

INVESTIGATING THE IMPACT OF COVID-19 UPON RETURNING TO WORK

Summary: From an exploratory survey examining the implications of recovering from Covid-19 upon resuming work, it appears that the unpredictability as well severity of post-viral symptoms requires a flexible and potentially long-term return to work planning process co-developed by workers with their managers. Development of more 'long-covid aware' organisational cultures and management systems could be essential for supporting this process. Within this summary document we unpack what this means in more detail.

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Background

We undertook an *exploratory* online survey, using a mixture of quantitative and open-ended questions to provide empirical evidence of the: work-relevant recovery experiences of workers recovering from COVID-19; implications for workplace accommodations and potential benefits for employers in making these accommodations. Our sample comprised **145** workers recovering from Covid-19 (25 to 65 years of age), who were recruited via social media, professional networks and industry contacts. Our participants were mainly from health/social care (50%), or educational settings (14%), and included nurses, doctors, social workers and teachers. Nearly **70%** described themselves as **key workers**. Over half said they had pre-existing conditions.

Findings

1. Health Effects

- The majority (**65%**) had experienced symptoms for more than 6 months. Given the timing of the survey, this implied that they had contracted COVID-19 in the pandemic's first wave within the UK.
- The majority (**91%**) reported post-viral symptoms of some sort.
- Qualitative feedback suggests post-viral symptoms as having prolonged, systemic effects on physical and psychological health with implications for **workability** and **self-identity**.

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“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.”

“I went from being a fit young healthy person to being exhausted”

2. Workability (ability to work) status

- Just under **15%** had returned to work fully
- **13%** described their **physical** ability to work as good or very good. The majority therefore rated their physical ability to work as less than good.
- **18%** described their **mental** ability to work as good or very good. The majority therefore rated their mental ability to work as less than good.
- Qualitative feedback indicated that a number had made multiple unsuccessful 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”

3. Return to Work Obstacles

The below table indicates the main obstacles that were found to make it hard to resume working (at home or at a place of work). These are listed according to whether they relate to individual, job, wider organizational or societal obstacles, and illustrative quotes provided.

Obstacle	#	Quotes
Individual (personal physical or psychological factors)		
Symptoms:		
Fatigue	29	<i>“I need for huge amount of rest...never had an illness I could not push through before.”</i>
Poor concentration	20	<i>“Each two days of work could cause me three days of brain fog and short-term memory loss’</i>
Generic physical symptoms	16	<i>“It was hard to return to work with post viral fatigue syndrome”</i>
Relapsing nature of symptoms	13	<i>“Rollercoaster nature of symptom severity making it impossible to plan work”</i>
Worry:		

Expectations/Professional Identity	10	<i>"Feeling worried about not being able to perform as well as I used to"</i>
Safety (beliefs of being able to work safely)	12	<i>"Cognitive symptoms made nursing unsafe."</i>
Job (factors in the immediate work environment)		
Working patterns (hours of work hard to sustain)	17	<i>"My days are 7.30 to 6.40pm at the earliest-there is no way I would manage these "</i>
Interaction between symptoms and physical job demands	29	<i>"Absolutely could not safely care for patients nor handle the physicality of nursing"</i>
Interaction with cognitive job demands	12	<i>"Working IT systems is difficult with brain fog and concentration is hard too"</i>
Work Support (managerial support factors)		
Manager support (+)	20	<i>"I have had fantastic support from my manager"</i>
Manager support (-)	12	<i>"Not believing you and saying you are over exaggerating, telling you to push yourself, saying you risk losing your job if phone in sick."</i>
Peer support (+)	12	<i>"My team has been amazing and let me work where I need to."</i>
Peer support (-)	9	<i>"Peers and colleagues are already burnt out and exhausted from the pandemic, will face resentment from being out for so long "</i>
Human Resources/ Occupational Health Support (-)	14	<i>"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"</i>
Human Resources/ Occupational Health Support (+)	12	<i>"HR referral to Occupational Health. OH very supportive"</i>
Organisational Support (wider organisational factors)		
Sickness absence policies	26	<i>"Organisation is generally supportive... but the HR policies are quite rigid e.g. limited company sick pay in first few years, refusal to use furlough."</i>
Organisational Culture – Awareness of the nature Covid	14	<i>"It would be great if people understood fatigue is not the same as tiredness"</i>
Organisational Culture – Shared attitudes about health	13	<i>"Once you are back, you are back fully or not at all"</i>
Job Security	15	<i>"Not sure if they will keep my job open until I'm able to return...and that will be very phased."</i>

External factors (societal factors that affect ability to work)		
Ability to access suitable health care	33	<i>"I struggled to get GP appointment. Waiting for appointment at long-Covid clinic for 3 months"</i>
Transport issues	26	<i>"I would need to be given special permit to allow me to park at work"</i>
Covid-Rules		
Social disability	23	<i>"Not able to social distance at work with patients"</i>

4. Summary of Obstacles:

For those workers who experience post-viral symptoms when recovering from Covid-19, the findings suggest that the ability to resume work (at home or on site) is highly dependent on the interaction between symptoms and nature of the job. This means that severity and unpredictability of symptoms coupled with the volume and duration of physical job demands, complexity of cognitive demands and working patterns all play a part in shaping how easy it is to resume work. Similarly, the ability to resume work appears highly influenced by support from line managers, colleagues and human resources. At the organizational level lack of job security could compound the stress of the recovery experience. Covid-friendly sickness absence management policies, collective understanding about the nature of post-viral symptoms, along with realistic expectations about the recovery process (both by workers and managers) appear particularly important organisational enablers. Ability to get to work, access to health care and addressing concerns about ability to maintain social distancing will all also need to be factored in to return to work planning.

5. Recommendations for Workplace Accommodations

Recommendations about the workplace accommodations that employers could implement to make the resumption of work easier can be made. These are based on participant's views on what would improve their work ability (return to or stay at work).

- **Self-management:** Providing workers training and time to self-manage their symptoms alongside job demands through pacing (including taking frequent breaks), developing awareness of their own limits/boundaries, noticing changes in symptoms, stress management etc. Pacing will need to take into account the nature of the work: *"you can't take a break when needed, and you can't even sit down most of the time"*
- **Co-developed graded return to work plans:** Workers and managers co-developing flexible graded return to work plans that allow for fluctuating symptoms and are largely

unbounded by time. Include OH assessments. OH referral prior to returning to work and cognitive assessments where appropriate.

- **Flexible working patterns:** Including frequent breaks, reduced hours or modifications to start and finish times
- **Changes to jobs/tasks and responsibilities.** Including amended duties with more complex tasks deferred, temporary changes to role, simplified/reduced workload gradually building over time.
- **Practical and emotional support from line managers:** Including practical support in prioritizing workload, support with back-log, keeping in touch with workers while they are off-sick and resume working, and having compassion-based conversations about health issues.
- **Means of support:** Having regular catch-ups with a single point of contact such as a line manager.
- **Briefing peers:** Including managing expectations on what to expect from colleagues returning to work with post-viral symptoms, allowing open discussions with colleagues and supporting reciprocity – the idea that one day any colleague may need your support.
- **Modify sickness management policies:** Including making them more Covid-friendly, discounting Covid-sickness absence, including bullying and harassment considerations, and heightening their visibility and accessibility.
- **Awareness raising programmes:** Running organizational wide programmes for raising awareness about the nature of Covid-recovery, creating realistic expectations about what is possible on return to work (e.g. that it may not be possible to be fully functioning straight-way, but that it is still possible to make a useful contribution in less than perfect health, e.g. by coaching others) and creating compassionate organizational cultures.

Conclusions

In return for making these workplace accommodations participants suggested that employers would gain from:

- **Retention of valued employees:** *“My employer would have an experienced employee who can train 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 over time:** *“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”.*

The large numbers of workers affected by Covid-19 suggest that the workplace accommodations highlighted by this research are worthy of consideration and application. They match what we know from other health problems, so there is good reason to think they will be effective – if properly implemented. It is clear that line managers have a key role, meaning they need both knowledge and tools to effectively play their part. Facilitating evidence-based line manager training is, therefore, a policy imperative. While further research on rehabilitation will be necessary, there is much that can be done now to support the work ability of workers recovering from Covid-19 and those experiencing post-viral symptoms in particular.