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Enabling Return to Work for Key Workers recovering from Covid-19: Survey of Work- Relevant Experiences and Suitable Workplace Accommodations

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Purpose

Exploratory online survey (quantitative and qualitative data) to provide empirical evidence on the **work-relevant recovery experiences** of workers recovering from COVID-19; implications for **workplace accommodations** and potential **benefits** for employers in making these accommodations.

Initial analysis....

Recruitment: Social media, professional networks and industry contacts

Sample (n=145)

Variables	Frequency (%) / Mean (SD)*
Age	44.71 (8.62)
Gender (n=140)	
Male	11 (7.6)
Female	128 (88.3)
Employee Position (n=140)	
Employee	101 (69.7)
Supervisor/Manager	17 (11.7)
Senior Manager/Director	11 (7.6)
Contractor/Self-Employed	8 (5.5)
Industry Sector (n>1)	
Arts, Entertainment & Recreation	2 (1.4)
Construction	4 (2.8)
Education	21 (14.5)
Human health/social work	72 (49.7)
Information & communication	7 (4.8)
Professional, scientific, technical	15 (10.3)
Retail	3 (2.1)
Other	8 (5.5)
Key/essential worker? (n=139)	
Yes	101 (69.7)
No	38 (26.2)
Pre-existing conditions (n=75)	

Health Status

Variables*	Frequency (%)
Covid-19 experiences at its most worst? (n=132)	
Mild/Moderate at home	50 (34.5)
Severe at home	65 (44.8)
Hospitalised	15 (10.3)
Hospitalised (in Intensive Care Unit)	2 (1.4)
How long ago? (n=132)	
Current	4 (2.8)
Within the last month	6 (4.1)
Between a month and 6 months ago	28 (19.3)
More than 6 months ago	94 (64.8)
Covid-19 Duration (n=132)	
1-2 weeks	10 (6.9)
2 weeks -1 month	8 (5.5)
1 – 6 months	35 (24.1)
6 months+	79 (54.5)
Range of post-viral symptoms experienced (n=132)	
All of these	22 (15.2)
Most of these	81 (55.9)
Some of these	21 (14.5)
A few of these	6 (4.1)
None	2 (1.4)

Return to Work Status

Variables*	Frequency (%)	Mean (SD)	Range
Have you resumed work? (n=88)			
Fully	21 (14.5)	13% good or very good physical workability	
Partially	23 (15.9)		
Not yet	38 (26.2)		
Not anticipated	5 (3.4)		
Did not stop working	1 (.7)		
Health at Work Beliefs (1, strongly agree - 5 strongly disagree) (n=85 to 87)			
I should not work if I'm not 100% fit		2.50 (1.8)	1-5
Working will make my condition work		2.06 (1.06)	1-5
It is not possible to be productive unless in perfect health		2.99 (1.16)	1-5
Health is good for work and work is good for health?		1.83 (0.81)	1-5
Working for my organisation is good for my health?		2.80 (1.23)	1-5
Workability (1, very good – 5 poor) (n=88)			
Physical Workability		3.75 (1.08)	1-5
Psychological Workability		3.56 (1.08)	1-5
	18% good or very good psychological workability		

Return to Work Experiences

Multiple-attempts:

“I returned to work a week after initial infection in March. I ended up off sick June, returned September and off sick again November”

“I tried to return to work 3 times”

Return to work obstacles: Individual

(i) Post-Viral Symptom (Severity, multi-physiological system, duration)

It's been debilitating ...I have been unable to do most things due to breathlessness. [I have] leg and head pain, digestive issues, concentration and Fatigue.”

“It's been completely life altering. [I] cannot work. I sleep a lot. Shortness of breath and low oxygen levels. I am in constant pain and often nauseous.”

N.B. Symptom duration was found to be significantly related to both physical [(F 3,84) = 3.46, $p=0.20$, $\eta^2 = 0.1$] and psychological workability ratings [(F 3,84) = 4.30, $p<0.01$, $\eta^2 = 0.13$].

Return to work obstacles: Job

(ii) Interaction with job demands (physical and psychological – cognitively complex tasks)

Physical *“I am a very busy ward sister who needs to be physically well to meet the physical demands but also mentally sharp ... Right now, I wouldn't be fit for an 8-12hour days on a demanding ward.”*

Psychological/cognitive: *“Having to walk any distance [would be a challenge], as would physical demands, such as standing, walking around the classroom, **speaking for any length of time.**”*

“Difficult with brain fog and concentration.. ability to think strategically, organise, add up/maths and lead meeting” .

Return to work obstacles: Job

(iii) Controlling symptoms alongside job demands:

*“It was impossible to follow the incremental standard return to work programme set for me involving increasing hours each week. My illness is very variable so it’s difficult to **predict** day to day how I will feel and how able to work I would be.”*

Promoting relapse...

“I returned to work while still recovering from illness I realised I would no longer be able to cope with this level of workload, especially if not back to my normal health. I realised I would not have much chance of recovery if I returned to the normal pattern of work that my job relied on before I became ill.”

Return to work obstacles: Job

(iv) Safety (personal and psychological)

“Increased propensity to make mistakes”

“cognitive symptoms made nursing unsafe.”

Return to work obstacles: Job

(v) Personal expectations (not wanting to let self or others down)

“perfectionist and hating not being able to work at my usual high level” and “not wanting not to be deficient in my role.”

“not wanting not to be deficient in my role.”

“I’m a perfectionist and hate not being able to work at my usual high level.”

Return to work obstacles: Work Support

(vi) Managerial (mixed)

“my supervisor asked why I had not completed work when I had a full-time caseload on reduced hours,”

“I was under a lot of pressure to say I was recovering, when I was not, and I did not feel able to properly talk about my health.”

VS

‘very supportive, even more now diagnosed post-covid.’

(vii) Peer Support (mixed)

“Peers and colleagues are already burnt out and exhausted from the pandemic, will face resentment from being out for so long”

VS

“My team has been amazing and let me work where I need to.”

Return to work obstacles: Work Support

(viii) HR Support (mixed)

“They paid me for the time I was positive with covid but now I have long covid don't know what pay I will get if any.... their words in hr style meetings on point but actions outside show pure lack of understanding. ?”

(ix) OH Support (mixed)

“Occ health have been supportive but not much practical advice just employee advice for any anxiety”

“Occupational report made it clear to my managers that I would be incapable of doing my job for an unspecified time and that I may have limitations for a long time plus I would need a very slow build up over weeks. Consequently I had a choice of resignation or knowing that when my sick leave was up I would have no income and would have employment terminated on grounds of ill health.”

Return to work obstacles: Organisational

(viii) Collective attitudes about health and work (all or nothing)

“Once you are back, you are back fully or not at all”

“You cannot conscientiously give less than 100%” because it is “to the detriment of your client”

(ix) Knowledge of Covid-19

“I had bma support to ensure my pay continued. My line manger and HR weren’t aware of the National guidance regarding covid absence and would have reduced my pay according to the sick leave”

“I suspect some people would not fully understand the nature of this illness, how slow recovery is, how many symptoms I have had and how ill I have been. The unforgiving, unremitting nature of PEM seems difficult for people to understand.”

Return to work obstacles: External

(x) Family

“My family are mostly supportive but frustrated because I don't seem to be getting any better and they are concerned about finances whilst I'm still off sick and also the security of my job, so there is quite a bit of pressure”

(xi) Access to Health Care

“It is difficult to manage running the household and working with limited energy...I would be really worried about being too exhausted to work the days I do now if I had to commute into London too.”

(xii) Caring Responsibilities

“I have two children (5 and 8). This has been the most difficult thing to manage with this illness. Looking after them alone for any length of time has made me ill, though this is slowly improving now.”

(xiii) Transport

“would be really worried about being too exhausted to work the days I



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Return to work Recommendations (i)

Theme: Workplace support	
Managers & colleagues (instrumental/practical support from line managers and colleagues)	<p>“Support from line manager to prioritise work load and support with 'back log”</p> <p>“It would have been helpful if my line manager had known about the covid absence instead of emailing me and saying I would go on half pay”</p> <p>“I need a more prescriptive approach to what me and the team should be doing and I need help to come up with the approach”</p> <p>“Also if my colleagues had respected my illness and left me alone instead of sending text messages”</p>
Means of support (methods for delivering support)	<p>“Having just one person (e.g. line manager) be the point of support and contact with any issues.</p> <p>“Face to face support”</p> <p>“Regular catch-ups”</p> <p>“Open discussion with colleagues”</p>

Return to work Recommendations (ii)

Theme: Accommodating workplaces

Modifications to workloads, tasks, and jobs

“I need to change my **workload, responsibilities** and stress levels based on my role and working environment”

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“**Changed responsibilities**”

“ **Job change**”

“Temporary change in role”

“Amended duties – no patient contact for a while”

“Less Work load, help with work breaks”

Modifications to ways of working

“**Reduced hours** and more time to undertake the job help with work breaks”

“**Frequent rests** and toilet breaks”

“**Rest breaks**”

“Less virtual meetings”

“**Pacing**” (but “Pacing not easy due to the nature of the work, you can't take a break when needed, and you can't even sit down most of the time)

Return to work Recommendations (iii)

Theme: Accommodating workplaces

Modifications to policies

“Sickness absence policy needs to be looked at in relation to long-covid”

“HR guidance on long-covid”

“User friendly”

“Include bullying and harassment”

“Transparency about Covid-Related Policies”

“Absence policies that discount Covid-related absences”

Flexible & collaborative return to work processes

“**No time limits** over return to work process”

“More **varied graded return** to work that acknowledges my health may worsen at times before I fully recover”

“My own RTW plan as I need an objective view that incorporates my views. It needs to be a **partnership** approach”

“**In work** support plan”

“OH referral before return to work”

“OH assessments”

“Cognitive Assessments”

“Employer did an “**own the way you work**” initiative which meant you could work whatever hours you liked if you achieved your objectives. Helped in some ways. In others it just meant I never switched off work mode.”

“Pacing”

Return to work Recommendations (iii)

Theme: Workplace support

Theme: Accommodating workplaces

Theme: Programs knowledge, understanding & compassion

“Having manager and work colleagues understand more about post covid fatigue syndrome and support ...you could be more compassionate”

“It would be great if people understood fatigue is not the same as tiredness”

“Conversations for health training”

“ Briefing Colleagues”

Benefits for Employers

Retention of valued employees

“My employer would have an experienced employee training other team members, and supporting other departments, rather than having to expend money, time and energy hiring someone new and training them in highly specialised areas.”

Productivity gains

“More support might result in a quicker recovery and more productivity in the long run”

Commitment

“Everyone knowing that they will be supported if unlucky enough to struggle with health. This would contribute to a positive workplace, job satisfaction and productivity.”

Learning opportunity

“Learning to know what to do when other staff face this”.



Next steps

- **Content Analysis**
- **Follow-up interviews**
- **Larger Survey**
- **Intervention prototype development, feasibility testing and piloting (Line Managers/Support Service Versions (e.g. HR))**



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Thank you for listening....



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