Exploring the challenges faced by frontline workers in health and social care amid the COVID-19 pandemic: experiences of frontline workers in the English Midlands region, UK

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ABSTRACT

The first cases of Coronavirus (COVID-19) were reported in Wuhan, China in December 2019. Globally millions of people have been diagnosed with the virus whilst thousands have died. As the virus kept spreading health and social care frontline workers (HSCFW) were faced with difficulties when discharging their duties. This paper was set out to explore the challenges faced by different frontline workers in health and social care during the COVID-19 pandemic. The research utilized an explorative qualitative approach. A total of forty (N = 40) in-depth one-to-one semi-structured interviews were undertaken with HSCFW who included support workers (n = 15), nurses (n = 15), and managers (N = 10). Health and social care workers were drawn from domiciliary care and care homes (with and without nursing services). All the interviews were done online. The data were thematically analyzed, and the emergent themes were supported by quotes from the interviews held with participants. Following data analysis the research study found that lack of pandemic preparedness, shortage of Personal Protective Equipment (PPE), anxiety and fear amongst professionals, challenges in enforcing social distancing, challenges in fulfilling social shielding responsibility, anxiety and fear amongst residents and service users, delay in testing, evolving PPE guidance and shortage of staff were challenges faced by frontline health and social care workers during COVID-19 pandemic. The results of the current study point to a need for adequate pandemic preparedness within the health and social care sector to protect both frontline workers and the individuals they look after.

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Introduction

The Coronavirus (COVID-19) pandemic was first reported in Wuhan, China in December 2019. Globally, more than 8 million people had been diagnosed with the virus and over 439,000 had died as of the 18th of June 2020 (Hopkins 2020). As the novel virus keeps spreading, healthcare professionals across the globe are faced with an unprecedented situation of having to make difficult decisions and work under extreme pressures. Many health systems were caught unaware by the COVID-19 pandemic leading to panic and confusion in efforts to fight against the infection. This confusion led to

controversial decisions about who should be treated or tested with the available scarce resources. In a country like Italy, indices such as age were used in deciding who should get treatment and who should not (Han et al., 2020).

Background

In the UK, Public Health England (PHE) recommended re-use of personal protective equipment (PPE) items including facemasks (Cook, 2020). The document further recommended healthcare providers to consider shifting from disposable gowns or coveralls to reusable options, retaining disposable gowns only for high-risk aerosol-generating procedures. The temporary guidance applied only to urgent or emergency face-to-face contacts in a health and social care setting (Cook, 2020). This according to PHE was to ensure that health and social care workers were appropriately protected from COVID-19, where items of PPE were unavailable. This recommendation by PHE on re-using PPE created a lot of panic and confusion among HSCFW (Grimm, 2020). Many of the healthcare workers expressed concern over the new guidance from PHE on re-using PPE in the face of shortages as this recommendation directly violated the WHO guidance (World Health Organization, 2020). The confusion, panic, and lack of PPE items impacted negatively on the psychological and mental wellbeing of these key workers.

While there was a daily report of total diagnosed cases and deaths across the world, what was less known were the challenges that HSCFW in care homes and domiciliary care faced during this pandemic. Health and social care workers are more vulnerable to the pandemic as they meet different people while discharging their duties. These workers in domiciliary care and care homes provide frontline services and are prone to the risk of contracting COVID-19 or even death. According to Sim (2020), a physically and mentally healthy and well-equipped workforce is key to a country's ability to effectively manage COVID-19 cases, and that lessons can be learnt from the SARS epidemic by introducing replica novel working measures that could help to protect healthcare workers from infection. HSCFW is a crucial part of the healthcare system.

As the number of cases continued to rise, the number of HSCFW exposed to COVID-19 also increased. The Center for Evidence based Medicine (Driggin et al. 2020) stated that 13.8% of positive cases were critical key workers in the NHS and other sectors. By 16th of April, the number of positive critical key workers had increased to 16.2%. This caused a huge effect on the workload and stress of frontline key workers thereby further weakening the capacity of the healthcare system to cope with the problem. This situation has grave implications for the ongoing rise in the number of HSCFW with infection owing to COVID-19. Even in the face of personal risk, healthcare staff are often assumed to have a duty to work. This duty is enshrined in the codes of conduct that guide professional healthcare workers (Damery et al., 2010). Nevertheless, an effective health system does not only depend upon the services and skills of healthcare professionals such as doctors and nurses; but also depends on the services of other professionals, such as HSCFWs (Damery et al., 2010).

Considering the above claims, there is an urgent need to explore the challenges affecting HSCFW in the midst of the COVID-19 pandemic. In so doing deduce implications for professionals working in these sectors and sharing lessons learnt through first-hand experience of working in a challenging environment.

Method

The research utilized an explorative qualitative approach (Binder et al., 2012). The fieldwork was undertaken with participants from across the English Midlands region during COVID-19 pandemic.

Participants

Forty in-depth one-to-one, semi-structured interviews were undertaken with HSCFWs who included support workers N = 15, Nurses N = 15, and Managers N = 10. The research participants were drawn from care homes N = 25 and domiciliary care services N = 15. More than 30 organizations were approached, and 20 organizations agreed to take part in the study; see Table 1 for profile information. The aim was to explore the challenges faced by HSCFWs during the period of COVID-19 pandemic.**Table 1**. Profile of research participants. (Table view)

Occupation	Male	Female	20–30 Years	31–40 Years	41–50 Years	51 + Years	Total participants
Nurses	7	8	3	4	4	4	15
Support workers	8	7	4	3	5	3	15
Managers	4	6	1	2	3	4	10
Total	19	21	8	9	12	11	40

Participants were drawn from a sample of individuals who self-identified under the broad umbrella of "health and social care frontline workers". The definition was kept broad to avoid reductive categorization of HSCFWs (Gagné et al., 1997). The research participants were recruited through nursing homes, residential homes, and domiciliary care organizations in the private sector. The researchers contacted managers of the organizations who in turn passed the information to their staff. Only those individuals who expressed interest in taking part in the study had their names passed to the researchers to organize a meeting through online platforms (Zoom, Facetime, WhatsApp) for further information.

Data collection and analysis

All the interviews were held through these online platforms mentioned above. This method of conducting interviews was adopted in line with COVID-19 social distancing guidelines to prevent infection from one person to another (Singh & Adhikari, 2020). All the interviews lasted for 45 min. The interviews were stopped after reaching a saturation point, i.e., when no more new data were being generated from the interviews. The interviews were held between February 2020 and April 2020. All the interviews were audio recorded and transcribed verbatim before analysis. NVivo was used to organize the data to enhance analysis. The data were thematically analyzed, and the emergent themes were supported by quotes from the interviews held with participants (Braun & Clarke 2009).

Ethical considerations

All the research participants were given an information sheet prior to participating in the research study. They also had the opportunity to ask questions. In addition, the research participants signed a consent form, which also granted them the right to withdraw from the study at any time without giving reasons. As this was a sensitive subject, the researchers provided participants with information of counselling and supporting services. Nottingham Trent University ethics committee granted the research study ethical clearance.

Results

Following analysis of the data on the challenges faced by HSCFWs during COVID-19 pandemic, nine themes were identified and are presented next. Table 2 shows the themes and number of participants by job role who discussed these.**Table 2**. Themes discussed and participants by job role. (Table view)

Theme	Managers	Nurses	Support workers
Lack of pandemic preparedness	10 (100%)	15 (100%)	15 (100%)
Shortage of Personal Protective Equipment (PPE),	10 (100%)	15 (100%)	15 (100%)
Anxiety and fear amongst professionals	8 (80%)	15 (100%)	15 (100%)
Challenges in enforcing social distancing	7 (70%)	15 (100%)	15 (100%)
Challenges in fulfilling social shielding responsibility	8 (80%)	15 (100%)	15 (100%)
Anxiety and fear amongst residents and service users	6 (60%)	15 (100%)	15 (100%)
Delay in testing	10 (100%)	15 (100%)	15 (100%)
Evolving PPE guidance	10 (100%)	15 (100%)	15 (100%)
Shortage of staff	10 (100%)	15 (100%)	15 (100%)

Lack of pandemic preparedness

Almost all the research participants agreed that preparations for a pandemic within the sector were inadequate. They also felt that there was no clear or strategic policy dealing with a pandemic in health and social care.

"*No one thought that this was coming, it caught everyone flat footed without any adequate preparations and strategies to deal with a pandemic*" **Female mental health nurse**

"*We didn't know where to start from and what to do it was all confusion as this was a new pandemic never to have been experienced in a health and social care set up*" **Male general nurse**

Shortage of Personal Protective Equipment (PPE)

All the research participants expressed that there was severe shortage of PPE making it difficult for them to discharge their duties. They also felt that in some instance the PPE was not fit for purpose.

"*Most of the PPE we had ran out within two days and we had to wait for days to get some only to last for two days. Honestly, this was the most difficult time to work in health and social care. The few PPE available was not fit for purpose as everyone had little knowledge about COVID-19*" **Female care assistant.**

"*This was the most difficult time to do caring in a nursing home. We had to improvise to make sure that everyone was safe from COVID-19. We waited for so many days with little or no PPE. Honestly in future there is need to get it right*" **A male Learning Disabilities nurse**

Anxiety and fears amongst professionals

Feelings of anxiety and fear of the condition based on the notion that it is not treatable and that some HSCFWs had lost their lives were also reported.

" I had this feeling of anxiety and fear every day when I wake up to go to work … it is mainly because the condition is untreatable and so many colleagues in the profession have lost their lives" **Male General nurse**

"Everyone at work is fearful and anxious we really don't know what to do. No one has knowledge about this condition moreover, it is not treatable. With so many people losing their lives you really don't know your fate" **A male mental health support worker.**

Anxiety and fears amongst residents and service users

The research participants also reported an atmosphere of anxiety and fear among residents and service users. They felt that some residents had so many questions about COVID-19 that could not be addressed as this was a new condition for everyone including the HSCFWs.

"Many service users would ask me a lot of questions about the coronavirus and I could not even answer some of them …. You could see fear and anxiety on their faces. The situation of not being able to provide them with answers is a challenge of its own kind" **A female domiciliary support worker**

"Some residents who normally have visitors found it difficult to cope without their friends and relatives coming to visit them at the residential home … … You could see that they were really anxious." **A male general nurse**

Challenges in enforcing social distancing

Some challenges associated with enforcing social distancing for individuals as some found it difficult to understand the problem and respond in line with the social distancing guidelines were also noted by the research participants.

"It is very difficult to enforce social distancing among individuals as some of them do not understand the problem of COVID-19 and the importance of social distancing" **A female learning disability support worker**

"Remember we care for people living with different conditions from dementia to learning disabilities … it is so difficult for such individuals to stay apart from staff and their counterparts" **A female nursing home manager**

Challenges of fulfilling social shielding responsibility

The research participants reported that they had a duty to protect individuals they looked after in line with the notion of social shielding responsibility. In light of this, many staff had to live in the workplace for days to avoid going out and bring in COVID-19 to the individuals they were looking after.

"You see we as health and social care frontline workers, we have a responsibility to make sure that all people we look after are prevented from any form of disease or condition … .I spent five weeks living at the work place to avoid meeting other people outside and bringing the corona virus to the residents." **A male general nurse**

"Honestly, these have been the most difficult time in my career as a nurse … I have to be responsible and fulfil my obligation of protecting the residents … . This meant that I had to work long hours and live in a makeshift house closer to the workplace to keep the residents safe from coronavirus. Honestly, this can be stressing because you don't know what will happen tomorrow." **A female home manager**

Delay in testing

The research participants reported delays in testing of HSCFWs, resulting in difficulties in knowing whether staff had COVID-19 or not, if they started coughing or showing other symptoms. On many occasions staff would have to self-isolate resulting in shortage of staff.

"There was nowhere to get tested if you start coughing or have high temperature … we waited for the test to be rolled out to frontline workers in health and social care for so long you would not know whether you had it or not." **A female mental health support worker.**

"One other big problem was that there was nowhere to get tested when I started coughing, I had to self-isolate. I do not know whether it was COVID-19 or just a cough. Honestly, I would have done better with a test." **A Female general nurse**

Evolving PPE guidance

The research participants reported ever evolving PPE guidelines from public health authorities and central government. They reported panic among HSCFWs every time the guidelines were changed as they feared contracting COVID-19.

"There are so many changes that are coming every day, today is one thing tomorrow is another one what are the guidance really? It really confuses and panics me" **A female support worker**

"The hygiene guidelines have changed several times since the outbreak of COVID-19. It is really confusing; you begin to think I have been doing it wrong so I might have contracted it already." **A male learning disability nurse**

Shortage of staff

The research participants reported severe shortage of staff due to self-isolation and unavailability of testing opportunities for HSCFWs.

"*There is severe shortage of staff due to absence of staff who might choose to self-isolate once they have a cough not knowing whether it is COVID −19 or not honestly, sometimes shifts are so heavy to do.*" **A male general nurse.**

"The morale at work is sometimes low when you think of the situation. More so, many staff members are not taking up as many hours as they used to do due to self-isolation if any of their family members or themselves catch a cough." **A female domiciliary support worker.**

Discussion

Pandemic preparedness is key to the control and management of infections in workplaces and at homes (Chunsuttiwat, 2008). The research participants reported lack of preparedness within the health and social care sector owing to nonexistence of pandemic control and management policy and protocols. This caused panic and fear among HSCFWs as they could not envisage the extent COVID-19 pandemic was going to cause. It also brought a feeling of uncertainty among them leading to low morale and coordination in the workplace (Aronson & Smith, 2011). In light of the above assertions, it is important that health and social care workplaces have viable pandemic control and management policies to protect both workers and individuals they look after (Roberts et al., 2007). Such policies can provide direction to HSCFWs when they are confronted with a pandemic like COVID-19 as opposed to the feeling of panic and fear when a pandemic strike.

PPE is one of the most important requirements when fighting an infectious pandemic like COVID-19 (Cook, 2020). Nearly all the research participants in this study reported a severe shortage of PPE in their workplaces. This exposed the HSCFWs in many health and social care settings to possible

infection of COVID-19. The shortage of PPE undoubtedly brought fear and anxiety among HSCFWs. This is also compounded by the fact that COVID-19 is untreatable (Santic et al. 2020). Furthermore, the shortage of PPE posed a threat of COVID-19 infection to individuals in receipt of care and visitors. In light of this, there is need for all health and social care organizations to have a clear policy on procurement of PPE. This will ensure adequate stock of PPE and safety for all concerned. More importantly broader policies on procurement of PPE for health and social care organizations need to be reflected as a national policy by central government (Grasselli et al., 2020). This will ensure coordinated supply of PPE in times of pandemic of this nature.

When people are confronted with a pandemic which is new and untreatable, they are often gripped with fear and anxiety (DeJean et al., 2013). This phenomenon is not new as evidenced in the early days of the HIV pandemic and COVID-19, respectively (El Alama et al., 2020; Wheaton et al., 2012). Almost all research participants reported that the emergence of COVID-19 made them feel anxious and fearful, citing that it was untreatable and many HSCFWs had lost their lives. Such anxiety and fear can severely impact on the discharging of duties by HSCFWs. It is important that health and social care workplaces have established on-site supporting systems to counter fear and anxiety in times of pandemics like COVID-19 amongst HSCFWs (Knapp et al., 2011). Such support can take the form of mental health and wellbeing support services for affected HSCFWs. More importantly the initiative needs to be part of national policies to enhance effective support and enforcement from central government, such as through Public Health England (PHE) and the National Institute of Clinical Excellence (NICE) in the UK.

Nearly all the research participants from the study reported feelings of fear and anxiety among the individuals they cared for. Among other reasons the fear was being driven by the absence of treatment and no clear strategies to protect them from COVID-19 (Ho, Chee and Ho 2020). Moving forward, it is therefore important that health and social care organizations equip their HSCFWs with skills to support individuals they look after during pandemic periods.

In times of any infectious pandemic, social distancing is important in preventing infection among the population (Fong et al., 2020). Social distancing is especially important in preventing infections in enclosed spaces like buildings and workplaces. Almost all the research participants reported challenges with enforcing social distancing among the individuals they care for. Such challenges were common among individuals with severe debilitating conditions including those living with dementia (Krumer-Nevo & Benjamin, 2010). There is greater need to prepare for such challenges when working with people affected by different conditions. It is also important to increase the ratio of staff to individuals during a pandemic to make sure that individuals are helped to maintain social distancing and prevent cross-infections. Furthermore, individual care organizations should have strategies for implementing social distancing in times of an infectious pandemic.

Social shielding in health and social care involves an obligation to protect individuals living in care (Lustig, 2010). More importantly the principle goes beyond mere protection of individuals to include empathy and commitment on the part of HSCFWs. In this study, the research participants reported challenges with social shielding during the COVID-19 pandemic. During this period HSCFWs had to contend with staying at workplaces for weeks to protect the individuals they were looking after from being infected with COVID-19 (Yu et al., 2018). It is also important to acknowledge that the HSCFWs underwent this sacrifice of social shielding not only for the individuals they cared for but also for their families as travelling to and from work could increase their chances of acquiring infection from COVID-19. It would seem important for health and social care organizations to have clear strategies to manage the principle of social shielding without causing strain on the HSCFWs.

Jernigan et al. (2011) suggest that testing where there is pandemic potential is critical for prevention and public health interventions. The research participants reported that staff were unable to access diagnostic testing for COVID-19 at the point of need. The rapidly evolving pandemic presented several barriers to rapid testing of HSCFWs. Burke (202), cited accuracy and reliability of tests, getting the right supply of equipment and logistics as challenges associated with delay in testing. Whilst it is possible that some HSCFWs would have tested negative for the coronavirus the uncertainty regarding cause of disease or symptoms had an impact on management decisions (Binnicker, 2020). Seto et al. (2011) report a phenomenon where care practice in unconfirmed cases commonly leads to unprotected exposure. McMichael (2020) reported that a care home in Washington, USA had 81 residents, 34 staff and 23 deaths following the outbreak of COVID-19. Based on the views of participants in the current study, there looks to be a need for a robust COVID-19 testing policy which prioritizes frontline workers to make sure that new cases can be controlled (Department of Health and Social Care 2020). However, the health and social care sector arguably remained a blind spot in prioritization as seen by the manifestation of COVID-19 in the UK. McMichael (2020) suggests the rapid contact tracing and testing of care home communities to mitigate devastating outcomes can be key in alleviating surging cases of COVID-19. Improvement in availability of testing at the point of care is essential (Jernigan et al., 2011). There is a need to improve understanding of the way in which COVID-19 spreads in care homes, as evidence from influenza suggests that vulnerability of residents provides a conducive environment for rapid infection (Lansbury et al., 2017).

Published guidance on PPE during the unfolding of a pandemic are a "living document" (Patel et al., 2010). The principle of a living document is that it can be amended when there is scientific, reliable, and valid evidence to update the guidance in a specific area, whilst the rest of the document can remain intact (Kraemer, 2013). Between 10 January 2020 and 27 April 2020 Poon et al. (20202019) published 24 PPE-related guidance all with regular updates. Only the guidance on the 27 April was specifically written for health and social care settings (care homes and domiciliary care). Prior to that it was incumbent on HSCFWs to stay abreast of all the guidance to sift out what was relevant to their own situations and risk assessments. The research participants reported ever-changing guidelines on managing COVID-19 as confusing and worrying as with each amendment staff were left in doubt about the robustness of their infection control practice. According to the participants, there is need for an appropriate national policy on PPE procurement and utilization. Such a policy should be cascaded down to all health and social care organizations to enable consistency and sustainability. The potential of health and social care settings to be high attack areas should be taken seriously and guidance made clearer and earlier before a future pandemic outbreak. Staff would also benefit from infection control training relevant to the pandemic outbreak.

Whilst in the UK the NHS often grabs publicity, reports from the last decade show that the UK health and social care sector has been blighted by a fragile workforce. Almost all the research participants reported a severe shortage of staff worsen during COVID-19 pandemic. Hurst and Smith (2011) reported that there was a 30.8% turnover rate in adult social care, almost 440,000 leavers annually. It also estimated that there were 7.8% vacant roles, almost 122,000 vacancies at any time. 58% of domiciliary staff were on zero-hours and the sickness absence rate equated to approximately 6.48million that year (an average 4.8 days per person). Buchan et al. (2017) identified that the number of nurses in health and social care is also in decline. The pandemic resulted in increased staff absence, exacerbating staff shortages and workload. The study found that due to staff following "household isolation" guidance they were absent from work for 7–14 days. Others identified as "extremely vulnerable" were also absent due to social shielding (Poon et al. 2020). Beech et al. (2019) described the preexisting staff shortage as severe and hampering safe delivery of care. It is important to note that the pandemic worsened the situation. Central to easing pandemic staff shortages in health and

social care during pandemic times is the need for rapid diagnostic testing and tracing of suspected cases of COVID-19.

It would therefore be prudent to act proactively to protect frontline care workers. The current study results point to a need to address shortages in the sector through effective national recruitment strategies and adequate funding to the sector. The research participants also mentioned creative strategies where staff rotas included sleepovers and live-in care arrangements made to enable them to stay at work without risking exposure to their families and households. The overhead costs, e.g.,, food, accommodation, and transport were solely borne by care providers in an already underfunded sector (Watkins, Wulaningsih & Da Zhou 2017). In contrast, similar working arrangements for NHS staff were substantially covered or subsidized through publicly raised charity funding (Sachs & Group, 2020). There is arguably a pressing need for the central and local government including other stakeholder organizations to mount a coordinated effort to find sustainable strategies of funding to meet unprecedented staffing costs in health and social care.

Implications for organizations and central government

Craft literacy and craft competence involve the idea that organizations are designed and operated by humans and that skill to do each task in a way that is sensitive to the particular environment is critical in addressing challenges experienced by communities (Moyo 1989). Our results suggest a need for the central government to have clear sensitive policies to deal with pandemics like COVID-19. Such policies will need to be cascaded down to all sub-organizations involved in health and social care. Craft literacy and craft competence among health and social care organizations when designing policies to manage pandemics like COVID-19 cannot be overemphasized. All health and social care organizations would benefit from a mandatory course on pandemic management to ensure that all staff are prepared in times of pandemics like COVID-19. More importantly, the central government should have a clear policy and strategy on the procurement of PPE to prevent shortages during pandemic periods like what happened during COVID-19 pandemic. Strong policy and practice among health and social care organizations could provide a robust occupational health service for their staff to prevent and treat mental health among their frontline workers during pandemic periods like COVID-19. Public health departments should work together with health and social care organizations to make sure that testing of HSCFWs is made a priority during any pandemic like COVID-19 to ensure that care of individuals is sustained.

Limitations

This study was limited to the English Midlands region. A wider study involving other regions in the country may need to be carried out in future to enhance comparisons and confirmation of challenges cutting across England. The study was qualitative in nature only utilizing interviews. A study involving mixed methods on these issues may need to be carried out in future to enable the exploration of all the issues from different approaches.

Conclusion

The results of this study regarding the impact of COVID-19 suggest that health and social care organizations are not adequately equipped to deal with extreme pandemics like COVID-19. Therefore, with a view to strengthening future pandemic preparedness, a coordinated approach between government and health and social care organizations in order to manage and contain such pandemics is needed. Furthermore, greater efficiency in testing and isolation of affected individuals by COVID-19 would appear key in managing and preventing the spread of the pandemic.

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