

### In this article...

- Recognising that long Covid is a multi-system disease
- Why nurses are at high occupational risk of long Covid
- What the NHS needs to do to support nurses with long Covid

# Long Covid 3: supporting nurses with long Covid in the workplace



COVID-19

## Key points

**Nurses are at high occupational risk of long Covid**

**Support for nurses with long Covid varies across trusts**

**A flexible approach and redeployment opportunities will reduce the loss of nurses from the workforce**

**Having a lead nurse for long Covid in every NHS organisation can help ensure effective support**

**A formal assessment is needed of the effect of long Covid on the NHS workforce, and standardised support should be provided for all NHS staff**

**Authors** Elaine Maxwell is visiting professor, London South Bank University; Alison Twycross is chair, Long Covid Nurses and Midwives UK and editor-in-chief of *Evidence Based Nursing*; Jo House is a reader in environmental science and policy at Bristol University.

**Abstract** Due to high levels of occupational exposure to Covid-19, nurses have a high incidence of long Covid. Some can return to work but need reasonable adjustments, while others are unable to work for long periods and need financial and professional support. To avoid individual suffering and a substantial loss of the workforce, it is imperative that employers and the professional regulator consider how to support these nurses over the longer term.

**Citation** Maxwell E et al (2022) Long Covid 3: supporting nurses with long Covid in the workplace. *Nursing Times* [online]; 118: 8.

Long Covid is a multisystem condition, affecting both the body and the mind. In the first two articles in this series, we discussed its diverse range of symptoms and long-term physical effects (Maxwell et al, 2022), its effect on mental health, and how nurses can support patients (Stucke et al, 2022). However, health workers themselves are more affected by long Covid than the general population, with many facing difficulties returning to work, lack of support and even loss of employment as a result. Yet there is much that can be done to support them better, as they supported their patients during the pandemic.

The risk of contracting Covid-19 is greater in health workers, with antibodies to Covid-19 in health workers at one London hospital detected at double the rate of the general population (Grant et al 2021). This is thought to be due to a higher rate of exposure to patients with Covid-19, with staff working across different teams and workplaces increasing potential exposure (Smallwood et al, 2022). The Office for National Statistics (ONS) estimated that in

June this year, 3.55% of people working in healthcare had ongoing symptoms following a Covid-19 infection lasting for more than 12 weeks (ONS, 2022). Perhaps unsurprisingly, the highest infection rates are seen among nurses (Smallwood et al 2022; Bandyopadhyay et al, 2020), possibly due to their prolonged direct contact time with patients (Gómez-Ochoa et al, 2021).

An online survey of 145 UK workers (50% from health and social care, 14% from education) with post-Covid-19 symptoms found only 15% had managed a full return to work (Lunt et al, 2022). Just 13% rated their physical capacity to work as 'good' or 'very good' and 18% their mental capacity as 'good' or 'very good'. Difficulties in resuming work were attributed to symptom unpredictability, job demands, the challenge of managing symptoms and unhelpful attitudes and expectations with manager and peer support reported as variable. This reflects the experiences people share with long Covid support groups.

Nurses make up the largest part of the health workforce and so will be the largest single occupational group affected. Some of

## Clinical Practice Discussion

### Box 1. Aims of Long Covid Nurses and Midwives UK

The campaign and advocacy group Long Covid Nurses and Midwives UK aims to ensure:

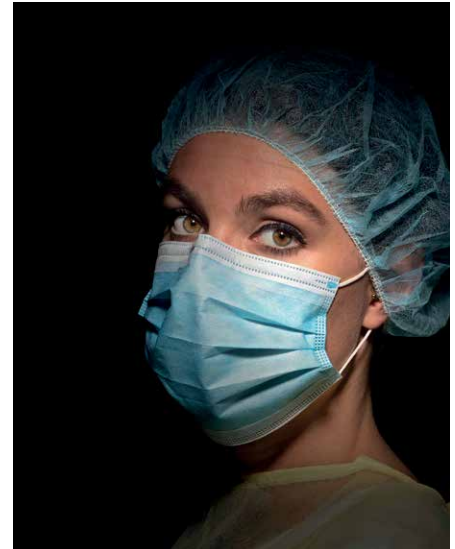
- Nurses and midwives with long Covid in the UK receive the support they need while off sick, when returning to work and/or when leaving work
- The voices of nurses and midwives with long Covid in the UK are heard at all levels of the health service across the four nations
- Recognition of long Covid as an occupational disease across the UK

Find out more at [lcnmuk.co.uk](http://lcnmuk.co.uk)

these nurses are unable to work while others have returned to work, but with debilitating symptoms that may affect their practice, meaning they often struggle to return to their previous roles and hours. However, the authors have been unable to find any studies that focus on long Covid in health workers.

Long Covid has profound consequences for individual nurses as well as their colleagues and patients. Research by the All Party Parliamentary Group (APPG) on coronavirus estimated the NHS lost 1.82 million health worker days to long Covid from March 2020 to September 2021 across England's 219 NHS trusts (APPG,

2022). Many health workers, unions and the APPG (2020), are calling for Covid-19 and its sequelae, including long Covid, to be considered an occupational disease. The novelty of long Covid means employment terms and conditions are unclear. Long Covid as a condition has not been designated as a disability, despite over 376,000 people in June 2022 having been estimated to have symptoms lasting over two years (ONS, 2022). However, individuals who have had long Covid for 12 months or more may fit the criteria for being disabled (Advisory Conciliation and Arbitration Service, 2022). Despite this, many people struggle to have



***“It is important employers and colleagues make reasonable adjustments to keep nurses with long Covid in employment wherever possible”***

### Box 2. Case study: Sue Champion

“Before going back to work, I already had a six-week phased return plan in place devised by occupational health. They were aware of what my limitations would be and the types of work I would and would not be able to do, and the plan allowed for a gradual build-up of hours. This plan was sent to both my ward manager and HR. Going back into my original role on a busy ward, was not going to be an option. I needed a calmer environment, whereby I could work at my own pace but still be productive.

“For my phased return I was able to work from home with remote access and get all my training back up to date. It did take a while to find work and I had to complete a redeployment application to reach out to the wider trust rather than just within paediatrics. I was finally redeployed, and I am now working within a team and department that allows me to primarily work from home. I can plan and pace my work, and I can rest when I need to.

“Before I started working in my new role, I met the director of the department for an informal chat over a cuppa. That gave me a chance to explain what I had gone through with my long Covid and where I was currently with my health. They had the opportunity to ask questions too. We both felt that we could use my experiences for a project on long Covid.

“I later met other members of the team who I would be working directly with, and once again we discussed long Covid. They were all open, curious and asked questions. It gave me the opportunity to be able to educate others as so many people still do not know or understand long Covid. My whole team has been very supportive and understand that it can be two steps

forward one day but one step back for the next few days. They encourage me to not overwork and to rest. I couldn't ask for better support.

“I do not currently work in a clinical area, and as yet I do not know if I will be able to return to my ward in my original clinical role as a paediatric nurse. My trust are giving those that have long Covid, up to a year from when they started work again to return to their roles. If that is not possible then there will be a discussion on where we can work within the trust.

“When I think ahead to next year I do get upset. In many ways I am no further forward with understanding or having a diagnosis with the health problems that have come from long Covid. I do not know if I will get better or heal. I do not know if I will be a nurse on a ward again. This is especially upsetting as I have only been qualified four and a half years, and I am not ready to give up on that.

“I am incredibly lucky to be working where I do. To be working with such a great and understanding team. When I discussed with a colleague that I did not know what I would do if I could not return to my old role, they were quick to say that I should stay with the team, the department. I was touched.

“I do enjoy my current role, and despite Covid and long Covid having taken so much from me, it has also given me many opportunities. I have found new skills, re-implemented old ones, and I am in a position to advocate and educate people about long Covid.

“Time will tell.”

reasonable adjustments put in place to support their return to work despite their rights under the Equality Act 2010.

Registered nurses with long Covid may need help to retain their registration, with 'keep in touch' participatory education sessions and assistance to use their experience and voluntary work for long Covid advocacy groups in reflective accounts for revalidation with the Nursing and Midwifery Council (NMC) (2022a).

In January 2022, Long Covid Nurses and Midwives UK was set up as a campaign and advocacy group, in part due to the number of distressing stories about how nurses with long Covid were being treated as they tried to return to work and the inconsistencies across organisations (Box 1).

Given the huge vacancy rates in nursing before the pandemic, the system cannot afford to lose more staff to long Covid. NHS England does not record the number of nurses with long Covid. However, using the June ONS (2022) estimate that 4.55% of

UK health workers have long Covid symptoms for four weeks, we estimate that 14,600 (4.55%) of the 321,000 registered nurses employed in the NHS in England currently have long Covid symptoms. This is equal to more than half of the 23,408 internationally educated nurses joining the NMC register for the first time (NMC, 2022b). By the same calculation, a further 7,800 nursing support staff in the NHS in England – 4.55% of the 171,041 nursing support staff in NHS in England reported by NHS Digital (2022) – are likely to have long Covid. Given this, it might be expected that effective and equitable support for nursing staff with long Covid would be being put in place, but such support appears to be variable. Going forward, it is important that employers and colleagues make reasonable adjustments to keep nurses with long Covid in employment wherever possible. The case studies presented in Box 2 and Box 3 describe how employers can support nurses in returning to work.

Responding to nurses with long Covid requires sensitive assessment. Many people with long Covid report that they are frequently not believed, particularly if they cannot produce a biomedical marker of disease. While long Covid was novel for many people in 2020, there is now ample evidence of the symptoms and their impact, as discussed in the first and second articles in this series. NHS England and NHS Improvement have developed guidelines for supporting colleagues with long Covid (NHS England, 2022). However, feedback from support groups such as Long Covid Nurses and Midwives, and Long Covid Support indicates guidance is being interpreted differently across different trusts, leading to widely differing experiences, with many health workers losing their jobs entirely.

For those who can return to work, it is important to understand how their ongoing symptoms may affect their practice. This includes ensuring that threats to the safety of their practice (for example,

### Box 3. Case study: Alison Love

"My main challenge in returning to work within ICU was and continues to be fatigue. I first tested positive for Covid-19 in May 2020 and unfortunately again in February of 2022 (although I feel I recovered quickly from this episode with no deterioration noted in my long Covid symptoms).

"I was initially unwell in 2020 with flu-like symptoms, breathlessness etc, and also developed pneumonia, which was treated with oral antibiotics, but I was never hospitalised. It was only as the weeks went on, when new symptoms appeared and pre-existing ones worsened, that I began to be concerned that there was something else 'going on'.

"Post my initial infection I had a myriad of various symptoms including severe joint pain, brain fog, marked hair loss, marked weight gain and most worryingly severe palpitations. Following cardiac referral, I was diagnosed with secondary heart block and single-vessel coronary heart disease, which I am now on treatment for. However, as I have already stated, the most troublesome aspect was severe fatigue, unlike anything I had ever previously experienced. I was constantly exhausted, no matter how much sleep or rest I managed to have.

"Fatigue continues to be my main issue and I originally attempted a phased return in February of 2021, but unfortunately due to several factors this wasn't successful. At this time there was no clear programme in place to facilitate a phased return to work and within four weeks I had relapsed to a point that I was unable to continue. Towards the end of last year, I was able to take part in an eight-week Covid rehab group organised by occupational health. The team was comprised of nursing staff, physiotherapists, occupational therapists and a psychologist. This took the form of a two-hour online session once per week and covered various issues related to long Covid including fatigue and pacing, breathlessness, cardiac symptoms and psychological

support. Following the course, I had a one-to-one meeting with a member of the long Covid support service and several adjustments were put in place to aid my return to work. These include a phased return over 12 weeks initially starting at three hours three times per week, which was changed to two longer shifts per week as I found travelling between my home and base to be extremely tiring. I have now increased to two seven-hour [shifts] per week and am coping well and I will continue to gradually increase my hours, following discussion with my line manager, as I feel able. I will remain supernumerary throughout my phased return. I begin one of my shifts at a later time and, by my own choice, one at my usual starting time. A parking permit is being arranged so I don't have to spend time looking for a car parking space and also a plan to ensure I have regular breaks.

"My colleagues, line managers, HR, the Royal College of Nursing and occupational health have all been extremely supportive and I feel very grateful for this as I know it has not been the case for others. I believe my colleagues are all aware of the fluctuations in my health. The support shown by NHS Greater Glasgow and Clyde for those staff members with long Covid, is a true example of best practice. I know I have been very fortunate to have this ongoing support and am also fully aware that this is not the case for many.

"I have worked in ICU for more than 25 years and I feel confident in my abilities within the area. I quickly recovered from brain fog and have no problems with cognitive abilities, which may hinder others in clinical areas.

"My hope is that [by] continuing to raise awareness of the devastating effects of long Covid and highlight[ing] what support and reasonable adjustments can be put in place then all members of the long Covid nursing community will be afforded the same support that I have."



## Clinical Practice Discussion

loss of situational awareness due to pain, brain fog and fatigue) are mitigated through shorter work periods, reduced clinical responsibilities and supportive supervision. The risks are different for each nurse with long Covid and will vary across different clinical settings. The fluctuating nature of symptoms also needs to be considered. However, there are options for allocating nurses with long Covid to areas that can manage frequent breaks and shorter shifts, such as virtual wards. The case study in Box 2 shows how such adjustments were made for one nurse with long Covid.

Many people with long Covid do gradually recover to full health, but an estimated 376,000 of people have been debilitated for two years to date (ONS, 2022) and this figure is expected to rise significantly with the effects of subsequent waves of Covid-19. Ward managers and team leaders need to make individualised assessments using a person-centred approach, drawing on best practice guidelines, such as those provided by the Chartered Institute of Personnel Development (CIPD, 2022). Nurse managers need access to specialist advice in human resources, occupational health and from specialists in long Covid. We suggest every NHS organisation should have a lead nurse for

long Covid to ensure effective and equitable treatment for all based on the best evidence available and to ensure nurses can return to clinical practice in a safe and sustainable way.

**QUICK FACT** **14,600**  
Registered nurses in the NHS in England who may have long Covid

### Conclusion

This article on how to support nurses with long Covid concludes our series. In these articles, we have shown how long Covid is a multisystem and potentially long-term life-changing disease, affecting both the body and the mind. Nurses are at high occupational risk of long Covid and the NHS needs to ensure that staff affected are given the right support, not only in its duty as employer, but to avoid losing high numbers of nurses from the workforce. **NT**

### References

- Advisory Conciliation and Arbitration Service** (2022) Long COVID – Advice for employers and employees: whether long COVID is treated as a disability. [acas.org.uk](https://acas.org.uk) (accessed 8 July 2022).
- All Party Parliamentary Group** (2022) *Long Covid Report March 2022*. APPG Coronavirus.
- Bandyopadhyay S et al** (2020) Infection and mortality of healthcare workers worldwide from

Covid-19: a systematic review. *BMJ Global Health*; 5: 12, e003097.

**Chartered Institute of Personnel and Development** (2022) *Working with Long Covid Research Evidence to Inform Practice*. CIPD.

**Grant JJ et al** (2021) Seroprevalence of SARS-CoV-2 antibodies in healthcare workers at a London NHS Trust. *Infection Control and Hospital Epidemiology*; 42: 2, 212-214.

**Gómez-Ochoa SA et al** (2021) COVID-19 in health-care workers: a living systematic review and meta-analysis of prevalence, risk factors, clinical characteristics, and outcomes. *American Journal of Epidemiology*; 190: 1, 161-175.

**Lunt J et al** (2022) Experiences of workers with post-Covid-19 symptoms can signpost suitable workplace accommodations. *International Journal of Workplace Health Management*; 15: 3, 359-374.

**Maxwell E et al** (2022) Long Covid 1: assessing the long-term health effects of Covid-19. *Nursing Times*; 118: 6, 18-21.

**NHS Digital** (2022) *NHS Workforce Statistics Feb 2022*. NHS Digital.

**NHS England** (2022) *Guidelines for Supporting our NHS People Affected by Long COVID*. NHS England.

**Nursing and Midwifery Council** (2022a) *Revalidation*. NMC.

**Nursing and Midwifery Council** (2022b) *The NMC Register 1 April 2021–31 March 2022*. NMC.

**Office for National Statistics** (2022) Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 June 2022. [ons.gov.uk](https://ons.gov.uk). 1 June 2022 (accessed 29 June 2022).

**Smallwood N et al** (2022) COVID-19 infection and the broader impacts of the pandemic on healthcare workers. *Respirology*; 27: 6, 411-426.

**Stucke J et al** (2022) Long Covid 2: supporting the mental and physical needs of patients. *Nursing Times*; 118: 7, 41-44.

## ENTER THE Nursing Times CPD Zone



- User-friendly **online CPD learning units** on the fundamental aspects of nursing care
- Each unit is worth two hours of CPD
- Use as part of your NMC revalidation



- Your **personal e-portfolio** to store CPD and revalidation evidence
- Record reflective accounts, practice-related feedback and log practice hours



- Guidance on how to **register and complete** the NMC Online Revalidation process
- NMC forms to complete and log reflective discussions and confirmations
- Revalidation summary



- Bite-size CPD to test your understanding of selected clinical articles
- Each Nursing Times Self-assessment article has a multiple-choice assessment with feedback



- Clinical articles with Nursing Times Journal Club discussion handouts for participatory CPD

### START EARNING CPD HOURS






See our  
recently  
updated  
learning  
units



**Catheter Care:**  
Managing Indwelling  
Urinary Catheters in  
Adults



**Clinical Record-keeping**

ENTER THE CPD ZONE NOW:  [bit.ly/CPDZONE](https://bit.ly/CPDZONE)  +44 (0) 203 953 2153  [help@subscribe.nursingtimes.net](mailto:help@subscribe.nursingtimes.net)