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Sumner, Rachel C ORCID logoORCID: <https://orcid.org/0000-0002-2421-7146> and Kinsella, Elaine L. (2021) People's Covid Inquiry Witness Statement for Dr Rachel Sumner and Dr Elaine Kinsella Session 8: 2 June 2021 Impact on the population |2| Families, NHS Staff, Mental health. In: People's Covid Inquiry SESSION 8 Impact on the population | 2 | Families, NHS staff, mental health, 2nd June 2021, Online.

Official URL: <https://www.peoplescovidinquiry.com/copy-of-summary-session-8>

EPrint URI: <https://eprints.glos.ac.uk/id/eprint/10021>

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Witness Statement for Dr Rachel Sumner and Dr Elaine Kinsella

Session 8: 2 June 2021 Impact on the population | 2 | Families, NHS Staff, Mental health

STATEMENT

We (name) Dr Rachel Sumner¹ and Dr Elaine Kinsella²

Job title/ role/ ¹Senior Lecturer in Psychology, School of Natural &
Social Sciences, Univ. of Gloucestershire and ²
Lecturer in Psychology, Department of Psychology, University of Limerick

will say as follows:

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 2 June 2021
2. I am able to attend and give evidence. If unable to attend, I agree to my statement being considered by the Inquiry.
3. What is your job/ role/ occupation – how long doing this for/ brief summary of background/ experience - if possible, attach CV to statement

RS is a senior lecturer in Psychology at the University of Gloucestershire, and have been in this post for five years. She has been a researcher in stress and health for nearly ten years and has a particular interest in chronic stress and how this affects health and wellbeing. A CV will be appended to this statement.

EK is a chartered psychologist and lecturer in psychology at the University of Limerick, Ireland. She is an expert in organisational psychology and leadership. She has been in post at University of Limerick for five years.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

My colleague, Dr Elaine Kinsella (University of Limerick), and I established the CV19 Heroes project (www.cv19heroes.com) in March 2020 to track the welfare of all sectors of frontline workers during the pandemic. Our longitudinal study has recruited workers from health care, care homes, social work, education, civil defence, emergency services, supermarkets, and a wide variety of other frontline roles. We have produced several papers from these data thus far, and our data collection is ongoing. We will happily provide our publications to the enquiry as they are released in due course.

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism?

RS is a psychobiologist, and specialises in how psychological experiences such as stress can affect health and wellbeing. Her research in the past has looked at both positive and

negative factors that influence physical and mental health. Her particular specialism is understanding cellular markers of health (immune cells or hormones), however that methodology has been put on hold during the pandemic. Her background is in health psychology, with a particular specialism in infectious disease. Her PhD was working with people living with HIV, and she has professional training in health psychology that underpins her understanding of health behaviours, infection transmission factors, and a basic understanding of viral pathogenesis. Her more recent work has focused on occupational stress, and how this can have an impact on the physical functioning of the body to deteriorate health, but also how it has an impact on mental health.

EK is a chartered psychologist with over 14 years of experience between industry and academia, and has specific expertise on the dynamic social psychological processes that shape social change and activism, health and wellbeing, and work performance. Since the start of the pandemic, she has been tracking the psychological aspects of working on the frontline across all sectors in the UK and Ireland.

6. What in your view were the original vision and principles underpinning the NHS?

We understand the NHS to have been established to provide equitable access to high quality healthcare, free at the point of access, available to all. The spirit of universal healthcare has been woven into the cultural fabric of the UK for 70 years, and the NHS is a cultural institution that is a source of great pride within the country. The original vision posed by Nye Bevan was that high-quality healthcare should be provided to all, for free, and according to need rather than capacity to pay.

Please outline your testimony below and/or attach references, articles, reports which will provide the panel with relevant information.

Evidence Overview

Our work is primarily concerned with the psychological wellbeing of frontline workers during the Covid-19 pandemic, with a particular focus on social, organisational and political factors that influence their experiences at work.

Our work has highlighted that those working on the frontline in all sectors (health and social care, community supply chains, civil defence etc.) are not faring well. Our initial study into data collected between March and May 2020 revealed that those in the UK (compared to those based in Ireland) had lower wellbeing than population norms, and were experiencing burnout (Sumner & Kinsella, 2020). In preliminary analyses of comparing particular work sectors, those in health and social care are showing patterns of high exhaustion, whereas those in community supply chains (i.e. supermarket workers, postal workers, delivery drivers, other essential retail) show a slightly different pattern of burnout, where they are less exhausted than those in healthcare, but are manifesting higher levels of cynicism and more feelings of inadequacy. These aspects are important components to burnout, and indicate that the stress of their situation is having a damaging effect on their welfare. Those in supply chains also seem to have lower wellbeing than other sectors as well. We will be

looking at this more closely in the near future. In our 6-month update of our survey in October 2020, nearly 83% of those in the UK that responded were reporting clinically recognisable levels of PTSD. In our latest update of our survey in March-April 2021, we have seen a slight dip to 75%. It is important to remember that these are self-report scales, and that whilst they indicate a worrying pattern of trauma, they are just an indication.

Government Messaging

Overall, our research has consistently indicated the far-reaching impact of government messaging and behaviour on the experiences and perceptions of those working on the frontline. The government messaging has been criticised as unclear and ambiguous (Kinsella et al., In Press). This messaging becomes very problematic when perceived as a rule for some but not for others. Participants have highlighted the incongruity of asking for compliance and the well-publicised breaches of public health rules by key leadership figures. In both the UK and Ireland, these instances stand out in the minds of frontline workers as pivotal events, leading to reduced compliance and trust, and influencing their own personal experiences at work.

We have had some feedback from some frontline workers, who have perceived government messaging to be inadequate and directly encouraging or otherwise facilitating poor compliance with public health behaviours:

“Govt not got a clue how the frontline workers really feel, second wave lockdown is pointless as most people ignoring it and the spread is from school and uni attendees.” (6 month survey – Oct 20)

“I'm worried about pubs reopening because of the hysteria the locals will have, last time they were partially open there were crowds of people on the street afterwards with no social distancing and the police did nothing.” (12 month survey – April 21)

“In the first wave it showed how the population were standing together and the generosity give to those who needed it was incredible. The NHS and frontline workers were thought of by all but after the Government showed the UK how not to stick to the rules the public started to have enough of the isolation and that's where it all changed. People have had enough of life not being the same so they just ignored the rules and did what they please. Frontline workers were just there to take the abuse and anger from the public. The majority of the public have had enough and want life back. If the Government listen to the economy is more important than life then the public think what's the point.” (12 month survey – March 21)

Psychological Impact

Our research has shown that frontline workers in the UK during the first wave were significantly worse off than those based in Ireland (Sumner & Kinsella, 2021a Sumner, R. C., & Kinsella, E. L. (2021a). Grace Under Pressure: Resilience, Burnout, and Wellbeing in Frontline Workers in the United Kingdom and Republic of Ireland During the SARS-CoV-2 Pandemic. *Frontiers in psychology*, 11, 3757.

<https://www.frontiersin.org/articles/10.3389/fpsyg.2020.576229>).

Of key importance is the workers' view of government action in the pandemic. The UK-based participants rated the government's timelessness, effectiveness, and appropriateness of

action far lower than those based in Ireland. The perception of this lack of timeliness was a critical factor for those in the UK, as it appears to be driving their lower resilience, higher burnout, and lower wellbeing (Sumner & Kinsella, 2021a). In our latest update of the survey (March 21), these figures remain very low, and are far lower than similar ratings provided by those in Ireland.

In our interview analyses, participants in healthcare noted that the NHS began the pandemic in a disadvantaged position, and had limited support, with mixed reports on the availability of PPE and testing (Kinsella et al., In Press). Many have spoken of feeling great pride in their role and that of their colleagues', but have been overwhelmed by the scale of sickness and death that they have been witness to. They frequently mentioned feeling let down by the government, and noted the "chaos of government advice", and that they found the government response to Covid "indefensible". The clap for carers was initially seen to be a positive thing, but this soon gave way to feeling like it was an abdication of responsibility on the part of the government (Kinsella et al., In Press). They have mentioned the notable breaches of public health measures from key figures in leadership, and how this has been a particularly difficult for them to deal with. There are frequent mentions of not feeling valued:

"Being a frontline worker but not being a priority group for a vaccine shows how little value the government place on teaching staff." – 12 month survey, April 21

"The government do not care about us that have worked throughout this pandemic and they have not even helped us or even rewarded us." – 12 month survey, March 21

"I feel unappreciated for my efforts, and while we clapped for carers, nursery workers & the social care sector were the forgotten sectors." – 12 month survey, March 21

"I feel like I don't matter. Every other person was furloughed for protection & made to stay at home. We go to work for peanuts with our flimsy PPE crossing our fingers we can beat it. The government sicken me with their lack of empathy. 30%payrise for them & a clap for us.... What a mug I was for being a nurse is the way I feel." – 12 month survey, April 21

"Feel the government have been slow to respond, focussing more on the economy than health, the vaccine progress is testament to the NHS yet they would rather pay their friends for poor delivery of services than paying the NHS properly for outstanding work. I worry about how people behave when allowed out, that it just puts us more at risk of further lockdowns." – 12 month survey, April 21

"It's been a rollercoaster. My immediate team are absolutely amazing, but I lack confidence in my trust and feel hugely let down by the government. Cannon Fodder absolutely nails it." – 6 month survey, October 20

"I feel let down by the government when they gave other frontline workers a pay rise for their efforts! But failed to give the real frontline workers a pay rise, it's like you have to do it so carry on. They failed to recognise our value and that betrayal runs deep." – 6 month survey, October 20

“I feel valued in my team and organisation, I don’t feel valued by the public any longer, or at all by our government in any way.” - 6 month survey, October 20

Mental Health consequences

Our work is outlining the growing element of burnout in frontline workers, and sadly many are talking of leaving their roles once the pandemic is over (Kinsella et al., In Press). We have also seen a great deal of PTSD beginning to manifest in those on the frontline, and how that will play out we are not yet sure. Generally speaking, those in critical roles (particularly those in healthcare) are often quite robust when it comes to experiencing this type of occupational stress, in part because they train for it, but also in part because it is their role and it is in a sense who they are. What has seemed to be particularly difficult for frontline workers, however, is that they have seen little (or at the least waning) solidarity from the part of the government and the public. The notable breaches of public health guidance have to them seemed to undermine all of their hard work and sacrifice (Sumner & Kinsella, 2021b), and this is now seeming to have an eroding effect on their ability to cope with the strain of this exceptional work (publication in preparation). There are a few factors tied up into this, there is a role for the media in their frequent and sensationalised reporting of guidance infractions, but also the sharing of images and articles on social media that have seemed to many on the frontline to be the government and the public abandoning them to fight the pandemic on their own (Sumner & Kinsella, 2021b). Of course, we know this isn’t the case because the public have been largely very dutiful and diligent in their restrictions of their own activities, often at great psychological cost to themselves, but the media and social media have magnified instances of going against the rules.

For many in healthcare, the rule breaking (particularly by those in leadership), the renegeing on promises of adequate compensation, and the poor guidance that has led to delay in taking proper actions against the virus is now leading them to question whether they will remain in their roles after the pandemic:

“This career is not worth it anymore. I tell my children NEVER become a nurse.” – 6 month survey – October 2021

“I feel so let down. I always though higher levels of management would have my safety as paramount when I'm at work. I feel devalued and disrespected by the very people who should be helping keep me safe. I believe leaving my job is the only way to keep my physical and mental health safe.” 6 month survey – October 2021

“I feel demoralised by the government not willing to discuss lack of staff in nursing/poor pay / vacancies/ many nurses are older and many of my contemporaries are looking at retiring early! Demoralised tired sad are all words I keep hearing and many colleagues are feeling.” – 6 month survey – October 2021

“As a result of covid and redeployment to other wards, I am leaving my ICU job to the community.” 12 month survey – April 2021

“There is a crisis of nurses leaving the profession due to covid and the trauma of what we have seen, what we had to deal with and how unsafe the staffing was. In my ward alone, since covid began, over 9 nurses have left acute medicine not to return, all highly skilled nurses. In my trust we did not get rewarded for our endeavour, we got a £4 coffee voucher for working the front line, which had to be spent in 2 days.” – 12 month survey – April 21

Supporting the needs of frontline workers

We have established from our baseline study that the aspect of resilient coping style is important in protecting frontline workers from the harms of this sustained and stressful work (Sumner & Kinsella, 2021). Resilient coping styles can be taught, and so one of our recommendations is that this is looked at in occupational training in the future. The one caveat here is that this may be a short-term solution as sometimes these styles of coping can be harmful when deployed over time (such as across the trajectory of the pandemic). In the longer-term, these coping styles may promote stifling feelings of stress, which can eventually lead to burnout. There should be a careful balance made where staff are able to receive psychosocial support regularly throughout this type of work to acknowledge their feelings.

In our recent work (Sumner, R. C. & Kinsella, E.L. (2021b). "It's like a kick in the teeth" The emergence of novel predictors of burnout in frontline workers during Covid-19. *Frontiers in Psychology*.

<https://www.frontiersin.org/articles/10.3389/fpsyg.2021.645504> See pdf 2 following article), it seems that the perceptions of solidarity from the government and the public are very much associated with factors that could be protective of their welfare in the long run. Sadly, at the moment, their perceptions of solidarity are low and so this is having a detrimental effect. What is important to note is that leading from a position of social solidarity – not just saying "we are in this together" but actually following that through with action (and ensuring that those in leadership follow the same lines) could be tremendously protective, along with ensuring that decisive and quick action is taken in combatting the spread of this airborne disease.

Lessons to be learned

The key messages from our work so far are:

- 1) Timely, decisive action on the part of the government can not only stem the spread of infection but can also help to prevent poor outcomes in frontline workers.
- 2) Gestures of appreciation (such as clap for heroes) are fine, but not when they are coupled with incongruent behaviour. The inequity of pay rises has been noticed, and has been seen as a betrayal.
- 3) Take responsibility and be consistent. Ensure guidance is followed by all, particularly those in leadership.
- 4) Meaningful support and action are needed for frontline workers. Labelling them heroes but not following that sentiment through with the provision of adequate support is harmful and only serves to undermine trust.
- 5) Ensure that adequate action is taken to combat Covid. Participants spoke of the Autumn lockdown as "lockdown light" due to key vectors of transmission still remaining open. Frontliners accept that their work is hard and dangerous, but cannot accept their work being made more difficult or more dangerous by delay and/or inadequate measures.
- 6) Use language of solidarity and altruism rather than divisiveness (where we have seen certain social groups being singled out when things have gone wrong). This

will not only help and inspire the public to keep going, but will ensure we don't see further erosion of coping factors in those on the frontline.

References

Please give full url in text rather than creating hyperlinks if you need to illustrate a point, thank or list references at the end. If there are a particular pages of the article or report that is most relevant to the Panel, it would be helpful if you could indicate those. Thank you.

Sumner, R. C., & Kinsella, E. L. (2021a). Grace Under Pressure: Resilience, Burnout, and Wellbeing in Frontline Workers in the United Kingdom and Republic of Ireland During the SARS-CoV-2 Pandemic. *Frontiers in psychology, 11*, 3757.

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Kinsella, E. L., & Sumner, R. C. (2021). High ideals: the misappropriation and reappropriation of the heroic label in the midst of a global pandemic. *Journal of Medical Ethics*.

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<https://www.frontiersin.org/articles/10.3389/fpsyg.2021.645504>

I confirm that the opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

SIGNED

Rachel Sumner Elaine Kinsella

DATE

23.05.2021

Please return to inquiry@keepournhspublic.com

Thank you