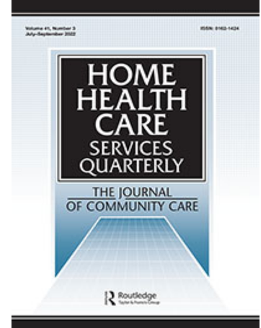

Home Health Care Services Quarterly

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/whhc20

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To cite this article: Pavlos Kasdovasilis, Dr Neil Cook & Dr Alexander Montasem (2022): UK healthcare support workers and the COVID-19 pandemic: an explorative analysis of lived experiences during the COVID-19 pandemic, Home Health Care Services Quarterly, DOI: 10.1080/01621424.2022.2123757

To link to this article: https://doi.org/10.1080/01621424.2022.2123757

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Published online: 20 Sep 2022.

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HOME HEALTH CARE SERVICES QUARTERLY
https://doi.org/10.1080/01621424.2022.2123757

UK healthcare support workers and the COVID-19 pandemic: an explorative analysis of lived experiences during the COVID-19 pandemic

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ABSTRACT
Support workers are an underrepresented profession that receives less attention with a high degree of responsibilities. The aim of this study was to explore the lived experiences of healthcare support workers within the care sector during the COVID-19 pandemic. This is a qualitative semi-structured interview study using an interpretative phenomenology (IP) framework. Fifteen (15) support workers were interviewed while all COVID-19 restrictions from the government were still in place. We identified five main themes: (1) challenging experiences; (2) coping mechanisms; (3) emotions and behaviors arising from the COVID-19 pandemic; (4) external interest on support worker's health; (5) take-home message from the COVID-19 pandemic. The organization selected for the research is a good representative of how care organizations operate within the UK both in terms of policies and staff selection.

KEYWORDS
Support workers; COVID-19 pandemic; lived experiences; supported living

Background

Outbreaks of infectious diseases can have a powerful psychological impact on individuals such as emotional distress, discomfort, and inability to adapt (Kisely et al., 2020). On March 11, 2020, the World Health Organization (WHO) declared COVID-19 as a worldwide pandemic, that is, a large-scale epidemic causing high morbidity and mortality rates across large geographical areas impacting various human sectors such as health, economy and politics (Madhav et al., 2017).

A meta-analysis on the psycho-social effects of emerging virus outbreaks on health-care workers showed common themes of fear of infecting family, increased contact with patients, inadequate staff training, stigma of working within healthcare, less work experience, and preexisting psychological issues (Kisely et al., 2020). Strategies that helped staff cope with an outbreak included the need for clear communication amongst staff and management, ongoing

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training and knowledge surrounding infectious diseases, adhering to infection control protocols, adequate personal protective equipment (PPE), and the ability to access psychological interventions (Maunder et al., 2008; Hugelius et al., 2017; Alosaimi et al., 2018; Kisely et al., 2020).

COVID-19 had a significant psychological impact, particularly on frontline health-care workers (Blake, Bermingham, Johnson, & Tabner, 2020). More specifically, research identified that health-care staff felt powerless, afraid and had to cope with feelings of guild (Felice, Di Tanna, Zanus, & Grossi, 2020). Additionally, Benfante, Di Tella, Romeo, and Castelli (2020) identified that due to the levels of anxiety, workload and handling of the pandemic, health-care staff developed traumatic stress. Therefore, organizations have to manage both the impact of COVID-19 on the mental wellbeing of staff members, as well as the aftermath of the pandemic as a whole (e.g. financial impact, mental health). Prior to the COVID-19 pandemic, research has shown that health-care professionals reported high levels of absenteeism, stress, and burnout at work compared to other professionals (Brand et al., 2017).

Healthcare support workers within social care sector

Within the adult social care sector in the UK there are currently 1.65 million employees (84% are British, 9% are Non-EU, and 7% are from EU) with a 30.4% yearly turnover (Skills For Care, 2020). Healthcare Support workers are the backbone of many organizations within health and social care internationally. Support workers are often paid not more than the national minimum wage and are required to support people with their intimate social and personal activities both within their home and their communities (Rossiter & Godderis, 2020). The nature of the job is significantly different from other health-care professionals; support workers have frequent interactions with service users and their immediate family members. A large part of the role includes supporting individuals in their daily living. Support workers normally work shifts from one service user's home to another (Chen et al., 2021). In contrast to this hybrid working model, doctors and nurses work within highly monitored and structured job environments where health and well-being are frequently measured, including COVID-19 daily testing (Rossiter & Godderis, 2020). Long-term care (LTC) is labor intensive and professionals working in long-term care facilities (e.g., care homes, supported living, domiciliary care) experience physical and emotional workload due to the nature of the job. Factors that have an impact on turnover rate are job satisfaction, work stressors, and burnout (Scanlan & Still, 2019). Staffing issues can have a negative impact on the quality of care and support provided to service users. Burnout and mental exhaustion can furthermore undermine professional behavior and can impact levels of engagement (Costello, Walsh, Cooper, & Livingston, 2019).

Owing to the social distancing measures introduced during the COVID-19 pandemic, this underrepresented and mentally overworked group of professionals were in a unique position, given that they work in close proximity with service users. It is therefore of great interest to explore and understand better how support workers were coping (e.g, common cognitive, emotional, and behavioral patterns) in the context of a pandemic. An initial search of the existing literature identified systematic reviews and meta synthesis exploring health-care workers and front-line staff in general (Billings, Ching, Gkofa, Greene, & Bloomfield, 2021; Busch, Moretti, Mazzi, Wu, & Rimondini, 2021; Li, Scherer, Felix, & Kuper, 2021). However, support workers were not included in those reviews.

Given the scarcity of published primary studies in this field, the aim of this study was to explore the impact of the COVID-19 pandemic on the lived experiences of healthcare care support workers by listening to individual stories, exploring their feelings, and voicing their concerns.

Methodology

Design

This is a qualitative semi-structured interview study based on the principles of interpretative phenomenology (IP). IP is in line with Heidegger's hermeneutic phenomenological approach integrating the ontological position of constructivism and an interpretative epistemology. Interpretative Phenomenological Analysis (IPA) focuses on the individual experiences, beliefs, and understanding of a situation or event as well as the cultural societal context and the behaviors experienced (Creswell, 2014). IPA was considered the most appropriate methodology of analysis because of the complexity of the experiences and the fact that the researcher is trying to make sense of the participant trying to make sense of their experiences (Smith & Osborn, 2015).

Participants

Inclusion criteria in the study were for the participants to be working within the private care sector for at least a year and be a support worker or a senior support worker in the United Kingdom. The one-year cut-off point was decided based on our expertise on the care sector. We took into consideration the standard probation period (six months) allowing enough time to practice post-probation (another six months). Exclusion criteria included any managerial posts (e.g., Registered Manager). Participants were recruited from a large provider of community care and supported living, specializing in the provision of mental health, autism, and learning disability care recovery pathways. Specific participant location was not recorded in order to retain anonymity,

however, the sample was from all over the country since the care provider operates nationwide. Purposeful sampling technique was used to identify and select information-rich cases (Patton, 2002). Information rich cases or else "thick data" as Schultze and Avital (2011) write:

> *Thick description presents human bevahiour in a way that takes not only the physical and social context into account, but also the actors' intentionality. In a way, the meaning and significance of behaviors or events are made accessible to the reader. Rich data, like rich soil, is also fertile and generative, capable of producing a diversity of new ideas and insights.* (p3)

Purposive sampling is a technique that allows the identification of individuals that have a specific knowledge or have experienced a specific phenomenon of interest (Palinkas et al., 2015) therefore having a higher likelihood of providing us with rich data.

Ethical considerations

The study received approval from the University of Central Lancashire's HEALTH Research Ethics Committee (Ref:HEALTH0194) and was conducted in line with the University Remote Research Guidance owing to data collection taking place during the COVID-19 pandemic. Participants were informed that they may withdraw from the study any time prior to anonymization of the data.

Recruitment

An e-mail invitation was sent with the information sheet explaining the study to the regional operations managers in order to circulate the e-mail within their services (e.g., care homes, supported living). All individuals wishing to participate contacted the researcher directly via e-mail. A Microsoft Teams appointment was scheduled at the participants selected day and time. E-consent form was completed prior to the interview. In interpretative phenomenological analysis, saturation is sought across participant experiences rather than within cases (Saunders et al., 2018). Phenomenological research's aim is to collect full and rich data therefore it does not have a strict protocol on reaching saturation but rather this is decided fully by the interviewer (Van Manen et al., 2016; Saunders et al., 2018). The collection and analysis was conducted concurrently and when no new experiences could be identified after reaching the fifteenth participant the recruitment process stopped.

Data collection

We collected basic demographic and working data (see Table 1) of interviewees including age, role, years in care, ethnicity, and gender. The

Table 1. Demographics of participants according to age, role, and years in care.

	Name	Age	Role	Years in care
01	AB	50	Support Worker	34
02	BC	42	Senior Care Worker	7
03	CD	40	Senior Care Worker	15
04	DE	37	Senior Care Worker	10
05	EF	28	Support Worker	4
06	FG	30	Senior Care Worker	4
07	GH	22	Support Worker	4
08	IJ	34	Support Worker	3
09	JK	52	Support Worker	20
10	KL	27	Support Worker	9
11	LM	26	Senior Care Worker	1
12	NM	34	Support Worker	9
13	NO	35	Senior Care Worker	18
14	OP	33	Support Worker	1
15	PQ	39	Support Worker	23
μ		**35.2**	**SW: 9/SCW: 6**	**10.8**
Ethnic background	10 White	5 Black African		
Gender	3 Males	12 Females		

interview questions were produced based on previous research (Pietkiewicz & Smith, 2014; Tracy, 2010) as well as collaboration with academics from different areas of expertise (e.g., psychology and medicine) within the University of Central Lancashire. All participants were interviewed by the same researcher with a background in health psychology. The interviewer started the interview by asking, "What has been the effect from the COVID-19 pandemic on your mental health and well-being?." The participants were encouraged to freely express themselves and discuss their lived experiences followed by probes that were unique to each interview (e.g., can you talk to me a bit more about … ?, how did that make you feel?) where appropriate. Interviews ranged from 20 (minimum) to 90 (maximum) minutes with a mean of 40 minutes.

Data analysis

The seven-steps of IPA as proposed by the founders of IPA were used in order to analyze the interviews (Smith, Flowers, & Larkin, 2009). A conceptional framework adapted from the original work of Smith et al. (2009) was adopted (Charlick, Pincombe, Mckellar, & Fielder, 2016) as seen in Figure 1. Each interview was transcribed verbatim. Self-reflective notes were taken throughout the analysis to assist the researcher to further explore the lived experiences. Data were analyzed using NVivo 10.

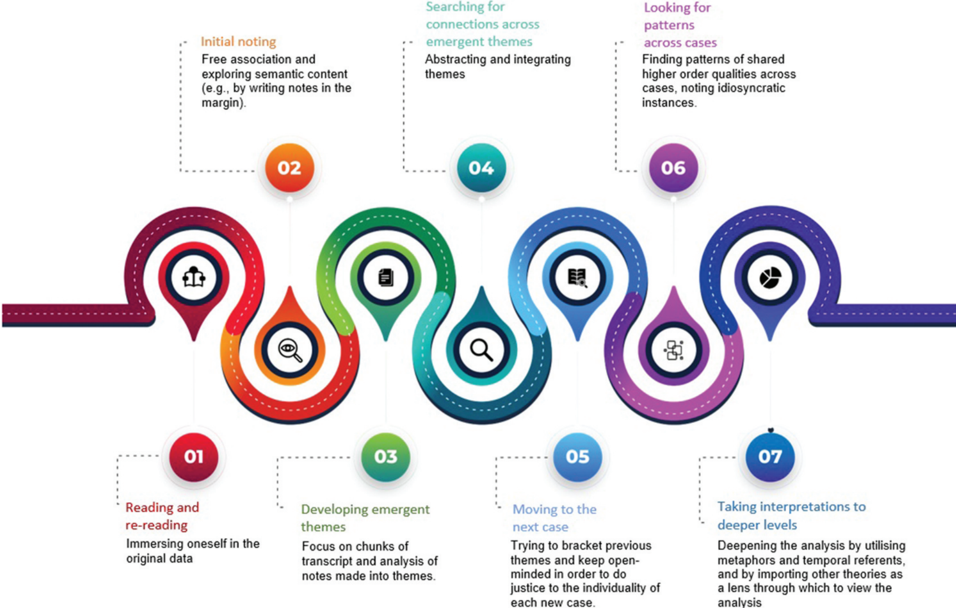

Figure 1. Seven steps of analyzing the interviews (Charlick et al., 2015 adapted by Smith et al., 2009).

Validity and reliability

Trustworthiness of the findings was established by inviting two peer researchers to provide feedback on the overall study (AM and NC).

AM is a Health Psychologist and Senior Lecturer and lead for the social and behavioral sciences at UCLan School of Medicine. His research revolves around the study of motivation, personality, and cognition as applied to health and well-being.

NC has a background in Psychology and Public Health and is a Lecturer in Research Methods at UCLan. He has extensive experience in quantitative, qualitative, and systematic review methodologies.

Critical reflection in a form of a diary was used to ascertain that the research process, techniques, and best practices were maintained throughout the study. The interviews were conducted by an experienced professional (PK).

PK has a background in Psychology and Health Psychology and is currently undertaking his Professional Doctorate in Clinical Studies in the Department of Medicine at UCLan. He has more than 10 years of experience working within the mental health sector, particularly within operations (e.g., NHS mental health wards management).

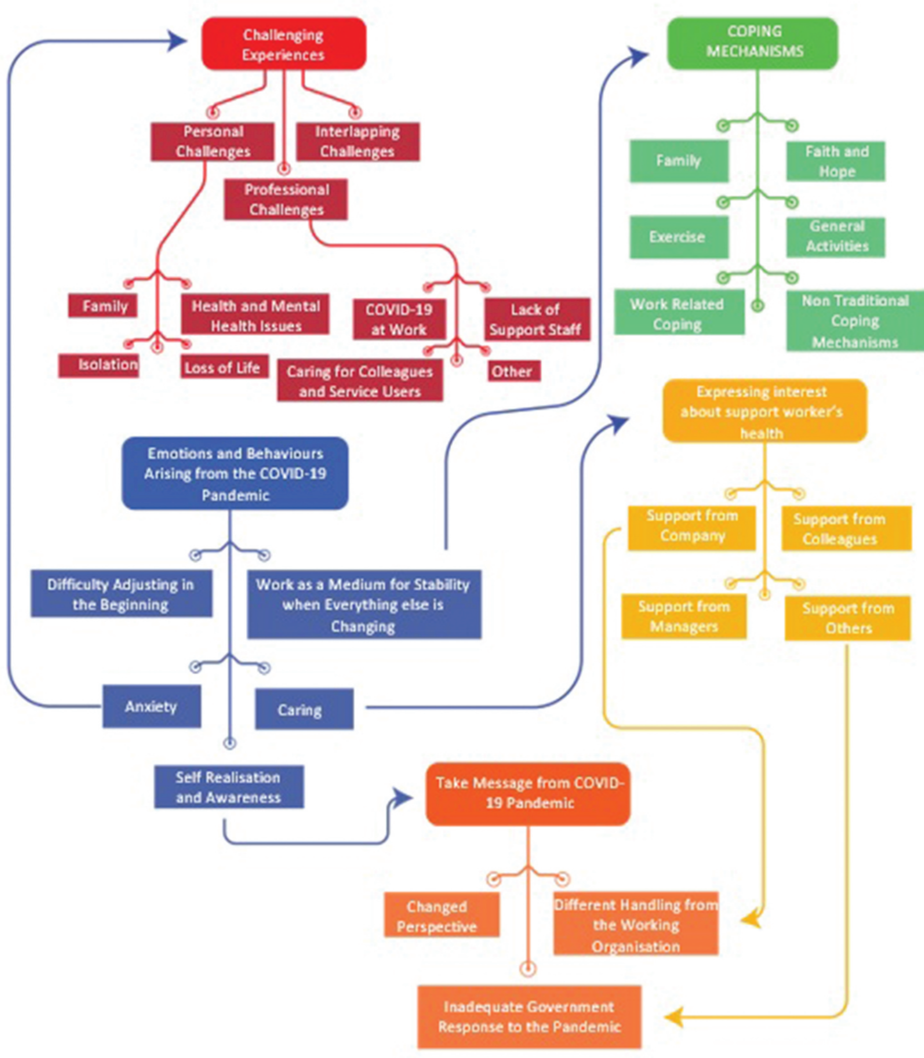

Figure 2. Lived experiences during the COVID-19 pandemic and the association between themes.

Findings

Respondents' (n = 15) age ranged between 22 and 52 years old and with a mean age of 35 (μ = 35.2). The demographic characteristics of the participants are listed in Table 1. Using IPA, we identified five main themes: (1) challenging experiences; (2) coping mechanisms; (3) emotions and behaviors arising from the COVID-19 pandemic; (4) expressing interest about the support worker's health; (5) take-home message from the COVID-19 pandemic (see Table 2). Each theme is comprised of subthemes, and both are supported by participant quotes in Table 3–7. Association between themes can be found in Figure 2.

Table 2. Thematic framework of the lived experiences of support workers.

THEME 1: CHALLENGING EXPERIENCES
Subtheme 1: Personal Challenges
• Family
• Health and Mental Health Issues
• Isolation
• Loss of Life
Subtheme 2: Professional Challenges
• COVID-19 at Work
• Lack of Support Staff
• Caring for Colleagues and Service Users
• Other
Subtheme 3: Interlapping Challenges
THEME 2: COPING MECHANISMS
• Family
• Faith and Hope
• Exercise
• General Activities
• Work-Related Coping
• Non-Traditional Coping Mechanisms
THEME 3: Emotions and Behaviors Arising from the COVID-19 Pandemic
Subthemes
• Difficulty Adjusting in the Beginning
• Anxiety
• Caring
• Work ad a Medium for Stability when Everything else is Changing
• Self realization and Awareness
THEME 4: Expressing interest about support worker's health
Subtheme
• Support from Colleagues
• Support from Company
• Support from Managers
• Support from Others
THEME 5: Take Message from COVID-19 Pandemic
Subtheme
• Changed Perspective
• Different Handling from the Working Organization
• Inadequate Government Response to the Pandemic

THEME 1: Challenging experiences

During the COVID-19 pandemic, support workers faced a lot of challenging experiences divided broadly into personal (1), professional (2), and interlapping challenges (3).

Personal

There was demonstrable evidence that family-related issues was one of the biggest challenges faced by support workers (e.g., visiting family, take care of children). Other challenges included contracting COVID-19 and being overly worried which affected the effectiveness of their work. The pandemic also meant that support workers had to deal with the loss of life of family members, a colleague, or acquaintance. Isolation was another personal challenge for support workers. Some participants had to isolate with service users in order to safeguard themselves, their families, and the service users. As

Table 3. Supporting qualitative data illustrating theme challenging experiences and the associated subthemes.

THEME 1: CHALLENGING EXPERIENCES

Subtheme 1: Personal Challenges

- Family
  "I couldn't go visit my family because my mom was high risk. So it was that as well if not being able to even see your loved ones and that was difficult". EF

  "[. . .] I'm a single parent to two children that I fostered, so I think on this last few months I've just got really drained. Uhm yeah, like mentally and physically. Quite drained and really tired and trying to home school, childcare [. . .]". NO

- Health and Mental Health Issues
  "In January I contracted COVID uhm and have suffered UM, and I'm still suffering now from COVID um, physically. But it took its toll quite quickly. I felt a burden [. . .] probably two days in [diagnosis with COVID-19] and I was like. . .what am I doing here [suicidal ideation]? What's the point [of life]? And you know? it was only fleetingly, probably 30 seconds or something like that I'd have been happy if COVID took me". CD

  "I can't explain how, but before this I would probably be able to do tasks much, much quicker than I can now. I don't know whether it's just consist, UM, consistent worrying and anxiety, UM, about the situation". EF

- Isolation
  "Uhm? Realising that I am even though I'm a introvert, I still missed. I still miss socializing. Can you believe?, yeah". [NM]

  "I think probably speaking off from work and the worry. cause like I said, you know I couldn't go to the gym, I couldn't see my friends. I couldn't see family so that was quite difficult, quite isolating". KL

- Loss of Life
  "The one that really, really you know pained me was the fact that I couldn't attend my, my sisters 50th birthday. . . she turned 50 October last year and I couldn't go cause the COVID situation. Unfortunately, COVID killed her in January". AB

  "It was really sad we lost a lot of people.[. . .] I know somebody I really care about and I lost her. A lovely woman at work. She's a proper caring old woman but at the same time it's life and I always say to people like at the end of the day we're all gonna go". IJ

Subtheme 2: Professional Challenges

- COVID-19 at Work
  "once we had an outbreak it quite quickly shuts service down. And that's where I caught it from" CD

  "And we had staff members, that you know moved in for 10 days and almost felt isolated within service and you know and If it wasn't for that, we weren't, you know we didn't have. . . these hero people there. [. . .] we're running out of people, because legally we have to isolate, you know, sort of thing and but we have a duty of care because we're protecting vulnerable adults, you know, uhm". CD

  "I can remember sitting in my Audi [in the] car park before I had to do some waking nights. So basically, uhm we had the only service user outbreak that we'd had, it taken out quite a lot of staff and um, obviously you know nobody really knew what we were ever gonna do If a client got COVID". DEPage 41 of 51

- Lack of Support Staff
  "To give the guys the best Standard of care and I'm I remain proud of what I do and happy to do it. It would just be nice if we had more staff who weren't going positive". OP

  "Staff calling in sick and working 80 hours a week. Cause some staff obviously at the beginning, panic sort of went into self isolation. Then we like we were working like 14 hour shifts. Pretty much moving in with our guys [service users] just to keep them safe". NO

(*Continued*)

Table 3. (Continued).

- Caring for Colleagues and Service Users

  "job itself, yeah I carried on because I had support of, you know my colleagues. They were all very supportive and everything, so I was still able to do the job. No doubt, I was able to. The best way I could, I tried". AB

  "It's still worrying knowing that I could be carrying and taking it back and forth from work and home, but that was just the risk you take being a support worker, don't you? Having to keep them safe and keep your family safe at the same time, really". GH

  They used to [the service users] going out and stuff like that. When lockdown came in it was kind of tough for some of them to understand and some of them love hugging and shaking people's hands and remember one of my client he loved he would say hello to everyone on this trip". IJ
- Other

  "Oh uhm, having to explain to someone who doesn't necessarily understand that although the world still goes on, you know, in their life that the world has kind of stopped on the outside of you know they're living development. yeah, that was quite hard. Especially, um, be it as the service user I'm the senior for um, he is profoundly deaf, so it was really challenging So, uh, I had to teach myself the Makaton and relevant sign language to be able to help him to cope and understand this, uh, because he couldn't go to any of his activities or things like that, you know so that was quite hard". LM

  "My biggest challenge was that I wasn't getting told the full information. But luckily that was the only time any other subsequent times I think we did, we did complain about that so subsequent times we were told and the level of PPE was then stepped up and social distancing was maintained. Uhm, so that was my biggest professional challenge". EF

  "Some people don't believe there was a pandemic going on that was kind of a bit tougher as well, but I'm seeing people that I work with some of them I've known them for like a year or two some of them for like 3 years, that was kind a bit tough, that was, yeah, that was kind of it. Tough for me". IJ

  "I could see that everyone was applauding for any NHS [staff], however not for the health and social sectors. Health social care sector which is there and actually it has way moreemployees than NHS". NO

"job itself, yeah I carried on because I had support of, you know my colleagues. They were all very supportive and everything, so I was still able to do the job. No doubt, I was able to. The best way I could, I tried". AB

"It's still worrying knowing that I could be carrying and taking it back and forth from work and home, but that was just the risk you take being a support worker, don't you? Having to keep them safe and keep your family safe at the same time, really". GH

They used to [the service users] going out and stuff like that. When lockdown came in it was kind of tough for some of them to understand and some of them love hugging and shaking people's hands and remember one of my client he loved he would say hello to everyone on this trip". IJ

Subtheme 3: Interlapping Challenges

"It is tough situation. It is a tough situation because it's new, so no one really knows how to handle it both physically and emotionally". DE

"I've had to pick up an awful lot of shift, I haven't had to, but I've felt like necessary to pick up a lot of shifts to ensure there are enough staff to give the right level of service toour service users, which is meant that my work life balance has taken a hit". OP

"I was thinking out tomorrow I have to go to work and I may encounter some people who have COVID. So yeah, I would say I was. I was afraid I was anxious and there was this.There was a scare which really shut up my anxiety". EF

participants reported only going outside in order to work and their work being surrounded by a constant fear of infection, they wanted COVID-19 restrictions to be lifted.

Some support workers contracted COVID-19 or were diagnosed with long COVID. The long-term nature of the condition and lack of a cure made it a life-

changing experience by briefly thinking of dying. The process of having to adapt from a healthy individual to someone with a long-term diagnosis presented a significant challenge for those affected.

Professional

Stress, anxiety, and uncertainty experienced by support workers was compounded by the outbreak within the services. The support workers felt the obligation to safeguard everyone (e.g., service users, their own family) in the best way possible.

There was evidence that long hours of work, managing tiredness, and having to provide good-quality care was taxing for the support workers. They had to provide care whilst understaffed whilst everyone was working over their capacity; however, they continued to work since other people were relying on them not only to do their job but to maintain some aspect of normality (e.g., service users with severe learning disabilities, non verbal). During the COVID-19 pandemic, the need of support workers having to support service users and their colleagues was increased.

Participants faced COVID-19 at work. Some participants experienced an outbreak of COVID-19 within the services which resulting in shutting the service down (e.g., long hours, no visitations, participants sleeping within the services). This resulted in mixed feelings because participants had to legally isolate while having a duty of care toward the service users.

Participants described how they tried to offer the best standards of care to the vulnerable people they were taking care of whilst trying to support their colleagues by increasing their working hours or covering whenever they could. Participants reported that there were staff working approximately eighthly (80) hours per week.

An evident challenge was that of trying to explain to service uses who do not necessarily understand, complex concepts, such as a pandemic and isolation.

Additionally, some participants felt frustrated with some of their colleagues because they did not believe that COVID-19 was real. Additionally, for some it was hard to see everyone applauding for any NHS staff but not for them given that the health and social care sector is bigger than the public one.

Interlapping challenges

Apart from the personal and professional challenges, support workers faced challenges that were interlapping between life and work. Because of the restrictions and measures imposed due to the COVID-19 pandemic and the nature of their work, they had to adjust and live “different” lives from their family members. Furthermore, during the beginning of the pandemic they did not know how to act at work and their personal life. Work was affecting the way they lived their life with feelings of anxiety and been scared reported as prevalent.

Participants did not know how to handle the pandemic on a personal or professional level since it was new for everyone. Additionally, picking up extra

shifts led to physical and emotional exhaustion with the work-life balance taking a hit. Supporting data for this theme can be found on Table 3.

THEME 2: Coping mechanisms

Support workers used various coping mechanisms both consciously and subconsciously in order to handle the pandemic. The coping mechanisms employed can be subdivided into: family, faith and hope, exercise, general activities, work-related coping and non-traditional coping. It was evident that participants relied on their families in order to receive support and cope with COVID-19. Spending quality time together was identified in most cases as significantly important and something they loved to do. Participants' faith allowed them to continue to work and cope with the COVID-19 pandemic as a whole, as did hope for the lifting of restrictions. Most participants were actively involved in some form of exercise as well as engaged with technology; examples include online discussion platforms playing online games, e-drawing and using mindfulness mobile applications.

For some, work was a way of coping with the pandemic, for example, diverting their attention from the pandemic by maintain service hygiene levels above the regulatory standards.

Participants have also described how being close to nature helped them. From the sea to a walk in nature or camping, nature allowed a deeper connection to the self and a comfort unable to be found elsewhere. Supporting data for this theme can be found on Table 4.

Table 4. Supporting qualitative data illustrating theme coping mechanisms and the associated subthemes.

THEME 2: COPING MECHANISMS
Subthemes
• Family "I love spending time with my family. I love going to the zoo so I used to do a lot of things with my family and likemore timeline 'cause it's me and my family like most of the time. They [the kid and wife] help me. They support me. I got a very good partner. She supported me well mentally and physically. She's always there and I've got kids as well". IJ "So I spend as much time as possible with my son. We go out the back garden and play football or cricket so we keep as physically active as we can. We watch films on Disney Plus". OP
• Faith and Hope "Erm, I would say my faith. Honestly I would say my faith. Uhm, because as a Christian I have to just believe that, you know, its god's will. [. . .] I quarrel with God. I you know, I got angry and everything but after a while I started to calm down, and you know, just look at the bigger picture". AB "Oh well things are going to start [getting back to normal again]. We've got to do it. We have to do it eventually, so whether it's now one week, two weeks, four weeks, 10 months, 17 years' time, we will have to go back to normal". CD
• Exercise " I think that's become after COVID [to engage with exercise] um before COVID I would probably have anothermeeting or something immediately to go to after work, UM, but then post COVID those things weren't really happening, so I feel that time with going for walks, if that makes sense". EF "was running outside and you know, doing sort of exercise where I could". KL

(*Continued*)

Table 4. (Continued).

- General Activities
  "Yeah, we had to do zoom, you know just to help us to sort of have some connection with each other [. . .] so all thatexcitement about video calls at the start pretty much died down". EF

  "Completely mindless. It doesn't give you the opportunity to think about work stuff because you're concen-tratingon that. I'm a Call of Duty girl. So yeah, I just yeah, I probably spend far too much of my spare time actually playingWarzone". DE

  "so I decided to start up some meditation. Using the Calm app uh managed to get access[. . .]". EF

  "During the pandemic I bought like an iPad and I do some like drawings and me and my partner are working oncomic together[. . .]". MN

- Work Related Coping
  "Cleaning to be honest, we used to clean the handles everything like the door handles, anybody coming to the house going out, everybody after wash their hands man I used to wash my hand about 10-20 times in a day . . . Keep me active and stuff like that so it helps me a lot. Keep me busy. Yeah, 'cause if you're not busy I think that's the time you end up losing faith and start thinking about the negative. But I kept myself busy. Yeah that that's the work busy. Just kept myself busy there. That's what I did". IJ
- Non Tradition Coping Mechanisms
  "I would take a walk by the sea because of the sea and the smell of the sea as I grew by the water has been greathelp for me. It's giving me the ability to calm down. And think about other stuff apart from work [. . .]". BC

  "I'm a big gardener. I like my garden and stuff like that. So I've got a an area specific in my garden with likeJapanese maples and stuff like that [. . .] I just sort of sit out there with a drink, and so I've just try and listen to the birds and stuff like that.". CD

THEME 3: emotions and behaviors arising from the COVID-19 pandemic

Support workers experienced a lot of feelings and new behaviors whilst working during the COVID-19 pandemic. These were the difficulty adjusting to new working environment, anxiety, caring for others, increased self-realization, and using work as coping. All participants described how during the beginning of the pandemic they faced difficulty adjusting to the new norm. Social distancing rules and isolation were the most prevalent reasons accounted for. Furthermore, the pressure of doing their job whilst adjusting to the new reality was difficult. Additionally, loneliness was a big factor accounted for; however, being able to work (since care jobs do not stop under any circumstances) somewhat counter-balanced the effects. At the beginning family, friends and colleagues were putting a lot of pressure on their respective circle because no one new how to handle this situation, given that the western world does not have any experience dealing with a pandemic of this scale.

Participants described their worries and anxieties throughout the pandemic. All of them described work as the main contributory factor of their anxiety. Participants shared their experiences of how they cared for or received support from colleagues, friends, family, and health professionals. Their experiences account for different circumstances and cover a range of needs. All interviews revealed the caring nature of the individuals that prioritize their work primar-ily due to the sensitive nature of it. The support they provided was an integral part of who they are rather than just a job that pays the bills.

Some participants described that the COVID-19 pandemic did not change their life significantly. The common trait behind this was that these participants self-identified as introverts with no significant social life. The pandemic did not affect them since the job continued as normal (e.g., as opposed to furlough jobs) because the need for care was significant at the time and they did not have any personal life prior to the pandemic. Work was acting as their medium of stability. Evidence suggested that during the COVID-19 pandemic participants were better aware on how they feel resulting in an elevated state of self-realization. Examples included participants who self-identify as introverts and the negative impact COVID-19 had on them, male participants getting in touch with their feelings (e.g., burden, crying) and one participant that his life was positively affected by COVID-19 since during the pandemic became healthier. Supporting data for this theme can be found on Table 5.

Table 5. Supporting qualitative data illustrating theme emotions and behaviors arising from the COVID-19 pandemic and the associated subthemes.

THEME 3: Emotions and Behaviours Arising from the COVID-19 Pandemic
Subthemes

- Difficulty Adjusting in the Beginning

  "[. . .] I mean, I'm not a very social person, but even me being an introvert, it did affect greatly [. . .]". MN

  "I'm just the same as everyone else is really cause I'm just having to be on lockdown and just stay in your home. I've been quite lucky still working because Care doesn't stop because of COVID. Uhm, but yeah, same as everyone else really just really lonely and isolated, you can't really do much about it. Well, I was fortunate to work, so I wasn't completely lonely". GH

  "At the beginning, yeah, 'cause it [the pandemic] was obviously quite big, new. A lot of people put a lot of pressure on people not intentionally, but it was a lot of pressure from everybody at the beginning, wasn't it?" GH

- Anxiety

  "But the services that I work with, they also have different staff. We've come from different places and you don't know what they've been doing or you don't know who they'vebeen interacting with, so I was very concerned about getting COVID from work". EF

  "It made me feel. Well, some sort of depression, of course, and a lot of anxiety mostly as well. I had a lot of anxiety". MN

  "you know we are required to do the correct things when we do go into work. PPE, hand washing, face masks and things like that. So yeah, there is always a worry". NO

  "Just [a] few anxiety meditation, some SOS [multivitamins], some specific meditations on how you might be feeling. Anger or sadness or loneliness. Things of that nature, 'cause Ido live on my own and that's another thing. With the pandemic is that I did not see, I didn't see anyone until I went to work right?" EF

  "At the start I was worried about. Uhm to be honest with you, I was I was quite afraid, it was quite frightening because it's, I can, I'm at home on my own. I don't really, I wasn't really going out much, so I wasn't really interacting with anyone who I can get it [COVID-19] from". EF

- Caring

  I just used to look after myself and make sure that I look after my body, wash my hand, do all the writing and follow the instruction that you have to follow and stuff like that. So Iwas just trying to do the right thing and just yeah maintain more hygienic [responsibility]". IJ

  "I ended [working] two or three waking nights and I chose to do them because the manager that oversees that service has got children and I was like well I've got no dependence, you know, so I would rather go in and risk getting it [COVID-19]. And of course this was way before vaccines that I would [say and think like this]". DE

(*Continued*)

Table 5. (Continued).

- Work ad a Medium for Stability when Everything else is Changing
  "Uh, yeah it was. To me not much change because I was working 'cause I had to still get up in the morning [to go to work]". GH

  "Uh, so it was obviously, UM Very seclusive it was literally going to work and then yeah, that was it kind of thing so. Yeah, the only normal thing for COVID was going to work". LM

- Self realisation and Awareness
  "[Restrictions] actually took its toll and I'm somebody that I'm quite a solitary type feature anyway and I like a lot of my own space and to spend time on my own. However, I think when you're forced to do it because you've got no choice, it puts it into a different perspective, I think, so to kind of not see other people you know was really quite difficult". DE

  "I think it's especially with men. Uh, I think it's even harder because we are almost programmed that you know, we don't cry. We don't do this. We don't talk. We don't do that. Youknow we're with soldiers everyone comes to us. We don't do that. But who do we go to? When you know it gets too heavy, you know, and I've seen sort of and I and I listen to a lot of motivational stuff to try and pick me up with. My moods are low and I saw one that said something along the lines of, you know, it's OK to cry because even the clouds crack when you know they become too heavy, you know it rains, you know". CD

  "Not really, I think it's made me a healthier and happier person. I think that's about all I can really say, which is a horrible, horrible thing to say about saying it's killed so many. And I do feel guilty for feeling it, but It has improved It's improved my situation but also managed to save money because I'm not going out spending it on stuff". OP

THEME 4: expressing interest about support worker's health

Support workers are an integral part of the care sector. During the COVID-19 pandemic they described their experiences, their support received and given and their take on how appreciated they felt. They described the support from colleagues, the company, their managers, and from others. Participants described how they offered or received support from colleagues throughout the COVID-19 pandemic. The focus was on building trust and making oneself available to provide support during these times. Participants mentioned that they would have liked to have additional support in terms of mental health and offloading all the emotions building up during the pandemic. Participants described the support and direction received from the home manager or team leader as significantly positive. They explained how the management team lead the way through the challenges arising from the pandemic both on a personal and professional level. Support workers described how their managers always checked for their mental and physical wellbeing and provided them the necessary tools (e.g. PPE) in order for the team to be safe. Support was extended to the NHS as well. Having access to good-quality services from the local NHS trusts helped to build an emotional safety net that someone is looking over them similar to how they look after their service users. The theme explores parties that were interested (or lack thereof) in support workers health. The importance of this theme is with the supportive feelings the participants experienced primarily from their registered manager. In contrast, evidence suggest that the support workers would have liked to receive some

form of recognition from higher management within the organization. Furthermore, participants that struggled with a long-COVID diagnosis expressed their experience on how the governmental bodies that are responsible for financially supporting individuals with health problems did not support them despite the fact that as a support workers they work within the care sector and they are trying to improve someone else's quality of life. Supporting data for this theme can be found on Table 6.

Table 6. Supporting qualitative data illustrating theme expressing interest about support worker's health and the associated subthemes.

THEME 4: EXPRESSING INTEREST ABOUT SUPPORT WORKER'S HEALTH
Subthemes
• Support from Colleagues *"I think actually being able to access your team, team managers and things is, it makes all the difference, so I think we've realised that now as well that you know we have to kind of become available and be accessible in order for people to feel supported." DE* *"Ithink obviously supportive colleagues. Obviously they've been going through, you know, we've all been in this in the same position. And I think keeping each other safe, you know, and following all the guidelines is obviously we've obviously done well. KL*
• Support from Company *"Advice that we usually get is you should go and speak to this person or that and they're mainly not available when you are". BC* *"I think more support. Most support UM? Oh, more opportunities to speak to other people, I think. I think that would be useful." EF* *"I didn't get anything from HR to check how I was. Or, you know, this is a new thing for everybody, so surely they should have, you know." JK* *"Guess, maybe, UM, like people who maybe aren't within the service Maybe check maybe checking in a bit more, maybe, or like maybe an email Just kind of asking how Like in All in all honesty, during COVID I don't think I've been asked other than by people within the home I work in how I'm coping or feeling, you know during COVID. Maybe a bit more checking up on. Yeah, thank you, that's it." KL*
• Support from Managers *"I don't know because I had pretty good support from, you know my registered manager at the time, you know, and she would always check in and we'd stay in and she make sure that we were all right." DE* *"This management [was] helpful at work, there be proper supportive, like they've been bringing us PPE stuff like I'm washing and blue liquid and what's it called they used to even give us like face masks." IJ* *"That was particularly difficult, and in that moment you know the staff. And like my manager, was really, you know, they were really supportive, really helpful, like checking in." KL* *"I think the home lead and seniors here have been absolutely incredible. They've certainly, the home lead has known most of the service users for If not a decade, then more um, and she's been through a lot with them and understands it, so she's been able to point us so how to get around things? How to placate things? Uhm, I, I think it would've been a very different story without her and seniors. So yeah, I feel I feel like we have been adequately supported by the management." OP*
• Support from Others *"Someone to actually understand what I'm going through to actually not pawn me off and keep making me [wait]. I've had to wait for so long 'cause I got COVID in January and it's taken till now [July] for them to say I've got a long COVID. So bit more understanding a bit more training [for the doctors. Ok, so here's the thing. I was told that I should apply for, um, PIP [personal independence payment]. Because I need help 'cause I can't do all the things [cooking, walking, grocery shopping] at the moment. I could [apply] because I have long COVID and I've been referred to the long COVID clinic, so I've been diagnosed with bronchitis. So I applied for pip, yet it's taking months and they said they wanna see me to discuss . . . Why should I have to go through all that? When I struggled to go out, I struggled to even go to Tescos [supermarket]. When I've been diagnosed with it and I'm not, and I'm not asking for it forever, it's only to help me so I can recover quickly, hopefully. To get back to normal life. I have worked for 35 years plus, I've always paid my taxes and never pounced. Yet this one time when I need it I can't have it, but people I know [service users] that have PIP spend it on drugs and all sorts. How is that fair when people like me really needs it can't have it? And you have to go through all the humiliation of being asked what's seven minus two (7–2)? What's this, like? You know, really? Come on." JK*

THEME 5: take-home message from COVID-19 pandemic

All participants shared their experiences in order to send a message across either to Government bodies, their company, themselves or others experiencing the same emotional processes. Participants raised their voices and expressed their needs. Support workers explained the importance of vaccination, overall quality of life and emphasized the lack of mental health support. Support workers during the COVID-19 pandemic changed their perceptions on a variety of topics and criticized what could have been better from their working organization and the UK government. The pandemic led participants change their approach to work and interpersonal relationships. Participants highlighted the importance of taking control of our safety by vaccinating and maintaining proper hygiene standards.

Participants described the importance of guidance and mental health. They described how the organization should have had appropriate infrastructure or trained professionals that would deal with their mental health issues and provide them with around the clock support.

Participants felt that there was no clear guidance in place that would allow them to refer to in case there was a service outbreak or a positive case. Initially, this was a big problem since the approach had to be dealt on a case-by-case basis since the underlying conditions of service users are different; however, later on the advice to call the NHS national helpline (111 or 999 emergency services) was rolled out. Additionally, they described their frustration with the handling of the pandemic from the UK Government and how it was affecting them on a daily basis due to the ever-changing new guidance. Participants emphasized the importance of collaboration and proper information sharing in order to perform their job effectively. Provisions for the support workers and for the service users they take care of were minimal. Organizations have to follow the guidance and advice of the government when rolled out however the response was delayed and the sector felt it at its core. Supporting data for this theme can be found on Table 7.

Discussion

The current study is the first one to explore the lived experiences of healthcare support workers during the COVID-19 pandemic in the UK. Our findings might be applicable to other support care workers in other countries with similar organizational set up and population, however, the experiences captured here are quite unique due to the UK's COVID-19 pandemic strategy including national/regional lockdowns and high number of cases. UK had 23.4 million cases placing her the 6th country globally with the most cases following

Table 7. Supporting qualitative data illustrating theme take-home message from COVID-19 pandemic and the associated subthemes.

THEME 5: TAKE MESSAGE FROM COVID-19 PANDEMIC
Subthemes

- Changed Perception
  "I will say everybody that could be vaccinated should do it. Everybody should do it because I believe what they are saying is that once you have vaccinated, it's not that you won't have it, but it will not result into hospitalization or death [. . .] Yeah, so I will say to the world that please, let's all do it and then be more responsible with the way we do things [. . .] We, if it's needed you wash your hands and all those things, yeah, just take responsibility for your life". AB

  "It's probably become, It's like I'm more like hyper aware of things, but hand washing and spacing from other peopleand just be in rooms with no ventilation, [I am a] little bit more anxious than I normally would be around otherpeople when going to new places and things of that nature and also as well I think it's affected my ability to focuson things". EF

  "That your life is more, Uhm, is worth it. You don't just throw it away in the bin 'cause you're tired and stressed andbeing emotional and everything, and you can't stay anymore inside. my thing would be that we need to be preparedfor more people with mental health issues after this. and we need to be prepared ourselves. So it is to not to dealwith them but support each other, that's all". BC

  "Uhm, I would say probably a bit more um, awareness of people maybe being a lot more unique than others. Let's say 'cause even in 2021, when, um You know, people still don't understand hidden disabilities as such, and you know people's own unique talents. And yeah, so I think that's like the biggest thing I'd like to see". LM

- Different Handling from the Working Organisation
  Different Handling from the Working Organisation "Support, mental health support of the care workers [. . .] So there should be somebody on site [to offer mental health support]." BC

  "Or like someone within the company that was a mental health trained person that people that had issues couldyou know like a support group for people that were struggling. [. . .] You can speak freely. Because I'm sure there'speople out there that have still got you know what feels like the world on their shoulders and if they could speakand they know what actually what you're feeling is normal, you know, don't worry about it". CD

  "I felt that there wasn't much information coming from management. I felt like OK, so I'll explain this situation. . . aservice user had been tested for covid and a particular day and then four days later, whilst we're waiting for theresults, I was working with that service user up quite closely. [. . .] And if you think it's getting really bad, call NHS111, 999 and things of that nature. So at that time on my shift I did not know that actually, it was suspected thatthey had COVID and a test was sent off and I only found out the next day and I just felt a bit of a betrayal becauseI should have been told. Uhm, that this person was and it did come up positive that they did have COVID uhm. So Ithink I would have done things a little bit different if I knew that, so I did feel like there wasn't". EF

- Inadequate Government Response to the Pandemic
  "I "I've come into this and I've come into that and you know, with the with the data changing so quickly. So it wasdaily at one point, you know. So by the time we've got out and spread that information to the staff team, we alreadyhad a new set of information coming in that we had to re spread out. And there was just so much there". CD

  "I think a quicker and firmer response from the government would be, necessary [. . .] We need to recognize the risksearlier. We need our Prime Minister to go to COBRA meetings and actually take things seriously prior to the eventrather than being reactionary, we're, you know, one of the richest countries in the world and we weren't ready forsomething that we have a department in the government specifically to deal with. Its unacceptable uh, from anational point of view, is unacceptable from a care worker's point of view the provisions put in place for serviceusers has been terrible". OP

  "And also a little bit more support from the government, a little bit clue clearer that have given us wondering ifonce somebody says one thing and then another buddy says another thing is no direct, you know?" PQ

  "I think they were too late to tell people the truth and they didn't act fast. If they acted fast like I think this couldhave been like probably we could a lost people, but not as much as many people die of COVID-19". IJ

USA (92,6 m), India (44,4 m), Brazil (33,4 m), France (33,4 m), Germany (31,9 m) (World Health Organization, 2022).

Findings revealed that the COVID-19 pandemic challenged and depleted the resources of support workers in the care sector, ranging from (1) personal to (2) professional and (3) interlapping challenges. With regard to personal challenges (1), experiences were related to overlapping domains of family (e.g. not visiting family to safeguard them), general health (e.g. maintaining hygiene, not contracting COVID-19), mental health (e.g. stigma, suicidal thoughts due to contracting COVID-19) and coping with end-of-life and death of service users and colleagues. Support workers had limited opportunities to interact with their social network including close relatives and friends because of COVID-19 restrictions but also because of fears and high risks of cross-contamination. Isolation was identified as another major personal challenge. Participants commented on the social isolation aspect and how they would like to return back to normal. Perceived social isolation (PSI) is a deficit in day-to-day social interactions linked with overall negative health outcomes. The precise mechanism of PSI on human health are currently unknown however research suggests that social isolation is negatively impacting a number of psychobiological processes such as the stress response hypothalamic pituitary axis activation as well as health outcomes including cardiovascular, neuroendocrine, inflammatory, and mental health (Xia and Li, 2018).

With regard to professional challenges (2), challenges included having to work in a potentially contaminated COVID environment and being at risk and being a risk for others, experience shortages and levels of understaffing and extra work shift as a consequence, and continually experience worries about colleague's and service users health and well-being. Because of COVID-19, support workers did experience higher levels of anxiety and stress. One reported source of distress revolved around housing. Some support workers decided in this regard to take precocious measures and live in the same house as their service users to protect both, their close relatives, friends, and the service users. This caused high anxiety levels given the uncertainty that they may end up contracting COVID-19 since they were risking their health. Previous studies investigating uncertainty during a pandemic (e.g., SARS) identified that during the outbreak of a pandemic anxiety-related disorders are prevalent with reported effects still active 30 months after the outbreak (Lee, Kang, Cho, Kim, & Park, 2018; Mak, Chu, Pan, Yiu, & Chan, 2009; Taha, Matheson, Cronin, & Anisman, 2014).

Another major professional challenge that resulted from the pandemic for this group was the shortage of labor and supporting staff. Long hours of work and managing tiredness whilst maintaining good-quality care was apparently difficult to maintain. Indeed, research supports this account. Numerous studies have shown that fatigue poses a significant risk factor for patient safety that can lead in turn to errors and accidents, ill-health and injury, and reduced

productivity (Kunert, King, & Kolkhorst, 2007; Ruiz-Fernández et al., 2020; Zou et al., 2021). However, we identified from the interviews that everyone was overall able to cope regardless of staff shortage. The reason for this was found to be related to support workers belief of wanting to cover wherever possible extra shifts, since they knew that vulnerable individuals were relying on them. For example, non-verbal or severely disabled individuals would not be able to take their medication, eat, or drink without the support workers ongoing support.

Interlapping challenges (3) identified as the ones that had an immediate correlation between life and work. Work and life where intertwined due to the profession. Due to the COVID-19 pandemic support workers had to keep going to work whilst isolating, they had to live within the pandemic whilst maintaining their work. The current study reveals the process that support workers had to undergo to measure and put in perspective the health of their family, their own, and other support workers. They all decided to provide their support; however, the underlying emotions and in some cases the aftermath of that support proved to have a significantly detrimental effect on their own health resulting in issues arising within the domain of work and personal life. Our findings are a representative example of the spillover-crossover model.

The Spillover Crossover Model (SCM) identifies two different ways in which work experiences can affect and interact with the home domain (Bakker & Demerouti, 2013). Spillover is when an emotion is carried within a person and is affecting different domains of life. Spillover is the transmission of demands from the working environment to the home environment (Shimazu et al., 2020). This process is most commonly known as work-to-family conflict (Baker & Demerouti). An example of a spillover would be when an employee is experiencing an overwork at the expense of personal time. Similarly, spillover occurs when job-related worries from the working environment (e.g. unfinished tasks, pending audits, unfair treatment) continue throughout the day affecting the personal life of an individual whilst at home (Baker & Demerouti).

In contrast, crossover is when work has an impact on an individual and this is transferred to their partner. For example, job dissatisfaction with one's job can be felt from their partner resulting them experiencing feelings of dissatisfaction themselves. Crossover is based on the conflict theory acknowledging the boundaries between work and home domain (Baker & Demerouti, ; Shimazu et al., 2020). Conflict theory claims that the work and family domain are incompatible with each other since they have different requirements and use different emotional resources (Baker & Demerouti).

Even though research is primarily focused on the individual examination of either the spillover or crossover Carlson, Thompson and Kacmar (2019) suggested that there is a need to consider both spillover and crossover when examining work demands and work outcomes because of the different

behaviors or attitudes experienced during either crossover or spillover. Additionally, they argue that work experiences spillover and crossover to the home environment which subsequently crosses over again to the work environment.

The coping strategy each individual used was based on their needs. All participants had either consciously (e.g., going out for walks in nature, playing games) or subconsciously (e.g., spending time with family, cooking) used coping mechanisms in order to manage COVID-19 at work. Participants also used new coping strategies in order to handle the pandemic (e.g., drawing, reading, mindfulness). The mechanisms identified in the current research included family, faith and hope, exercise, general activities, work-related coping and non-traditional coping mechanisms such as camping.

Previous literature examining both COVID-19 and other pandemics identified that around one out of three health-care professionals exhibit emotional exhaustion (Barello et al., 2021) which is alarming since studies have demonstrated that emotional exhaustion is associated with negative work outcomes, including patient safety and a decrease in overall work performance (Barello et al., 2021; Braquehais et al., 2020; Giusti et al., 2020). Support workers were not able to completely detach and switch off from work since there was a constant worry of being recalled back to duty during their "resting" or time off hours. Additionally, some identified themselves as a high-risk group when contracting COVID-19 due to their diagnosed long-term chronic condition such as asthma and cancer. This resulted in inner conflicts and feelings of anxiety thereby debating over whether to turn up at work at all. Switching off from work is essential for recuperation and recharging from emotional strains experienced during the day. A meta-analysis of 198 articles exploring recovery from work across different professions suggested that recovery is linked to job performance and daily engagement at work (Steed, Swider, Keem, & Liu, 2021). In this sense, psychological recovery allows individuals typically to replenish their emotional resources thereby returning to a state of equilibrium or homeostasis. Psychological recovery is an essential day-to-day mechanism given that many health-care workers are emotionally taxed due to the nature of their daily work tasks and roles (Steed et al., 2021).

Another significant finding in our study was how the differential level of interest of significant others impact the wellbeing of support workers. Significant others are identified by the support workers as colleagues, the working organization, direct managers, and general practitioners. Additionally, throughout the analysis it was clear that supporting or receiving support from colleagues resulted in developing feelings of trust.

With regard to organizational support, there was a clear lack of supporting procedures particularly during the beginning of the pandemic primarily from Human Resources (HR) and wider management (Operations Managers, Managing Director). When asked what kind of support they would have liked

to receive, participants described some general emotional support, for example, in a form of a "thank you letter." Most of the participants described that they were adequately supported by their line managers. Additionally, line managers were able to address issues that were raised from staff (e.g., not giving clear instructions on handling a COVID-19 case) in a timely manner. In contrast, they wanted the wider organizational network (e.g., HR, Operations Managers, Managing Director) to recognize how hard they were working since support workers feel constantly unappreciated (Nyashanu, Pfende, & Ekpenyong, 2022).

Strengths & limitations

This qualitative study is rich in data and the organization selected is a good representation of how care organizations operate within the UK both in terms of policies and staff selection. Currently, there are over 10.100 home care providers registered with the Care Quality Commission (CQC) offering home care servicers in the UK (Homecare, 2022). This study is part of a bigger thesis of a professional doctorate therefore only one researcher with a background in Health Psychology was used in order to conduct the interviews as well the analysis. It is possible that the involvement of another researcher would help with identifying potential blind spots. Additionally, because interviews were conducted via Microsoft Teams the body language of the participants could not be taken fully into account during the interviews. According to De Villiers, Farooq, and Molinari (2021) "*depending on the specific research design adopted (including the scope, level of analysis and the research objective/ questions), video interviews offer qualitative researchers a sound data collection device* " (p15). For the current study we believe that using Microsoft Teams was the most appropriate way of conducting the interviews given the distance of the participants and the health status (e.g., services were not allowing visitations, some participants had COVID-19).

The data present allowed for a partially cultural societal analysis. For example, during the first wave, the UK government did not respond to the threat immediately. After the first lockdown, people had to reevaluate their approach. The lived experiences of the individuals were influenced by they social-cultural background (e.g., praying, family support, and spending time in nature). Our analysis focused on the coping strategies of the individuals without exploring why they used the said strategies.

From the interviews, it was quite clear that support workers feel unappreciated from both society and the sector. It would be thus important for future research to identify the reasons behind as of why support workers do not have a professional body that represents them as well as what comprises of the job description of the support worker. Due to time limitations, we were not able to explore this in great detail.

Conclusion

Lived experiences of support workers during the COVID-19 pandemic ranged from general challenges, to contracting COVID, isolation, bereavement, lack of support staff, coping strategies, their views in relation to their working organization and how the organization could have handled things differently, and the inadequate response of the UK government. Working in care during the COVID-19 was a life changing experience and most support workers experienced difficulties which resulted in mental health struggles. It is important to raise awareness during pandemics in relation to staff been vaccinated in order to safeguard oneself and others (e.g., family, service users). Clear prevention protocols including contingency plans should be in place for future pandemics and that means one should not rely exclusively on national helplines (e.g., 111 or 999) for guidance and support. For example, protocols on where to buy PPE locally, create extra space for support workers or mental health sessions or even break rooms.

The take home message was clear: Support workers are in need of emotional support dedicated to them, clear protocols, and communicating methods as well as societal and organizational appreciation for what they do.

Acknowledgments

Michael Farrell for his feedback and continuous contribution

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

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