

Royal College
of Nursing

CORPORATE

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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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Introduction

Long COVID continues to affect nearly 2 million people in the UK (Office for National Statistics, 2023). Of these, 1.3 million had symptoms that had lasted for more than a year and 762,000 had symptoms lasting for more than 2 years. Fatigue was the most common symptom (reported by 72% of those with long COVID), followed by difficulty concentrating (51%), muscle ache (49%) and shortness of breath (48%).

It is widely recognised that health care workers, including nursing staff are at greater risk of contracting COVID-19 and subsequently long COVID (Rhodes et al., 2022; Foulkes et al., 2024; NHS Race and Health Observatory, 2022). In 2022 the Industrial Injuries Advisory Council (IIAC) (2022) reported that there was convincing and consistent evidence for health and social care workers presenting with 5 serious pathological complications following COVID-19 that had been shown to cause persistent impairment and loss of function in some workers and recommended that these be added to the list of prescribed diseases.

emotional and physical consequences of long COVID and at times is a difficult read. However, there are some encouraging examples of where our members have received good support from their employers.

The recommendations set out at the end of this report are not only informed by these findings, but the current lived experiences shared by our members via our peer support group and from intelligence received from calls to our advice centre.

Methodology

This research was conducted in conjunction with the 2023 RCN Employment Survey which gathers information about the employment conditions, experiences, and challenges faced by nursing staff across the UK. The survey informed the research. [Return to contents](#) (en-GB)/MCID

physical or mental effort. Symptoms can also set off a chain reaction with the onset of one symptom leading to another. People with long COVID will get fatigued, which can then affect concentration and also memory. These lapses of memory can increase anxiety, which increases fatigue.

While symptoms are varied and multidimensional, they were grouped into the following categories for this survey: cognitive, fatigue and dizziness, sensory, cough/sore throat, respiratory and heart, mental health and insomnia.

We also heard from respondents that symptoms also include migraines, changes in the menstrual cycle, digestive problems, sensitivity to the cold or finding it difficult to get warm.

Table 1: The range of symptoms experienced by respondents with long COVID

Cognitive problems		Fatigue and dizziness		Sensory problems	
Brain fog (difficulty with thinking and concentration)	91.6%	Fatigue	95dpEOT (.6)-7ms		

Figure 2 highlights the impact of chronic symptoms on respondents' lives, with almost two thirds (64.7%) stating that their long COVID illness always impacts on day-to-day activities and just over a quarter (27.3%) that they often have an impact.

Figure 2: How far would you say your symptoms impact on your day-to-day activities?

We heard from respondents about the physical, cognitive, mental and emotional health impacts of long COVID, including difficulties carrying out daily activities, challenges to social inclusion, and worries about their future health and impact on their professional and personal lives.

"It has had a huge impact on my life as a social person. If I want/need to work, I do not have the energy to socialise, so it feels like I'm living only to work."

Female, aged 45-54, long COVID symptoms for over 18 months

"Can't play properly with my kids. I go to work. come home and go to sleep 5 days a week now because I can't manage long days anymore for less money and less time with my

"... working through the pandemic and at high risk of contracting a virus with which you had no idea how it would affect you, whether no symptoms, mild, life threatening, even death or the unknown long term effects... The stress and PTSD from working under such conditions is extreme... the public have moved on and put the pandemic behind them, I can't because it still impacts my every day. And that shouldn't be the result of just doing your job."

Female, aged 25-34, long COVID symptoms for over 18 months

We also heard from some respondents that long COVID has had an almost existential impact on them, with feelings of isolation, alienation, emptiness and being abandoned. Living with long COVID is causing significant disruption to daily routines as well as professional and personal identities and relationships. Respondents spoke of feeling like a 'shadow of who I used to be' and that many had gone from being fit and active to someone unable to do the things they used to love. Some likened the process of adjusting to the change to their life as 'grieving' and accepting that they are in effect a 'new version' of themselves.

3. Employment situation

We asked respondents about their employment situation and whether it had changed since having started to experience long COVID symptoms. Table 2 shows that almost a third of respondents (30.4%) stated they were not working due to ill health, 8.7% had returned to work but were on sick leave while a further 5.9% had retired due to long COVID symptoms. The table also shows that one in six (15.2%) had changed roles or working patterns due to their health issues.

Table 2: Impact of long COVID upon employment situation

I'm not able to work at the moment	30.4%
I've changed roles or working patterns due to long COVID symptoms or other health issues	15.2%
I've returned to work but had to go off sick again	8.7%
I've changed roles but not due to long COVID symptoms or other health issues	5.9%
Retired	5.9%

Financial impact of change of employment circumstances

Seven out of ten (69.3%) reported that they had experienced a loss of earnings due to a change in hours or working patterns related to their health circumstances. Many went on to describe the impact of financial difficulties on their emotional and mental wellbeing.

“Living with these symptoms is very debilitating but the worry and stress of having to take time off work or no longer being able to do the role you’ve always done and the financial implications has made things worse.”

Female, aged 45-54, long COVID symptoms for over 18 months

“Long COVID has changed my life irrevocably. The impact cannot be underestimated. I feel unwell every single day and it’s draining. I am a single parent with a mortgage and bills to pay and I am fighting to stay in work to keep what is left of my life afloat. I’ve often felt forced to go into work due to the financial pressure.”

Female, aged 35-44, long COVID symptoms for over 12-18 months

Respondents on sick leave

Among those respondents on sick leave due to long COVID symptoms at the time of the survey, just over half (52.7%) said that their line manager had been in regular contact over their sick leave, while 44.9% said they felt their employer was putting them under pressure to return to work.

Among those respondents on sick leave, 93.9% stated their employer had arranged for

A small number (7.4%) had not informed their employer, with the main reason being they had not yet had a formal diagnosis to share.

Figure 5: How have you been treated by your employer/line manager in relation to your symptoms?

Table 3: Treatment by line manager in relation to long COVID illness

4. Occupational health and support and long COVID clinics

Respondents were asked if they had used occupational health services since experiencing post-COVID ill health.

8 in 10 (81.9%) said they had used occupational health services and of these, just under

Table 4 goes on to show that around two thirds of respondents (68.2%) have been referred to and attended an NHS long COVID clinic or centre, while a small number (5.3%) are waiting for an appointment. The remainder (26.5%) have either not been referred or stated they were not nearby facilities to support them.

Table 4: Have you been referred to an NHS long COVID clinic or centre?





5. Future action and support

We asked respondents about what support is needed for staff working in health and social care who have long COVID symptoms. Overwhelmingly, we heard that more research is needed to properly understand long COVID, its causes and how it can be treated. We also heard that as an essentially 'invisible' illness, many called for better understanding and support from employers and for them to make reasonable adjustments in the work(s a)5.2 (ns)-0.6 (a)5.3 (b) 8D5supporoID ((s (r)-2.8 (d t)14.1 (h)0.5 (a)18.1 (t a)8.3



Health and social care organisations

Organisational support

First and foremost, organisations must reduce the risks of COVID-19 infection and subsequent long COVID in health and social care workers by following their legal duties under the Control of Hazardous to Health Regulations outlined in the [RCN's Respiratory Risk Assessment toolkit](#) (RCN, 2024a).

Organisations must value and support their nursing workforce who have long COVID, as it is more likely than not these were occupationally acquired. Setting an inclusive and supportive culture at the very top of an organisation is important in order to retain staff who are experiencing long term and fluctuating symptoms of long COVID. The health and social care sector can ill afford to lose these skilled and experienced nursing staff.

Organisations must comply with their duties under the Equality Act 2010 and Disability Discrimination Act (Northern Ireland) 1995 and ensure that reasonable adjustments are made for those whose condition is likely to fall under the definition of a disability under the relevant act.

Organisations should provide education and awareness raising for managers on duties under the respective acts to ensure reasonable adjustments are put in place. Education and awareness raising for all staff is recommended to ensure a shared understanding of the challenges colleagues with long COVID may face in the workplace and how they can be supported.

Organisations must ensure that nursing staff can take sufficient time off sick, without financial detriment, during the acute stage of a COVID-19 infection. Resting during the acute stage of an infection is one of the ways to prevent someone developing long COVID (Greenhalgh et al., 2024).

Line management support

Responses to the survey illustrate how important line management support is to members' experiences in the workplace. Having an empathetic manager and team colleagues who understand the fluctuating nature of the condition and the need for reasonable adjustments is important in creating a supportive culture.

Managers, with the support of their organisation should following good practice as set out in the RCN's long COVID guidance for managers [Supporting staff who are living with long COVID | Royal College of Nursing \(rcn.org.uk\)](#) (RCN, 2024b) and the [Society of Occupational Medicines guidance \(Society of Occupational Medicine, 2024\)](#) on supporting people to return and stay in employment.

Managers must be clear on the legal requirements of the Equality Act 2010 and Disability Discrimination Act 1 (y o)12.2 (fT6.5 2 (t)18.5 (i)4.4 (on A)17.9 (c)10.5 (t 1)8.3 ((y o)12.2 (fT6.5 2 (t)18.5 (i)4.

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