

SUPPORTING SUSTAINED RETURN TO WORK AFTER LONG COVID: Insights from Nurses

WHAT IS LONG COVID?

In the UK, around 2 million people report having Long Covid - this means they still have symptoms more than three months after having the COVID-19 virus. Long Covid (referred to here as LC for short) can affect many body systems. It causes a wide range of symptoms which can be very debilitating and have devastating effects on people's lives, including their ability to work. People who work in frontline critical service jobs have been especially affected by LC.

THE RESEARCH

We wanted to understand experiences of LC for police officers, nurses, and teachers, and the impact it has had on their ability to work. Our aims were to find out:

1. What has made it easier or more difficult for people with LC to return to and thrive at work;
2. How managers and employers have tried to support employees with LC and other illnesses, and how people in management or leadership roles can be supported too.

This briefing shares what we learned from nurses and those supporting or managing them. We interviewed **13 nurses and 3 healthcare support workers in Scotland** who were working in patient-facing NHS hospital-based roles when they became unwell. We also interviewed 7 people from a range of line manager, senior leadership, occupational health and union roles in the nursing sector.

We outline the key recommendations from the research on page 1 and report the main findings in more detail on pages 2 and 3.

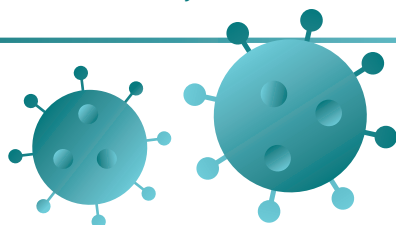
WORK STATUS AT TIME OF INTERVIEW:



10 Returned to NHS
(few in original role with no workplace adjustments or reduced hours)



6 Did not return to NHS
(career break / left service / redundancy / ill health retirement)



RECOMMENDATIONS :

1. There are examples of good practice in the management of nurses with LC that can be built on.

These include examples of creative and compassionate line management as well as opportunities for redeployment to more flexible, less physically demanding roles within the NHS.

2. Nurses with Long Covid want their managers to understand LC better, and how it can affect their capacity to work.

Specifically, managers should be helped to understand: i) the episodic nature of LC symptoms; ii) the high price that people may pay for prioritising going to work - often meaning other areas of life are put on hold; iii) the significant impact on mental health, particularly if people can no longer do the roles they have been strongly committed to (and so lose their occupational identity).

3. Managers would benefit from greater support from HR and senior management especially when LC is prolonged and it is difficult to balance the affected staff member's needs with organisational demands.

4. Supportive workplace relationships are vital to sustained return to work. This matters not only because it helps retain valued, skilled, and experienced staff, but also because it can aid some employees' recovery. People with LC stressed how important it is for managers and colleagues to: i) trust and believe them, by taking their account of LC and its effects seriously; ii) listen and ask supportive questions to make a genuine effort to understand LC and its impacts; and iii) help identify health needs proactively and collaborate on a return to work plan.

5. In cases where symptom severity makes it impossible to return to a clinical nursing or support role, **it is essential that managers and employers approach conversations about redeployment or leaving the profession with sensitivity and compassion.**

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KEY FINDINGS

THE HEAVY TOLL OF LONG COVID

The majority of nurses with LC that we interviewed had repeated periods of sickness absence, with many off for months or years at a time. Only a small minority were able to return to their original role, due to the roles already having some flexibility. Few nurses we interviewed were able to continue working on busy ward floors doing traditional patient-facing nursing as they could not manage the physical nature of the role or shift patterns alongside their LC symptoms. The majority had moved to less physically demanding roles (primarily within the NHS) and a small number left the workforce entirely (mostly through ill-health retirement).

Most participants who returned to work said they did not feel ready to return but felt pressured to by financial necessity, feelings of guilt about colleagues being overburdened within a strained NHS, lack of knowledge of LC, and feeling managers or colleagues wanted them to return. Participants spoke of pushing through symptoms to get back to work. Often this led to symptoms worsening and further sick leave. It was common for nurses to describe how they prioritised their limited energy for work, often meaning that other areas of life were put on hold.

I try to keep to my routine. I try to make sure that I'm settled in the house by 8:00 at night. I've got my pyjamas on. I do go out over the weekend, don't get me wrong, but I need a life. But then [...] I'll just have a really relaxing day in the house to make up for that. - Nurse13

THE IMPORTANCE OF MANAGER AND COLLEAGUE SUPPORT

Participants described the importance of inclusive and supportive responses from managers and colleagues for achieving a sustained return to work. Examples of **good practice and helpful responses** included:

i) Managers regularly checking in with staff affected by LC, acknowledging its episodic nature and need to adjust the pace and intensity of work tasks accordingly.

[It's important to] trust that people know their bodies but also give them the space and freedom to make an honest choice about when they're ready to come back [to work]... - Manager04

...If somebody's physical health and status has changed, doesn't take away their value as an individual and what they can bring to the organisation, it might just be in a different way. - Manager04

ii) Managers and colleagues working with nurses with LC to look for opportunities for less demanding but still meaningful tasks they could do.

The offer of coming off clinical duties to office duties and audits, that was good [...] because, there was just no way that I could do physical hands-on nursing during that time. So...my boss coming up with options that I could do, to give me a chance to stay on at work, was good. - Nurse06

iii) Work relationships that involved trust, sensitivity, being made to feel like a valued and included member of the team.

[My team] picked up all the night shifts that I was supposed to have been doing all the week when I was kind of off and on phased return, they picked up all the weekends that I should have been doing. There were never any moans or groans. - Nurse11

Responses, **behaviours and practices which were unsupportive and unhelpful** included:

i) Dismissive attitudes and sceptical responses which suggested limited trust, and low understanding and knowledge of LC.

[My colleagues] definitely didn't understand. They were certainly going behind my back and saying, "[participant's name] has gone home sick again", when I wasn't going home sick, I was going home to work in the afternoon. - Nurse02

ii) Lack of meaningful engagement with requests for workplace adjustments, giving the inflexibility of the nursing shift system as justification.

[When my request to not do consecutive long day shifts was refused] that was my deciding fact that I'm not staying here. [...] I says "I'm really trying to accommodate. I'm really trying to be at work. I physically can't do two shifts in a row and you're making me do two" [...] There was no compromising [...] "No, that's your shifts. You will be doing them." - Nurse13

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LOSS OF, AND CHANGES TO, PROFESSIONAL IDENTITY

Because many participants had to leave their original role, they experienced a loss of their professional identity. However, with support from new managers and colleagues, some came to see their non-clinical role as valuable, which strengthened their sense of identity as a nurse.

But through a fantastic line manager [...] she's made me realise that I don't have to be hands-on with a patient to put my nursing skills to use [...] but that's taken four years of not being a nurse to realise, "Oh, actually you still are a nurse at heart - Nurse05

For those who took the difficult decision to leave the NHS, there was a profound sense of loss. Some expressed anger and sadness because they believed that mismanagement of their illness had resulted in their skills being lost from the NHS.

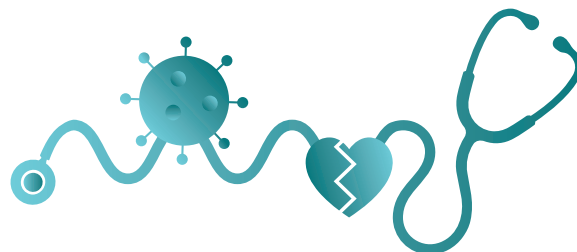
Now I'm looking back [...] if we'd had a conversation about, you know, what could you do? [...] they could have redeployed me [...] maybe find something else for me that would have been suitable because I was [many] years as a [specialist] nurse, you know, massive experience. And then this... [gets emotional]. - Nurse 14

THE IMPACT OF PRESSURES ON PUBLIC SECTOR ORGANISATIONS

All participants talked about the increased pressures and organisational challenges affecting public sector organisations, including the NHS. They highlighted funding cuts, staff shortages, growing waiting lists, and 'corridor care' as the context in which nurses are working and managers are making decisions about staffing and running services. Managers talked about the challenges involved in navigating tensions between supporting members of staff and meeting organisational needs.

When you're managing [staff affected by long-term sickness absence] you're on your own, it does feel really lonely at times. [...] But it is really difficult and not just for yourself managing it, but also for the rest of the team that's left behind that have to pick up the pieces. - Manager03

Senior leaders and union representatives emphasised the need for creative ways to strengthen workforce resilience and attract people to the nursing profession.



USEFUL RESOURCES

Long Covid: Useful guidance and resources, Royal College of Nursing | Long Covid: A Manager's Guide, Society of Occupational Medicine | COVID-19 return to work guide. For recovering workers, Society of Occupational Medicine | Long Covid and return to work: What works? Society of Occupational Medicine

ABOUT THIS STUDY

This briefing is based on research funded by the Chief Scientist Office (grant no: HIPS/23/08). The research team included:

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