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Understanding and supporting NHS employees with long COVID return to and remain in work: key barriers and facilitators.

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Understanding and Supporting NHS Employees with Long COVID Return to and Remain in Work – key barriers and facilitators

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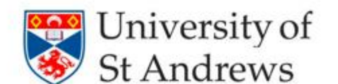
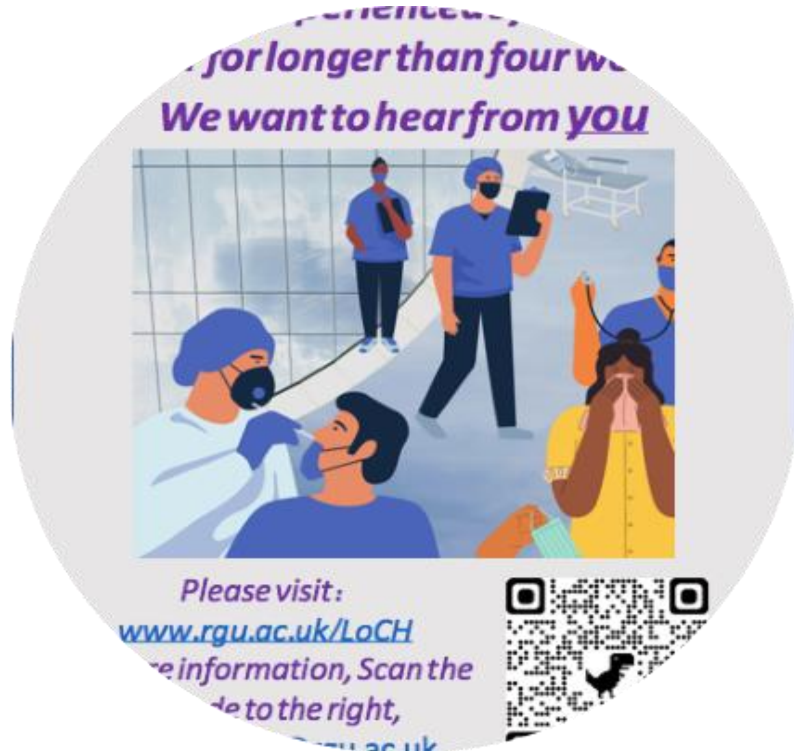
* Joint principal investigators

SCHOOL OF NURSING, MIDWIFERY AND PARAMEDIC PRACTICE



Overview of LoCH study - Methodology



- Mixed-methods longitudinal study, 'Long Covid in Health Workers' (LoCH).
- NHS workers across Scotland.
- Aim - to establish the nature, extent, and impact of Long COVID on the health and wellbeing and personal and working lives of NHS Workers.
- Included occupational factors around changes in work patterns and occupational support received.
- Online survey and follow-up semi-structured interviews.
- 50/44 participants at two time points, June 2021-July 2022.
- Nurses, medics, AHP and ancillary workers.
- Ethical approval – RGU and MHS R&D.

Overview of LoCH study - Background and Context

Long COVID includes ongoing symptomatic COVID-19 (4 to 12 weeks) and post-COVID-19 syndrome (over 12 weeks). (NICE, 2021)

WHO estimate around 200 million individuals with LC globally.

Over 200 symptoms reported.

Fatigue, breathlessness, chest tightness, cognitive dysfunction and myalgia, neurological and GI symptoms.

Factors facilitating or impeding NHS workers with Long COVID return to or remain at work

symptoms

support and strategies

professional role and identity

Nature and severity of symptoms

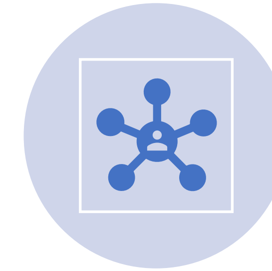
- Majority were working and had symptoms.
- Those with mildest symptoms were generally working, those with most severe off work.
- Fatigue and cognitive issues were the most significant in inhibiting return to work.
- Few had made a full or near recovery by the point of the second interview.
- Majority hadr epeated periods off work because of their LC, few had no time off (7).
- Most off work had attempted to return to work at some point during their LC journey.

Workplace supports and strategies

DISCUSSED AT MULTI-LEVELS - LINE MANAGER, COLLEAGUES AND TEAM, THEIR ORGANISATION AND OH.

MIXED EXPERIENCES AND INCONSISTENCY - ON THE WHOLE LESS POSITIVE, BUT SOME EXAMPLES OF GOOD PRACTICE.

RESENTMENT TOWARDS NHS, DUE TO OCCUPATIONAL EXPOSURE TO COVID AND SUBSEQUENT LACK OF RECOGNITION OF THEIR LC AND INADEQUATE SUPPORT.



THOSE OFF WORK

- LACK OF SUPPORT, POOR COMMUNICATION LACK OF CONTACT, RUSHED BACK TO WORK TOO SOON.

+ LINE MANAGERS AND COLLEAGUES CHECKING IN WITH THEM, NOT FEELING RUSHED BACK.

"…bit of annoyance at that the fact that the most likely place that I got it, got this was from work…. I guess, I don't know, the way that they then, you don't get quite as much support as you probably need." (Nurse, Secondary care)

Workplace supports and strategies

2/3 working had some positive experiences - supportive line managers/ colleagues, useful supports and adjustments. Not being pushed back to work too soon and being able to offload some responsibilities was viewed as helpful too.

1/3 working unsupported/ mixed experiences at work at different levels.

Changes in job or early retirement.

Importance of being believed about LC, and personal experience aids understanding.

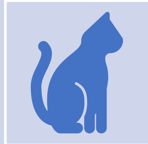
- *"I started back…just a few hours a week over two days…, I was given a rotation…where I could do a lot of work on the computer and just sit, basically, and do office work...So that was great, and my colleagues there were fantastic, very understanding, and were perfectly happy for me to, …(be) given a lot of flexibility...And obviously, if I have a really bad day where I'm very dizzy or feeling unwell…there's always a seated option."* (AHP, Secondary care)

- *"I've been disappointed with the lack of support from work. I tried to keep going [at work] for over a year, and that was out of a perceived sense of loyalty to my colleagues. On several occasions, I broke down in tears in meetings with them. Mainly just citing how tired I was and how much I was struggling, and nobody ever came to me and said, are you sure you should be here? I think, if you're working in a busy GP practice, they're probably thinking, well, we want him to just keep going, cause if he's not there, then more work'll fall our way. I don't think you'll meet many people that have worked in health in the last two years that are feeling sort of fresh and full of beans, you know, so, I think they've probably ran out of compassion before the end, before the end of the day, and didn't really have any left for me…since I've been off their, their communication with me has been non-existent."* (Medic, Primary care)

Workplace supports and strategies – Occupational Health

- OH personnel well-meaning, but lack of knowledge around LC, little available support, advice or reasonable adjustments and delays in accessing referrals and support. Little support available until fit to return to work.
- OH recommendations around specific measures and adjustments not implemented.
- Access to services such as OT and physiotherapy, dedicated LC support groups and counselling services.
- individuals not fully included in decisions around returning to work and adjustments.
- Individuals as experts in terms of their LC and their needs.
- Where actively involved in decision-making, adjustments more helpful in addressing their needs.

Workplace supports and strategies – Occupational Health



"…the OH doctor, she herself has been great, very understanding, and her recommendations have been good and, again, it's collaborative. But there has been so much delay, in terms of getting to me when I needed it….And the delay was like a couple of months. By then, I got worse." (AHP, Secondary)

"Occupational health were a bit vague…I had monthly phone calls and the lady I was speaking to was absolutely lovely and very compassionate, but I felt like it nearly was just a chat. And I thought, what can you advise me, what can you help me? It really wasn't there. But I suppose, a bit like everybody else, didn't really know what to do. I think you kind of, you feel like as a staff member, occupational health are going to have the answers for you." (Nurse, Secondary, interview 1)

". …I spoke to occupational health, who weren't too helpful at the time, the doctor I saw, she wasn't particularly informed about long COVID or, you know, fatigue type…I've got a more regular OHS doctor now…I think she's specialising in, I think it's the staff response, you know, to staff that have long COVID. so she was good to speak to you. I mean, again, there's not a lot she can offer just now. You know, I'm not fit for work, end of story." (Ancillary, secondary, interview 1)

Self-management strategies

- Prioritising work above all other domains.
- Importance of rest and recovery for work.

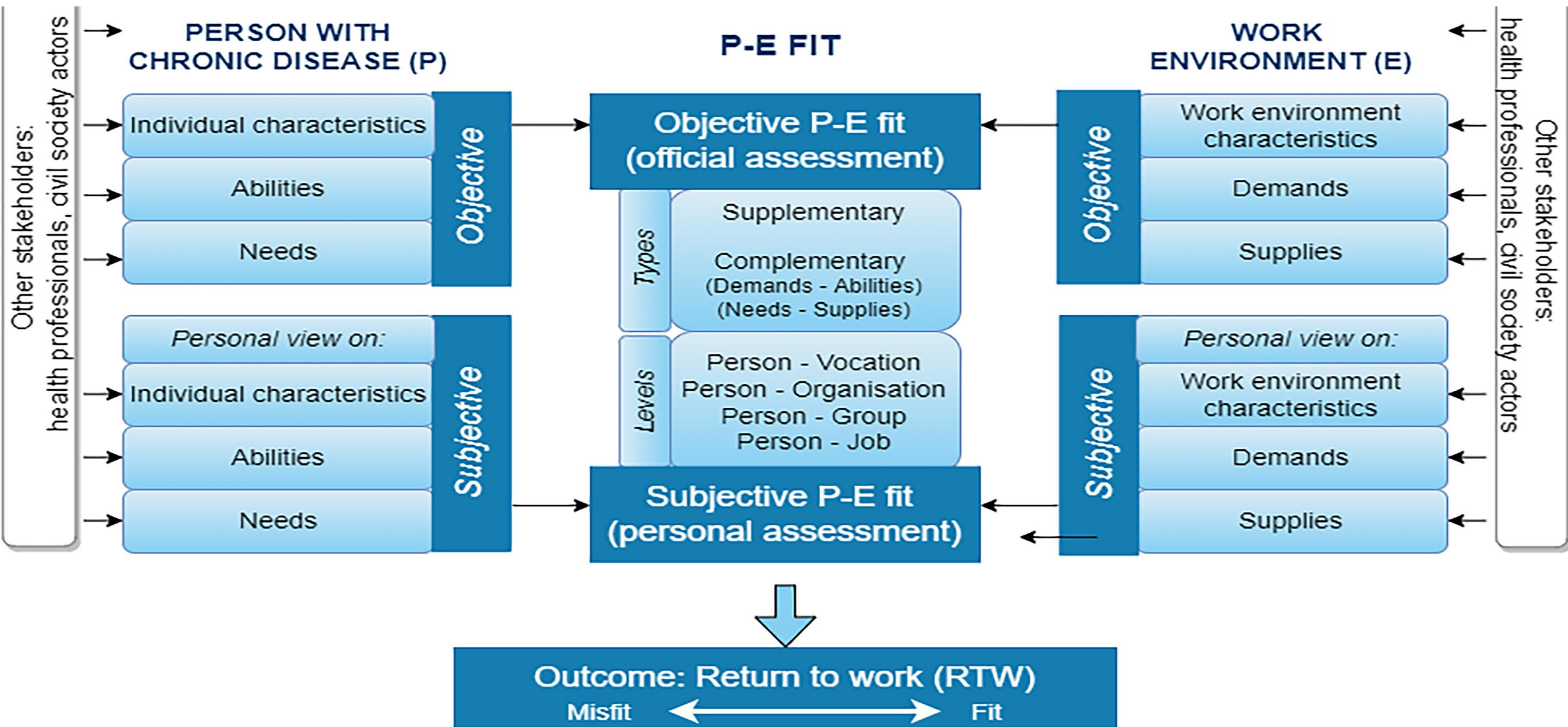
Demands and expectations of professional role and significance of professional identity

- Difficulties getting back to original job, because nature and severity of symptoms coupled with role demands and expectations – especially those in mentally demanding jobs with cognitive symptoms.

- Sense of professional identity amongst the medics and nurses, expressed differently across the two professional groups.

- Being a ‘doctor’, was key part of identity - couldn’t envisage doing anything alternative to this. There wasn’t the same sense of shift amongst the medics, compared to nurses.

- *“It's not the kind of job where you can just be, it's, it's not an ordinary job. As a GP…you're dealing with complexities all the time, so you need to be at the top of your game very sharp all the time. You can't afford to just be struggling or slowed…”* (Medic, Primary)



ATF around RTW for people with chronic illness (Popa, et al, 2022).

ATF RTW in context of Long COVID

Promotes partnership, open, ongoing communication to best manage the RTW process.

Emphasises individual as expert in terms of their condition and importance for timely assessment and implementation of measures and revisiting.

Illumination of hidden work undertaken and implications.

Degree of ‘fit’ taking account of symptoms and professional role expectations and professional identity.

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Key messages and conclusions

- Three key factors in supporting NHS staff return to or remain at work: nature and severity of symptoms, availability and types of workplace supports and own strategies; and the demands and expectations of professional role and professional identity.
- Inconsistency in how guidance is implemented, helpful policies and practice could be shared across Health Boards.
- Recognition of individual as expert in their condition and key partner in defining their often-changing needs.
- Workplace supports need to be appropriate, individualised and timely, based on holistic and co-ordinated assessments, taking account of individual needs, and balanced with organisational demands and resources.
- ATF (Popa et al, 2022) - used to extend and complement the existing guidance, utilised by key stakeholders as a tool to aid conversation and assessment.
- Given the scale and significance of Long COVID amongst NHS staff, dedicated support and policies around supporting NHS staff in Scotland must be prioritised.
- Dedicated LC training should be provided for all staff supporting individuals.

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Thank You!