterling & Eyer, 1988; Hackney, 2006). Thematic analysis does not quantify participants’ lived experience, so the measurement and comparison of cortisol secretions is not possible to inform which aspects of participants’ lived experience were stressful. Instead, data conceptualisation suggests that participants’ experiences of a

lack of PPE, fears of infection and transmission, dementia, reduced capacity to serve, difficulty navigating policies, conflict between roles and domains, and perceptions of isolation, exposure, and vulnerability were distressing; and therefore, likely to increase cortisol secretions and allostatic load – which are associated with decreased mental and physical health (Kudeilka and Kirschbaum, 2005).

In contrast, there were aspects of participants’ experiences which may have conferred eustress, despite the risks to personal health. Examples of this are, stepping into the breach, putting others before themselves, and enduring, adapting, and overcoming. These behaviours, especially during a pandemic, confer significant risks to personal health and wellbeing and are recognised in identity fusion (Swann & Buhrmester, 2015; Swann et al, 2009), as such the author suggests that whether participants acted voluntarily or under-duress will have affected their stress responses and mental health outcomes (Abramowitz & Deacon, 2019).

*Figure 9: Coping Strategies & De-Stressors*



‘Coping strategies’ were divided between those done ‘With Others’, and ‘Alone’, representing socially supportive situations and entirely self-regulatory behaviours. The presence of others, especially in groups, mimicked pre-Covid-19 behaviours which facilitated conversations involving laughter, reminiscing, and sharing feelings, difficulties, and experiences.



“we were actually allowed to get out the house and like go and see people, so I think we sort of treated it like we are going to see our friends so, yeah we would quite often sit and and have a natter and on residents birthdays and on our birthdays we’d all sit and have a glass of prosecco and it would sort of <smiles> turn into a bit of socialising really.. yeah it wasn’t, it wasn’t, it wasn’t work. It was but it wasn’t”

Jenny - Senior Care Worker (315-321)

Socialisation was felt to be a positive influence on the participants’ wellbeing, whether among colleagues or clients, providing a medium for laughter, reminiscing, and venting. The opportunity to socialise, eat, and drink together, as part of a group was experienced as transforming a working situation into one which wasn’t work-like, and was emphatically enjoyed.

‘Coping Alone’ describes participants experiences of self-regulation, behaviours which were either voluntary or involuntary, that contributed to the acknowledgment of the presence of significant stress, often through physical movement, or emotional catharsis in crying.

“I don’t know what else to do, I just get to that point where I just cry, and then once I’ve cried I think, “Oh I feel a bit better now” <laughs>”

Megan - Support Worker (485-486)

“taking the dog for a walk, keeping busy, you know if I was feeling anxious at home I would do a bit of tidying up, you know I would keep busy really”

Helen – Team Leader (134-135)

Participants discuss both psychological and physical actions which occurred or were consciously employed to aid the regulation of their mind and body, changing their external environments to increase their coping capacity, and disengaging from stressful stimuli outside of work through the consumption of food and media.

The inductive analysis categorised most coping strategies under ‘Alone’, and those sought to generate or avoid experiences. ‘With Others’ encompassed those strategies involving other people, including ritualised actions around tea and alcohol consumption. Informal socialising and reminiscing were also mentioned. Whereas the deductive analysis according to Lazarus

& Folkman (1984) shows that almost every coping strategy was emotion-focused, rather than problem-focused.

De-stressors were categorised as actions or non-actions which were felt to reduce the prevalence of stress and the total potential stress that can be experienced by participants. The elements of social interactions which participants reported as reducing stress involve face-to-face communication both at home and at work. At home this translates into overlapping shifts between partners, the capacity to communicate changes in schedules and having those necessities understood.

“but of course when you’re sat at home and you want to ask somebody a question you don’t want to pick up the phone because you don’t know what they are doing, whereas if you’re in an office environment you can have a look around and see who is, if somebody is really busy or on the phone then you can go to somebody else, so it was kind of, “do I bother this person? Am I bothering them too much am I asking them too many questions?””

Claire - Social Worker (409-414)

“I’ve had to cope with more of it on my own, you know, I’ve had less access to people, you can’t just go and knock on the door and have a chat, a coffee whatever, it’s it’s been more controlled by things, you phone up, and a telephone call or a Zoom call or anything, it’s all very well but it isn’t the same as being in the same room, and you know, not being able to sort of pat someone on the shoulder, or give someone a hug those are stress-busters, so yeah, lack of those has had an impact”

Jane - Care Worker (618-623)

Excerpts from their interviews show how participants felt about having and lacking face-to-face interactions in their personal and professional lives. There is an underlying theme speaking of how multi-faceted social interactions are for SCWs, involving shared work-life patterns with partners, physical proximity, assumptions and interpretations about others’ behaviour, and the capacity for spontaneity. The cumulative loss of these is inferred to have negatively affected SCWs’ capacity to cope with novel incidence and prolonged prevalence of stress.

Familiarity and predictability within the participants' lives were also believed to contribute towards a reduction in stress. Given that the advent and proximity of Covid-19 was a novel, stressful experience for the participants, it was unsurprising that the component aspects of their lives which remained unchanged would provide some degree of protection from the instability inherent in an emergency event. Job security and the regularity of working hours were important to a participant's sense of stability; their absence had the opposite effect, generating worry and concern about the expenses of living, such as rent, bills, and food costs.

“I don't know and I suppose things became a bit clearer because at the beginning the government, the advice, I think I think it all just became a bit more clearer and obviously everyone had got used to life changing, and so I think a lot of peoples' fear had been alleviated or peoples' anxiety seemed to be slightly less so you're managing less emotional responses to things all the time”

Claire - Social Worker (452-456)

As with 'Uncertainty' above, the inability to predict and navigate the moral, professional, social, and physical domains of one's life is stressful. The negation of familiarity and predictability, is, by definition, destabilising and unsettling. Conversely, the stability of familiarity proffers predictability and a degree of certainty in actions and outcomes, the absence of which, in a novel situation such as Covid-19 confers stress at multiple levels of being.

Decompression categorised experiences which were positive, appreciated changes to the internal state of the participant. Specifically, these were movement between the domains of Home and Work, a recognition of the vividness of nature, physical exercise, and quietness. The ability of participants to move between physical domains was important, as the change in location, scenery, or environment was thought to confer cognitive benefits, such as the relief of the intensity of work. For others, the change in environment was indicative of a broadened social circle, the addition of colleagues and peers with such a change was felt to be both relieving and exciting.

“if if things get a little bit fretful or what-have-you here then yeah cos I don't know, I just, going out I think, sometimes when you're indoors with lots of people in a small area and then you've had a- quite an intense job I'd say mine is, with with those service users, sometimes your head is just scrambled eggs, and you feel “I just need to go out and breathe, I need to be in an open space and breathe”

Megan - Support Worker (497-501)

“when we were in lockdown and at home you couldn’t go anywhere, so like us going to work was like a dream, like we were actually allowed to get out the house and like go and see people, so I think we sort of treated it like we are going to see our friends”

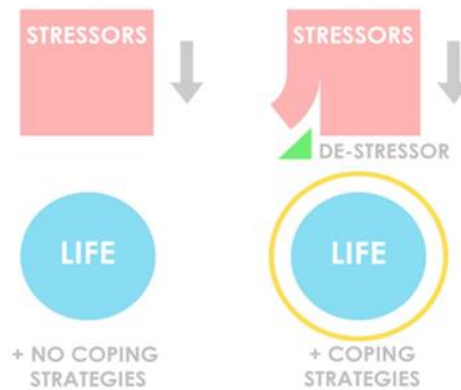
Jenny - Senior Care Worker (313-316)

The breaking out of blurred domains, or their individual reaffirming was important for participants when stressed. It appears that efforts, whether consciously or unconsciously motivated, to recognise, redefine, and reinstate one’s personal sovereignty against the steady encroachment of demands from domains outside of, but significant to, personal identity and wellbeing was of critical importance to stability.

#### Appendix K A Diagram of the Protective Action of De-Stressors and Coping Strategies

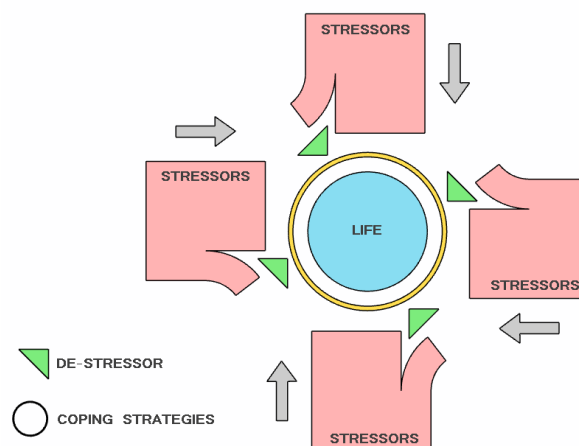
Stress literature tends to focus on quantitative methods like statistical analyses of mediation to produce models of interactions between behaviours. The author failed to locate any postulations regarding the roles and interactions of coping strategies and de-stressors, and so offers a diagrammatical explanation (Figure 11, below).

An individual’s life is subject to stressors, both distress and eustress. For this example, distress is discussed. The presence or absence of de-stressors and coping strategies and especially the absence of negative coping strategies (Mark & Smith, 2011), will affect psychophysiological responses. Where de-stressors reduce the total potential effect of a stressor, and coping strategies are a flexible, permeable barrier. As stress increases and imposes upon Life to an unmanageable degree, bending the barrier of coping strategies, a psychophysiological response such as crying releases the pressure that stress is causing, reducing the stress, and restoring the coping strategy barrier which buffers against residual stressors.



*Figure 11: The Reductive Action of De-Stressors  
& Buffering by Coping Strategies*

Lives are subject to stressors from multiple domains simultaneously, however perhaps a combination of coping strategies and de-stressors confers protective effects against stressors. If the reader imagines that Life is going to be impacted by 4 stressors in a time-delayed sequence, the utilisation of de-stressors before impacts and coping strategies between impacts would confer a measure of protection against those stressors.



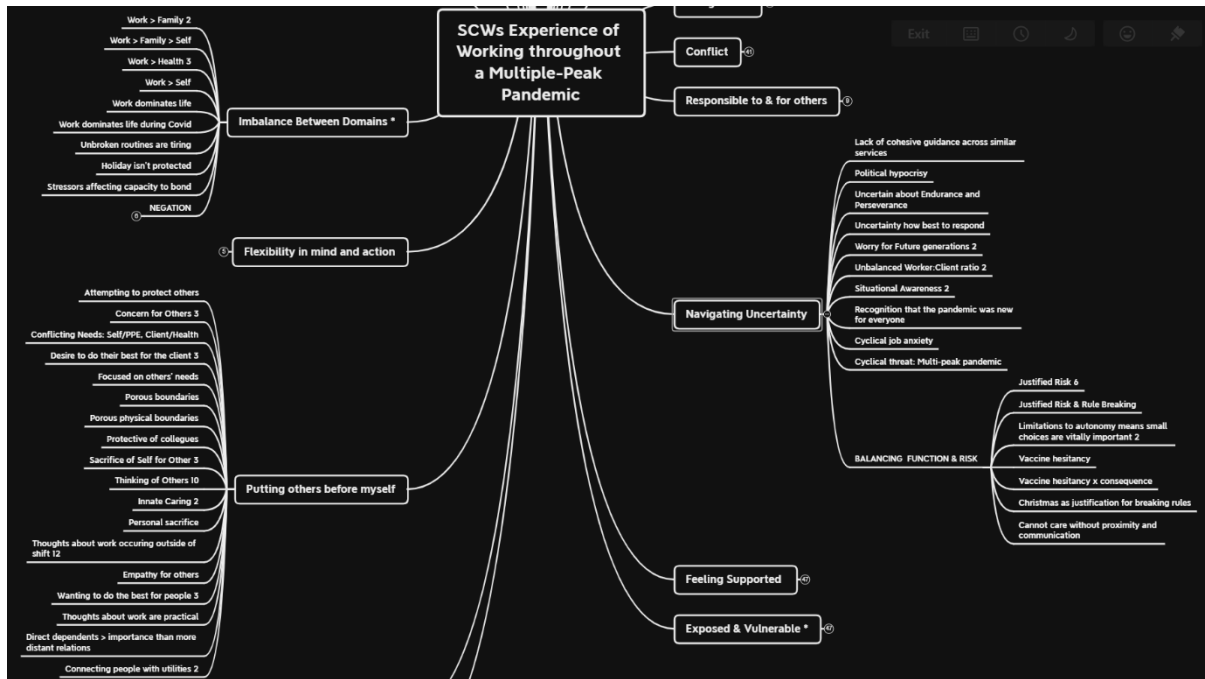
*Figure 12: The Two-Stage Protection of De-Stressors and Coping Strategies*

#### Appendix L: Development of Thematic Organisation

Presented below of 3 screenshots showing how thematic accuracy and integrity developed across multiple iterations of organising and naming super- and sub- ordinate themes. Regrettably, it is not possible to show how a single theme developed, as they each underwent significant revisions; nor, in the earlier versions, is it possible to show the entire mindmap, as they were too diffuse. Hopefully what can be seen is that the uniformity and clarity developed

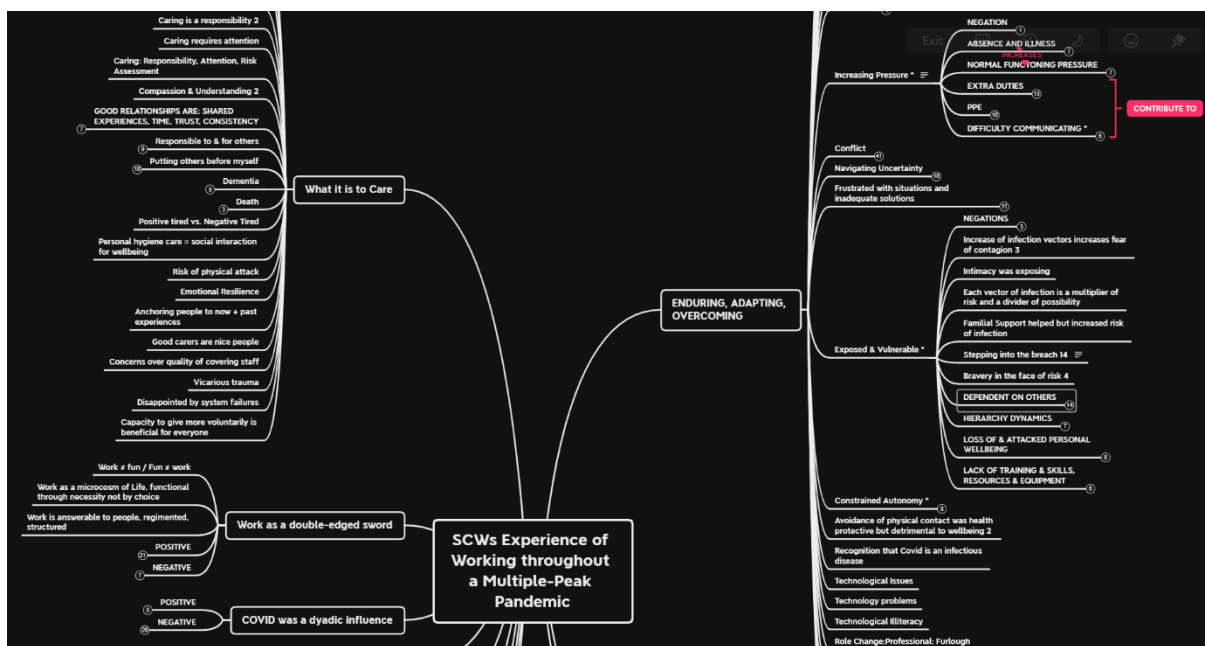
across time to produce increasingly coherent and integral themes describing SCWs experiences.

xMind v2



What can be seen in v2 is, that broad themes exist in the dataset, but they tend to be vague and ill-defined. Sub-ordinate themes are present, but very infrequently.

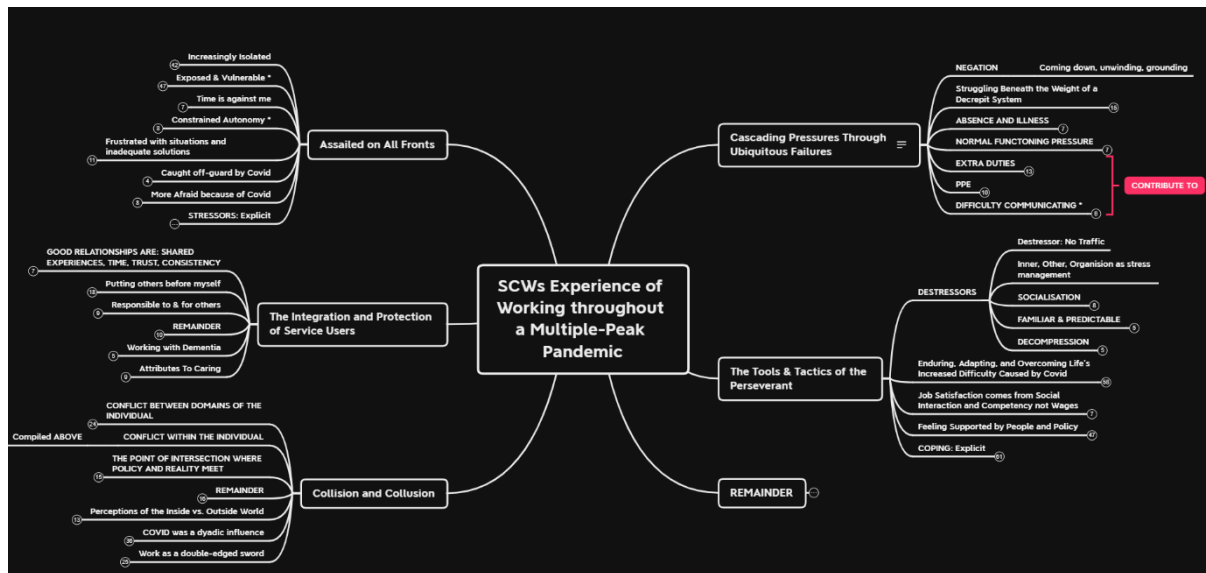
xMind v4



V4 offers greater depth of analysis. The presence of dyadic relationships is clear with both 'Work is a double-edged sword', and 'Covid was a dyadic influence', I think at this stage the

relations between themes was becoming more apparent, but is evidently still nascent. Themes such as ‘What it is to care’ contain many codes and are vague, lacking both insight and description. Where-as, ‘Enduring Adapting and Overcoming’ appears to be well developed, including multiple related sub-themes, some of which appear to interact with each other. However, there are still codes which are peripheral and perhaps superfluous to the super ordinate theme.

xMind v8



Version 8 is the final iteration. Pictorially, it is the clearest depiction of the data. The super-ordinate themes are descriptively precise and clearly defined. Sub-ordinate themes are comprised of a mixture of tertiary themes and codes, and many of the peripheral, ‘Remainder’ codes have been assimilated into themes to construct a clearer, more accurate thematic description of SCWs’ experiences.

## Appendix M: Reflexivity Report

### Prior assumptions and experience

With regards to the current study, data collection and analysis, the researcher needed to consider how their own prior assumptions and experiences could affect the research outcomes. The researcher is a Master’s by Research student, without clinical or professional experience in this field or one related, he is a gardener. One important question worth addressing is whether interviewing participants known prior to the study, could have affected their willingness to speak freely, or impacted the conclusions drawn. The researcher acknowledges his experiences as a kitchen porter in a residential care home, a parent working in social care, and his experiences with grandparents in care facilities.

### Awareness of interview setting and participant familiarity

Interviews were carried out via Microsoft Teams because of social distancing measures around Covid-19 and CCCU research guidelines. On one hand, this reduced the amount of time participants spent around the interview making them less intrusive and more convenient; video-calls protected each person from the threat of, and actual, Covid-19 infection; and allowed the researcher to plenary each session immediately after it's end. However, it is probable that social cues were missed because of the lack of a shared physical space, which may have impacted participants' feelings of being seen, heard, and understood, and the researcher's confidence to ask for further clarity or to delve deeper into an experience. As part of the research questions, participants described how communication through technology was inferior to face-to-face, how it lacked the depth, embodied communication, and shared experiences of an environment etc. Whilst a convenient and likely necessary precaution, video-call interviewing will have impacted the data collection process from both sides.

### Social and Political Considerations

Prior to the interview process, the researcher considered that Covid-19 could be a contentious subject, embroiled in social and political rhetoric which may present itself in the interviews and divert and dominate the discussion. It was felt that giving participants some time to air their thoughts was best practice, but to steer the conversation using probes into an earlier answer, or further questioning might reduce friction between the researcher and interviewee. One aspect that was overlooked, was participants' willingness and eagerness to talk generally about their experiences during Covid-19, diverging into familial changes and living arrangements, experiences with travelling, grandchildren, neighbours, and friends; how the participants' social circles were coping, who wasn't and their behaviours; including even, early life experiences and the then social norms around 'getting on with it', 'stiff upper lip', and not complaining. Given that this was not anticipated and seemed to be somewhat relevant and cathartic to participants, the researcher found it difficult to interrupt participant monologues for fear of being rude.

### Data assumptions

During data analysis, coding is the naming and labelling of data segments (Charmaz, 2006), which initially remain close to the raw data. However, as the coding develops, moving farther from the data and becoming more abstract as it describes larger portions of data, higher-order concepts emerge which are used to provide theoretical insights into the data (Charmaz, 2006). As a qualitative researcher, acknowledging my reflexive impact on the data analysis is important, and to suggest otherwise would be disingenuous. As the data analysis progressed and I become increasingly familiar with what was being spoken of and said, my analysis developed from being theoretically informed, closer to, but still a step removed from, the actual experience. As such the farther from the raw data, the greater the degree to which inherent biases will impact the direction of the data analysis.

### Isolated knowledge production

The researcher acknowledges that this report and the knowledge it has produced came from a single researcher. Whilst supervision and guidance were sought from the project's supervisor and chair, the data collection, organisation, analysis, and presentation originated from a single source. Despite continuous deepening of data familiarity, and the redrafting and refinement of



codes and themes it is possible that different conclusions could be drawn when considering inherent and unconscious researcher biases.

#### Potential for psychological harm

The researcher was sensitive to the possibility that the disclosure and discussion of participants' experiences of living and working during Covid-19 could be distressing or induce a psychological reaction in participants. As such, at the end of the interview, the researcher made time to engage with participants about the interview experience, how they felt prior to, during, and at the conclusion; and in total, how they felt having discussed their experiences. Two participants became upset during the interview, but were given time to express themselves, and asked if they wished to continue. At the end of the interviews, all the participants expressed some measure of happiness, satisfaction, enjoyment, or relief with participating and were grateful for the opportunity.