



RESEARCH

INFORMATION

Supporting sustained return to work after Long Covid: insights from frontline public service occupations



AIMS

Long Covid (LC) is the term used to describe symptoms lasting three months or more after infection with the Covid virus. It has been associated with over 200 symptoms, affecting 10 organ systems (e.g., heart, lungs). Symptoms can be continuous; they can cycle between flaring and improving or they can worsen over time. Symptoms can severely impact people's lives, including their ability to work. The UK Office for National Statistics found that around two million people reported having symptoms of LC (168,000 living in Scotland) in 2024. Between 2020 and 2023, 80,000 UK workers who had experienced LC left employment. People in public-facing frontline jobs (such as teaching, nursing and policing) have had a higher risk of developing LC due to increased exposure from delivering services in-person. It is important to understand the impact of LC on people who work, often under pressure, in essential jobs which are required to take place in-person at determined locations and times.

Our study aimed to find out:

- What has made it easier or more difficult for people with LC to return to and thrive at work;



- How managers and employers have tried to support employees with LC and other illnesses, and how people in management or leadership roles can also be supported;
- Whether it is possible to use anonymised sickness absence data to estimate the impact of LC on levels of long-term sickness absence.



KEY FINDINGS

- Among the people with LC working in these key public service professions whom we interviewed, LC was very disruptive to their working lives. Most had been unable to return to full-time work in their original role. This led to the loss of skilled workers, and to personal losses for many employees themselves, such as loss of professional identity and financial security.
- Managers often found themselves in a difficult position. They described being caught between trying to balance the needs of the person who was ill against the needs of the service. They had to navigate established processes for dealing with long-term sickness absence while considering the working conditions and wellbeing of other staff. They often described a need for greater support in doing this, and for better resources to help them understand how LC could affect people's lives and ability to work.
- There were examples of good practice where organisational structures and operational demands allowed flexibility and workplace adaptations, enabling employees to return to work gradually over an extended period. Employees with LC emphasised that supportive relationships in the workplace were also vital to sustained return to work.
- Sickness absence data were only available from Police Scotland. Using these data, it was difficult to accurately estimate the full impact of LC in the police, as absences were recorded as Covid-related and not specifically as LC.



WHAT DID THE STUDY INVOLVE?

We conducted interviews with 63 people in Scotland who had had LC whilst working as **police officers, nurses, teachers or ambulance clinicians** and 23 people who were line managers, or working in human resources or staff association roles in these professions. Our sample included:

- 23 people with LC working in response policing, 13 nurses and 3 healthcare support workers, 18 teachers and 1 pupil support assistant, and 5 paramedics or ambulance technicians; and
- people in line management, human resources or staff association roles in Police Scotland (n=11), NHS Scotland (n=7), education services (n=5).

We analysed these interview data, looking systematically at the factors that helped or made it more difficult to achieve a successful and sustained return to work, from the perspectives of people with LC and the organisations. We also analysed anonymised sickness absence data provided by Police Scotland.



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

- Most people with LC had been unable to return full-time to their previous role. This was a result of their debilitating symptoms; the heavy physical and emotional demands of these kinds of jobs; and perceived lack of flexibility in the nature of their work role or their work environment. People with LC tried various strategies to get back to work, but these sometimes led to symptom 'crashes' and setbacks.
- This table shows the different paths people's work lives took after they had become ill with LC.



Frontline service occupation	Work trajectory at time of interview
63 people with LC interviewed: • 23 police officers • 19 teachers/ pupil support workers • 16 nurses/ healthcare support workers • 5 paramedics/ ambulance technicians	• 20 return-to-work (RTW) full-time • 21 redeployed or left service • 11 ill-health retirement or retired early • 5 RTW part time • 3 on career break • 3 made redundant or dismissed

- While 20 people returned to work full-time, few returned to their original role and the majority needed at least some reasonable adjustments to help manage the demands of their role alongside ongoing symptoms.
- Particular barriers to successful return to work included: unsupportive communication; lack of compassion or willingness to understand from managers and colleagues; lack of willingness to pursue the greatest flexibility allowed in the interpretation and implementation of policies; and a lack of capacity to provide meaningful alternative roles whilst people with LC tried to rebuild their health and ability to function well at work. However, some workplaces or roles were particularly difficult to modify. Here are some examples of how people with LC described the challenges they faced when trying to return to and stay at work:

❖ *[My colleagues] didn't understand. They were certainly going behind my back "[She's] gone home sick again"...When I was going home to work* Nurse02

❖ *[When my request to not do back-to-back long day shifts was turned down] that was my deciding factor that I'm not staying...I says "I'm really trying to be at work, but I physically can't do two shifts in a row"...there was no compromising* Nurse13

❖ *[When I was back to working 6-7 hours a day] the deterioration in me was horrendous...I would basically finish my shift and go to my bed and sleep right*



through to the next day...there was basically no work/life balance, everything was revolving around work Police03

❖ *You're stressed, you're worried about losing your job, and you're thinking at the same time, "Am I fit for the road? Am I fit to go and work?" And if the answer to that was no [in my case]...I'd end up making mistakes and costing somebody their life or their health* Ambulance01

- There were examples of good practice which resulted in successful and sustained return to work, such as managers and colleagues responding to people with LC in supportive ways. Many managers worked hard to accommodate people's limitations and to be flexible in finding solutions.
- ❖ *My phased return to work did work – the slowness of it and the fact that I had input into what was happening...I was the one able to say "Yes, I can do that this week" or "No, I don't feel I can do that this week, I'll stick with what I did last week"* Teacher10
- ❖ *I ended up being partnered with somebody I was really close with...we worked really well together...that totally brought me back to where I should have been...they didn't ever judge...so that really helped me to get back to normal* Police15
- ❖ *I would check in with my [staff member], find out how he was doing, find out if there was anything we could change...that needs to be done, because then it makes them feel heard. Because they are not being thrust into roles that they've not picked...I let them know they've got a voice* Manager03
- From the Police Scotland sickness absence data, it is difficult to estimate the true impact of LC, because absences were recorded as 'Covid-related' but not specifically as LC. However, the data showed that a third of all sickness absences between 2020 and 2022 were Covid-related. The impact of LC on sickness absence rates may be masked by difficulties of getting a diagnosis of LC, especially at early stages of the pandemic, and the episodic nature of LC symptoms (i.e., they can come and go - often in unpredictable ways).



WHAT IMPACT COULD THE FINDINGS HAVE?

These findings show the need for:

- Easy availability of **resources and training that help managers and colleagues to understand what it is like to live with LC and similar longstanding 'episodic' conditions**
- **Organisational backup and training for people in management and organisational roles** so they can provide the right support to help people successfully return to work. This may also involve organisations looking at their basic structures (e.g. the length of shifts), to see what greater flexibility is possible to retain experienced and dedicated staff.
- Recognition that **many employees with LC who work(ed) in public service roles feel devastated both by their symptoms but also by being unable to continue to work in a job which has been important in defining who they are.**
- If permanently leaving the workplace becomes the only option, people may find it easier to come to terms with changes to their health and circumstances when **the process is handled sensitively and acknowledges their longstanding commitment** to society, their clients (such as patients, pupils or members of the public) and their colleagues.



HOW WILL THE OUTCOMES BE DISSEMINATED?

We have held interactive workshops with: Police Scotland, NHS stakeholders, people with lived experience of LC, and cross-sector organisational representatives. Workshops were used to disseminate findings and to generate insights to inform future research priorities and next steps for supporting frontline staff with long-term conditions. In March 2025, we presented emerging findings at the 'Safeguarding Our Future Through Preparedness' event, hosted by Royal Society of Edinburgh and Scottish Government's Standing Committee on Pandemic Preparedness. We have presented at a national (UK Society for Social Medicine and Population Health, Sept 2025) and an international meeting (International Forum on COVID Rehabilitation Research, Canada, April 2025). We will present a poster at the 2026 UK Society for Social Medicine and Population



Health conference. We are preparing 4 articles for publication in academic journals for submission in 2026. We have produced sector-specific briefings for nurses, teachers and police officers. All project outputs will be accessible here: [Research project | Long Covid and Critical Service Occupations: impact on Employees and Organisations | University of Stirling](#).



CONCLUSION

Long Covid and similar long-term episodic illnesses can make it difficult or impossible to continue working in crucial frontline occupations. To prevent skilled and experienced staff being lost from vital services which are increasingly under pressure, person-specific adjustments to working conditions or hours may need to be available for longer than has been usual – to give time for employees to find ways of working that accommodate ongoing symptoms. There is a need to provide managers with training or resources designed to improve their understanding of LC. Such changes would benefit employees and organisations while also improving the experiences of service-users and ensuring sustained delivery of these essential services.



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