

**Bridge
Group**
**research
action
equality**

**London Healthcare
Education Group**

**Evaluation of
LHEG universities'
Covid-19 response
in allied healthcare**

April 2021

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"I would just like to say how appreciated student volunteers were. They might not have felt like they were, because we were all under pressure, but it was so beneficial and useful having them there."

[NHS Staff]

"I signed up [to my course] to make a difference. I'm not doing this to become a millionaire. I actually care and want to help. So, when the chance came along, I was always going to take it."

[Student]

"I probably had some of the best days I have ever had alongside some of the worst days I have ever had."

[Student]

"It really reminded me that I have some highly valuable and important skills. I teach this stuff, but I can still do this stuff. That was quite a powerful reminder for me, and something that I can bring back directly into my teaching by sharing my fully up to date experiences."

[University staff]

Foreword by Julie Attenborough, Chair of the London Healthcare Education Group (LHEG)

The Covid-19 pandemic has presented unparalleled challenges for all of us.

Whilst we continue to battle the effects of the pandemic and begin considering how we can all rebuild, it is important to reflect and most importantly, to appreciate the efforts that individuals and organisations made to support the effort in healthcare and education.

As Chair of the London Healthcare Education Group, I saw first-hand the response from colleagues across London in reacting to the pandemic with frequent calls to share expertise, guidance and advice. The contribution of London colleagues, of London students and the wider University communities was truly impressive.

This report details the efforts made by students, university staff, NHS staff and the wider Higher Education community in the capital. It illustrates the experiences of those on the frontline, the challenges that they faced, the sacrifices that they made, and the immense impact that their efforts had. It speaks volumes about the courage, attitude and determination of our students that when asked why they volunteered, they simply responded with 'why not'. The resilience, skill and selflessness that students and colleagues demonstrated is commendable and went a long way to help others and to inspire many more.

I would like to thank the Bridge Group for conducting this crucial piece of research, and I would also like to extend the thanks of the entire London Healthcare Education Group to all those who contributed: whether this was volunteering on the frontline, supporting students and staff in clinical practice and education or supporting the vulnerable in your local communities.

Background

The London Healthcare Education Group (LHEG) brings together colleagues leading in healthcare education within the capital, fostering strong relationships between those who develop the next generation of health professionals in and out of London. The group is comprised of senior representatives from London based higher education institutions that teach, train or conduct research in the healthcare professions, as well as colleagues at NHS Health Education England, and other relevant stakeholders.

The aim of the group is to convene, collaborate and communicate the importance of healthcare education in London. Representing HEIs with over 55,000 students studying subjects allied to medicine, the group works collectively to tackle pan-London challenges and further the educational and practical experiences of students, and for the betterment of the healthcare system more widely.

The member universities of LHEG are:

Brunel University London	University College London
Buckinghamshire New University	London South Bank University
City University London	Middlesex University London
University of East London	Open University
University of Greenwich	University of Roehampton London
University of Hertfordshire	St Georges, University of London
King's College London	University of West London
Kingston University London	

Executive summary

The Bridge Group conducted 23 in-depth interviews. Most were with healthcare students and staff from LHEG universities; one was with an NHS employee and four were with people employed by both the NHS and an LHEG university. Through analysing interview data, a series of key themes were identified and these are presented here within three chapters.

- > Motivation: for many, the decision to contribute was not hard, as it fitted in with their career goals, they knew they had the skills to help and felt a sense of duty to help
- > Experience on the job was characterised by:
 - Initial uncertainty, risk and fear
 - Compromise and sacrifice in relation to personal lives, study or work
 - An emotional roller coaster: a tough but worthwhile experience
 - Camaraderie and support
 - Pride, respect and part of the team
- > Impact: participants expressed the impact of their experiences on the front line in terms of
 - Their increased respect for their own and other healthcare professions
 - Building their capacity to cope in a challenging work environment
 - For university staff: refreshing their clinical experience

This report intersperses a description of interview findings with case studies provided by LHEG universities on some of their wider contributions made during this time. These case studies focus on individual LHEG universities, but are typical of contributions across LHEG universities. Contributions included, for example:

- > Healthcare students and/or staff working in frontline roles
- > PPE: advice and design; construction; delivery and distribution; fund-raising and donations
- > Loans and donations of specialist equipment & facilities
- > Practical support for front-line workers, such as accommodation, babysitting, car-parking, food and transport
- > Professional and research support, such as expert advice to public, professionals & policy makers; initiating and/or supporting research
- > Providing practical and/or specialist support to vulnerable people in the community

Approach to interviews

The following findings are based on 23 in-depth telephone interviews:

- 12 with healthcare students
- 6 with university staff
- 4 with staff on split contracts (University and NHS)
- 1 with NHS staff (full-time contract)

Participants were selected randomly from a representative sample to ensure a mix of: organisation of origin; organisation where they worked/volunteered; function/role; and discipline. The students and university staff, chosen from across multiple universities, were from a range of disciplines (including all branches of nursing, physiotherapy, speech and language therapy, paramedicine, and midwifery). They volunteered during the first wave of the pandemic, working in various roles (for example, as intensive care nurses, healthcare assistants, health advisors, in education/training) and across different areas (for example, Accident and Emergency, child nursing, emergency operation centres, intensive care units). This means that some participants were in direct contact with Covid-19 patients, others were working in wards where, in theory, there were no Covid-19 patients, and some had no (direct) contact with patients.

A series of key themes were identified through qualitative interviews. Nothing detailed here should be regarded as an 'outlier'.

Indicative, anonymised quotations are provided throughout, which have been taken directly from the qualitative analysis, with the quotes being representative of the recurring themes identified. Where necessary, quotes have been adjusted to maintain interviewee anonymity without making any change to the inherent meaning. This approach ensures that the report provides rigorous, theory-based analysis of the qualitative data, as well as allowing interviewees' own voices to be represented directly.

Themes emerging from interviews

Motivation

"I signed up [to my course] to make a difference. I'm not doing this to become a millionaire. I actually care and want to help. So, when the chance came along, I was always going to take it."
[Student]

On 29 January 2020, medical authorities became aware of the first person in the UK displaying symptoms of what was suspected – and later confirmed – to be Covid-19. Less than two months later, on 23 March 2020, England went into its first nation-wide lockdown. Dealing with the rapid increase in cases of this new disease and the severity of its symptoms presented immense challenges to healthcare systems around the world. The UK was no different. Learning from the experience of northern Italy, where hospitals were overwhelmed by the early surge of acute cases, the NHS redeployed medical staff from other specialist areas, encouraged recent retirees to return to service – and invited healthcare students and university staff to contribute. This chapter will explore the factors behind these contributions: what led healthcare students, not yet fully qualified, and university healthcare staff, some of whom may not have had recent clinical experience, to accept the challenge?

A theme notable as much for its absence as its presence relates to the motivation to do the work. Acknowledging that the scope of this research is to interview those who took part, rather than those who chose not to, a consistent message which came through is that the decision to volunteer was usually a comparatively simple one. Students and staff identified that they have the skills to contribute, the opportunity to contribute, and have chosen to work in healthcare in order to contribute.

"It wasn't a hard decision. I thought about it. I talked with my parents [who I live with] about it. But it wasn't a huge dilemma."
[Student]

In many cases the motivation was that simple, with little evidence of individuals struggling to make a final decision. This is contrary to researchers' initial expectations, but was borne out consistently in interviews.

University of Greenwich

Case study

It is vital to the ethos of the University of Greenwich that it gives back to the local communities, across all three campuses, and the university has therefore always been entwined with the local community. This approach and spirit were exemplified during the Covid pandemic, contributing to the national effort, and supporting the local communities in numerous ways.

The University of Greenwich community responded to the call for volunteers, with both students and staff mobilising on the frontline, and also in areas such as prescription collection and delivery to the most vulnerable in the community. As well as offering people power, the University community also contributed to relief efforts through utilising expertise to support local organisations and provide valuable equipment.

The challenge of adequate equipment was evident across the country, in the need to ensure that those working on the frontline were protected from Covid whilst trying to battle its affects. This materialised in support of many facets across the University of Greenwich's community, with the Faculty of Liberal Arts & Sciences printing specialist 'scrubs' templates for local organisations taking part in the production of gowns for the NHS. As well as assisting in this way, science and engineering staff across the university donated **350 protective suits, 300 overshoes**, protective eyewear and **80 gold standard protective masks** to the South East Coast Ambulance. The School of Science & Forensics also contributed immensely to this effort, donating over **5,000 gloves, 400 masks** and **1,000 hairnets**.

With many connections to local organisations, and acting as a pillar for the local community, the University also sought to aid in relief efforts for the most vulnerable in society. Recognising the need to support local organisations in supporting those who were isolated on suffering from loneliness, the university gave full use of on-site campus kitchen facilities to The Greenwich Mutual Aid Group.

There is a clear alignment between the chosen career paths that individuals had been working towards through their studies (or through their teaching), and a commitment to offering service in response to public need. Whilst acknowledging that the public need during the pandemic has been significantly higher than would have otherwise been required, it is still the case that the motivation that directed individuals to study for, or work in, healthcare strongly aligns with the motivation to help in times of crisis.

"Although I wasn't fully qualified at the time, I still had technical and caring skills and abilities. I could do something, so why wouldn't I contribute? Not everyone was in the same position as me. I know that [other students] had family members who were shielding, or had to really look after their own health, but I was able to contribute, I had some skills that would be useful, so I did it. It was the right thing for me to do."
[Student]

"This is my passion. This is why I started my course. This is why I'm training. So it wasn't a hard decision for me. I'm joining the NHS to do just this."
[Student]

It is important to acknowledge that not all decisions to contribute were easy. Some interviewees were worried about contracting the virus and infecting others, notably family. For those who were living with family, putting themselves forward meant taking a considerable risk. Furthermore, at the beginning of the pandemic hospitals did not have enough protective equipment, which made interviewees nervous (see below for more detail).

"It was actually a difficult decision to make because I live with my parents, who are both vulnerable. It was back in April [2020] so Covid was still very new. We also had heard on the news how many nurses had died from Covid ... It was a very difficult decision especially when we heard that BAME people are at higher risk, so it was quite scary."
[Student who identified as being from a BAME background]¹

¹ Evidence did, and does continue to, suggest that those from an ethnic minority background are at a higher risk. See for example:

<https://www.bbc.co.uk/news/uk-52219070>

<https://www.bbc.co.uk/news/av/explainers-52969054>

<https://www.england.nhs.uk/coronavirus/workforce/addressing-impact-of-covid-19-on-bame-staff-in-the-nhs/>

<https://www.bmj.com/content/371/bmj.m4099>

St George's, University of London

Case study

Experts within St George's University immediately found ways to put their research, knowledge and understanding to national use through providing supportive resources and guidance.

Early into the pandemic, and even prior to national lockdown, a group of St George's primary care and infectious disease experts produced new guidance for GPs on handling the coronavirus outbreak. The guidance provided advice for GPs on how to manage possible cases of Covid-19 as knowledge and understanding of the outbreak was just forming. Leading on from this, St George's opened a new online course called 'Managing Covid-19 in General Practice', designed for front-line clinicians, healthcare workers and professionals tackling large volumes of patients within the primary care sector. The course enabled learners to explore the epidemiology, clinical symptoms and signs, and management of Covid.

St George's staff were contributing to many facets of the coronavirus response, either in supporting workers on the frontline, or conducting research into areas such as trials for potential treatments of Covid-19, understanding transmission in pregnant women, and influencing policy on infection control. From the very outset of the pandemic, University staff actioned research and resources that not only contributed to the national understanding of the virus, but also led in developing resources and guidance for those on the frontline.

Experience

Initial uncertainty, risk and fear

"Everyone had a similar feeling, the feeling of unknown".
[Student]

This chapter explores the various stages and experiences of students and staff on the frontline. Whilst their motivations were clear and many were determined to help in any way they could, there is no denying that there was uncertainty, risk and fear at the outset of this experience. In 'normal times', frontline workers make sacrifices and compromises, but the pandemic meant that these workers and volunteers were exposed to greater levels of risk, resulting in an emotional rollercoaster of extreme highs and terrifying lows. Ultimately, the experience was defined by the camaraderie and support, the feeling of being part of a team, and contributing to a national effort to help those in need.

Even if the decision to contribute was relatively simple for most interviewees, they nevertheless noted how, when they put themselves forward during the first wave of the pandemic, there was a feeling of entering the unknown. They didn't know what to expect, and rules/guidance at the time were changing regularly to keep up with the growing body of evidence. Interviewees explained how starting their experience at the beginning of the pandemic was quite unsettling; it was an uncertain period where everyone was only beginning to understand the virus.

"The regulations changed week to week. [Right at the beginning] we got told 'no need to wear a mask when you are doing this' then we were told 'you do have to wear a mask' ... 'you have to double up your gloves', then 'no you don't have to double up your gloves' ... All that changed quite regularly."
[Student]

Even university staff who had considerable previous clinical experience were caught off guard by the unprecedented situation, especially early in the pandemic:

"I have lots of experience in intensive care, but I have never seen patients present in this way. I found it surprising how sick these [Covid] patients were."
[University staff]

"I was very apprehensive about all the protective equipment. I was obviously worried about getting Covid myself ..."

Middlesex University London

Case study 1

At the outbreak of the pandemic, Middlesex University mobilised their student and staff community to aid in efforts to combat the effects of the virus, providing significant support to the NHS and local community.

Early on in the pandemic, they established an incident management group to manage the operational activity and support, as well as setting up a subgroup on research and knowledge exchange to facilitate and coordinate support on the national level. In addition to 500 students and staff returning to frontline nursing in London hospitals, the University also engaged with local charities to assist the emergency response including helping the Nations Africa Centre to distribute food across North London from the university campus. As well as people power, Middlesex University supported efforts through production, research and knowledge sharing.

Identifying the need for hospitals and public health agencies to be equipped with suitable PPE, Middlesex used their expertise and connections with local industries to contribute to the manufacturing of crucial equipment. With more than 70 staff volunteers, the university designed and made gowns, scrubs and face coverings, as well as manufacturing 67,200 face visors for the NHS.

Whether it be supporting London hospitals with equipment and volunteers, or local charities and projects such as the Together in Mind project supporting health and social care workers, Middlesex University mobilised expertise in research and an array of volunteers to mitigate the effects of the virus and support the community.

"Wearing all this protective equipment was a new thing for me, I had never had to do that before. I found it difficult because you couldn't really see who the other people working with you were ... Even if you knew them you couldn't necessarily identify them because everyone was so covered up. You could just see their eyes through their glasses. I had never been in that situation before."
[University staff]

Compromise and sacrifice

Working in front-line roles had an impact on other aspects of people's lives:

"Of course, there have had to be compromises. I've been supported by my [university] boss, with other colleagues stepping up to cover pieces of work I'm not able to do. What I'm doing adds up to a lot of hours. It just means I cut back on my down time. There's less time to relax at home, but this is work that needs to be done, so I do it."
[University staff]

The university staff and students volunteering each had their own personal life and relationships. University staff also had professional duties, while students continued to have coursework and other study obligations. Work on the frontline had an impact on these, with colleagues from a university staff member's substantive role picking up duties, and family resigned to seeing loved ones less. The stress of fitting in study has already been mentioned. The anxiety expressed by interviewees about infecting family was expressed again in relation to practical steps they had to take to prevent this.

"I explained to my family that they'd be seeing me less. But that's only temporary. Right now, other people need me. [Patients] are in real need, and I'm able to help them. My family understand, even if they moan [about not seeing me as much]."
[University staff]

The compromises being made here are primarily two-fold. Firstly, the temporary reduction in time that can be spent with family members, and secondly, the additional safety requirements and behaviours necessary to protect loved ones.

"When I get back, I have to keep away from my family. I have to be sure everything I've been wearing is cleaned, that I'm cleaned, before I talk to them. I'm spending much more time on my own in my room, not socialising with my parents as much."
[Student]

University of East London

Case study

At the beginning of the pandemic, the University of East London was a pillar for supporting the local community and national efforts to combat coronavirus. With the Docklands campus located less than two miles away from the NHS Nightingale at ExCeL London, the University provided resources and facilities for workers in need.

In recognising the central and important role that they could play in relief efforts and community aid, they worked closely with the NHS and Newham Borough Council to provide logistical support, access to facilities and equipment, remote counselling services and direct support for healthcare workers. In addition to student and staff volunteering on the frontline themselves, the University saw ways for them to further contribute to the morale and support for healthcare workers. Crucially, this included offering campus accommodation as free housing for Nightingale staff. Recognising the long hours and strain on healthcare workers, this intervention enabled staff to rest following long shifts at the Nightingale and other local areas.

With many frontline workers sacrificing time away from friends and family, this support from the University of East London enabled workers to have time away when they were not on shift. This heartfelt and dedicated response from the University of East London therefore provided support and care for those caring for the nation.

An emotional roller coaster: a tough but worthwhile experience

"I probably had some of the best days I have ever had alongside some of the worst days I have ever had."

[Student]

Participants shared how "tough", "overwhelming" and "stressful" their experiences were, leaving them both mentally and physically exhausted. They were nevertheless grateful to have been able to contribute and found their new roles an invaluable and enriching experience. Participants went through intense reactions, with some noting that they had experienced extremes of emotion.

"There were some really tough days and some really great days. Some filled with sadness. It was a very heavy environment. Sometimes I would come home and feel helpless because there was nothing I could do for some patients. Patients in the critical care unit are on the verge of life and death and you are the reason why they are still breathing."

[Student]

This indicates the depth of the emotional experience for the students, engaging in challenges that they would not otherwise have expected to face. This is indicative of an intensity that students had to engage with, and a duality of emotional difficulty and developmental opportunity; students were facing emotional turmoil, whilst also being acutely aware of the chance this presents in helping their growth as healthcare professionals.

"It was very intense, but I wouldn't change it for the world"

"I think it was a lot. It was very intense, but I wouldn't change it for the world. It was an amazing experience, but at the same time it was so hard. We weren't eating proper meals because we were in a hotel and only had a microwave. We were knackered. Trying to get into a good sleeping pattern was really difficult. We also had quite a lot of uni work, so the stress was quite high. But we also met the most incredible people."

[Student]

City University London

Case study 1

In addition to volunteering on the frontline during the pandemic, students and staff at City mobilised to engage with the local community and help in any way that they could. In continuing the University's commitment to civic engagement, staff and students contributed to research, local aid and providing expert advice to Government officials.

The City University alumni contributed in immense ways to the university and to the local community efforts during the pandemic. This included entrepreneurs organising the purchase and delivery of **6.5 million articles of PPE** throughout Europe, and business alumni utilising their start-up companies to design face shields for healthcare workers.

Moreover, as well as contributing to the healthcare workforce, and donating equipment to protect that workforce, the City University community also assisted in ways to provide support for the vulnerable in society. With postgraduate students teaming up with Age UK to create temporary emergency foodbank services for vulnerable citizens throughout London, and with others volunteering to provide fresh meals to medical staff at University College London Hospitals (UCLH) NHS Foundation Trust, there was a clear commitment to help those in need.

Whether it be volunteering on the frontline of the NHS, or volunteering to help those at the coalface through protective equipment development and food services, City University were there when their community needed them.

This language of difficulty (being “overwhelmed”, “stressed”) may seem at odds with the language of opportunity, excitement, and amazement. But it is a true reflection of the lived experience of the students; they *did* feel overwhelmed, but were also acutely aware of this being the very experience they signed up for when starting their training – it just happens they have experienced it earlier in their development than they would have expected. And in no way should this duality undermine the significance of the emotional challenge, as indicated by this quote:

"It was a really overwhelming experience. You walk in and you see 15 patients all next to each other all on a ventilator. It was really frightening. It was a strange environment. It was quiet because patients aren't speaking, just machine noises. I just remember hearing all these machines. That was really odd."
[Student]

This is not an experience that a student would normally expect whilst still in their training, and perhaps not even in their early, post-graduation career. Indeed, the experience of treating large numbers of seriously ill Covid patients is new and intensely challenging even for experienced professionals in the healthcare sector. Healthcare students have had to learn to cope with this high-pressured and high-risk situation. And for some this included a struggle to detach themselves from patients, with some students continuing to think about them. Students experienced, and are likely to continue to experience, a legacy of emotion from working on the frontline:

"I have this one particular patient that I constantly think of. I think of her recovery and wonder where she is and what's happened to her. She was my mum's age and her family couldn't visit her because of the pandemic. Even several months later I am still thinking about that."
[Student]

Brunel University London

Case study

The student and staff community at Brunel sprung into action and found innovative ways to support the local community and the national effort during the pandemic. This came in the form of fundraising, supplying equipment, volunteering, and pledging to support the local community.

By May 2020, Brunel Cares – an organisation consisting of volunteers from across Brunel University and the surrounding area – had raised over **£12,000 to produce life-saving personal protective equipment (PPE)**. Responding to fears of PPE running out, and wanting to utilise the skills and attitude of the Brunel community, Brunel Cares volunteers contributed by cutting, sewing and delivering PPE, predominately to hospices and care homes who were reporting shortages.

These community efforts were underpinned by Brunel signing up for the C-19 Business Pledge, set up by Justine Greening and David Harrison, in pledging to support communities across the country during the crisis. This spirit of wanting to help the local communities was further demonstrated through staff members volunteering in many different ways. In addition to contributing to the Brunel Cares efforts, two Brunel members of staff, both military reservists, took part in Operation RESCRIPT in contributing to the UK military's response to Covid-19. Through this work, Brunel staff members assisted local residents and community planning, including the formulation of the Covid testing activity across the region.

Whether it was through research, volunteering or fundraising, the entire student and staff community at Brunel put their efforts to where aid was needed.

Camaraderie and support

"We worked very closely together, and everyone was so supportive of each other. I will take this away in my future practice."

[Student]

Although the working conditions were tough, the shifts were long and the work was intense, there were positives. Interviewees told us how they were deeply moved and impressed by the teamwork spirit and the general kindness from established healthcare staff. They experienced a strong feeling of camaraderie and solidarity, and of being "welcomed into the family" of NHS colleagues. It was this supportive environment which kept them going and in fact, for some students, shaped their decision to work in a hospital environment after completing their studies.

"I know it sounds cliché, but there was a massive community feeling. Everyone was friendly to each other; everyone had this mutual understanding that it was a hard time."

[Student]

The outside support which participants received, notably from local restaurants, also played a significant role in lifting their spirits. Interviewees mentioned the restricted access to proper meals as a factor in their physical exhaustion, so the donations from restaurants were likely to have been important to their physical well-being too.

"Lots of food was donated from local restaurants. It was really nice. It gave you a boost to think that people were thinking of you. We also got paintings from children. I really appreciated the support."

[University staff member]

The feeling of everyone stepping up, trying to remain positive, and supporting hospital staff and volunteers as best as they could was powerful and a boost to the students' morale and that of NHS staff. NHS staff noted how grateful they were for students' contributions, and how valuable their help had been.

"The camaraderie was just huge - you know when the weather was horrifically hot we got free ice creams given to us, everyone just worked together in the ultimate goal of just trying to get on with it despite everything happening."

[Student]

University of Roehampton London

Case study

The University of Roehampton explored innovative ways to support research into coronavirus, as well as provide support for healthcare workers in order to contribute to national efforts to understand and battle the virus.

Utilising University resources and facilities, the University made the early decision to offer services to the NHS and NHS workers. These included offering a free shuttle bus service to Queen Mary's Hospital as well as enabling hospital staff to use conference rooms, laboratories and car parking facilities within the University.

Additionally, and most creatively, the University of Roehampton aided the research into coronavirus through their Esports Arena. Boasting powerful gaming machines possessing a lot of processing power, Roehampton joined the Folding@home project to research coronavirus. This project is a distributed computing project for disease research that simulates protein folding, computational drug design, and other types of molecular dynamics. Roehampton's facilities were utilised in the project to further understand these processes and the development of the virus. Roehampton students and those involved in student societies similarly joined the project with their home gaming PCs, finding inventive ways to support research.

And students also made a connection between their efforts and initiatives like 'clap for carers'. This reinforced the concept of a single team, working together against difficult odds, for the benefit of society.

“I was making a tiny contribution, but it was being recognised”

"Maybe it's a bit corny, but when there were the claps [for carers and the NHS] that had a big impact on me. You'd think it wouldn't, but when I realised 'they're clapping for me' that was so powerful ... I was making a tiny contribution, but it was being recognised."

Pride, respect and part of the team

"Being on an 'aspirant midwife' contract, that change of title, reinforced for me that we could do different things; that we had additional responsibilities. Previously I had always been under midwife supervision, but now we were given more responsibility and were relied on more."
[Student]

One significant way in which students identified as being part of this team of healthcare workers is evident in their formal status when in the wards and other healthcare settings. The fact that students were placed on formal contracts was welcome for numerous reasons. If they were being paid, access to additional funds during their studies was a genuine and welcome boost. But there is a more transformational component: not being supernumerary reinforces the notion of being a genuine member of the team, contributing directly rather than taking staff time away from patient care in order to provide training/guidance.

"It was a chance to raise my experience and to earn money. I got a breadth of experience in different areas."
[Student]

Kingston University and St George's

Case study

Kingston University and St George's went above and beyond in supporting their local communities deal with the immense challenges posed by Covid-19. Hundreds of students volunteered, with the Faculty of Health, Social Care and Education (run jointly by Kingston University and St George's University of London) deploying over **450 student nurses** and **50 midwifery students** to help tackle the issue of staff shortages in relation to Covid.

The support did not end there, however, with students finding innovative and creative ways to support the local community, and the most vulnerable.

An adult nursing student set up Crisis Kitchen on 2nd April, organising a team of volunteers in a scheme designed to provide free meals to those in need. As nationally documented, the concern of vulnerable individuals being unable to source food or complete their food shopping was an issue affecting many. In setting up Crisis Kitchen, students and fellow volunteers delivered more than **5,000 meals to the most vulnerable** individuals within the local area.

Another group of individuals who were vulnerable and at risk were the very people that were working extremely hard to care for individuals at risk of catching Covid-19, particularly care and nursing home workers. In identifying this, a learning disability student who was themselves working in a residential care home donated more than **200 hand creams** to fellow workers.

In addition to these immense efforts of working on the frontline, and supporting those that were doing so, Covid also created numerous challenges that threatened the ability for workers to help in relief efforts and the response. Midwifery students stepped in a time of need, giving their spare time to help NHS frontline workers with childcare during this period. In utilising the app 'Bubble Babysitting', students offered their services to relieve key workers of one of their many pressures, enabling the workforce to continue.

Impact

"I had a whole new perspective of how hospitals work. Just a whole new respect for nurses ... But it also enticed me more to be part of that environment. This experience hasn't put me off, it's actually given me a drive to get back in that environment. And just the teamwork that you see in a hospital ... it's incredible."
[Student]

In relation to impact, there is a clear alignment in the desire for students to continue in the healthcare profession, a determination to serve the NHS, a recognising and/or reinforcing of the value of the NHS to society, and reinvigoration for teaching the next generation of healthcare professionals.

It might be assumed that being placed in such an intense and challenging situation would turn students away from working in that environment, but the opposite appears to be true. Not only is there an absence of a significant detrimental effect, but there is also the presence of a positive reinforcement that this is the working environment for them. This certainly is to be welcomed given, for example, the Government target of recruiting 31,000 new nurses and increasing nurse retention in England by 19,000.

This experiment of trusting healthcare students to contribute to the national Covid response on the frontline yielded positive results in terms of reinforcing these students' commitment to healthcare professions.

"I think it was a really big turning point for me personally to see what I am capable of doing. And for my nursing career as well, it was really helpful to see that I can work in a really tough environment during tough and uncertain times."
[Student]

A renewed appreciation for these professions was not restricted to the participating students: as was apparent during the first wave of the pandemic, there was renewed public appreciation for the NHS. Furthermore, a member of university staff commented that application rates for new student intakes have increased.

"It's been a boon for our recruitment numbers. They're definitely higher than they were [last year] and that, most likely, is because people have seen the real contribution that can be made in the NHS."
[University staff]

Middlesex University London

Case study 2

In addition to contributing to the frontline services through volunteering and producing essential equipment, Middlesex also contributed to the national efforts in understanding the effects of Covid-19. This manifested in **41 research projects** directly connected to Covid and spanning topics such as novel diagnostic technologies and the effect of Covid on diabetes. Knowledge was also shared for the public benefit in the form of **19 academic staff members registering as consultants to government** via the Parliamentary Office for Science and Technology, in relation to pandemic work and response.

In the face of challenges such as a closure of laboratories under lockdown, one of these research areas sought to understand the occurrence of SARS-CoV-2 in sewage. The understanding of this contributed to the growing understanding of Covid as well as local outbreak controls. This global network expanded the knowledge of how the pandemic could progress, and the research highlighted how sewage samples could provide another method of alarming local communities of potential outbreaks.

In addition to conducting research to understand the virus, Middlesex academics also explored how people reacted to the pandemic, and how best to utilise guidance. For example, researchers at Middlesex furthered the understanding of people's responses to face-masks and necessary methods to increase usage of face-masks by the public.

These studies not only highlighted previously unexplored areas of the virus, but also provided opportunities for the public and policymakers to understand methods to help combat the virus.

Interviewees discussed the different ways in which their experience made them feel proud of working in the health sector and increased their respect for healthcare professions (in particular, for specialist roles like intensive care nurses). Generally, interviewees felt proud of all healthcare professionals, and shared how their experience had given them better insight into, and a better understanding of, what nurses and healthcare assistants do. Additionally, their experience has made them reflect on life, and given them a newfound respect for end-of-life care, and for patients whose condition is terminal.

“It has made me very proud of my profession, how we have responded”

"It has made me very proud of my profession, how we have responded, and how people have made lots of sacrifices. Lots of people moved out and stayed in hospital accommodation and didn't see their families. I am really proud of the healthcare professionals who really had to step up. I also have a heightened respect and appreciation for my intensive care colleagues."
[University staff member]

This ability to contribute as part of the NHS team has been a real eye-opener for students, as well as for some university staff returning to frontline work. Either recognising (as a student) or being reminded of (as a university staff member). their skill set, the opportunity to contribute has been a powerful experience. This indicates a combination of the altruistic and the practical thinking of the interviewees; they were able to make a difference, and chose to make a difference, through their direct contributions.

Admittedly, it was much more intense than I had realised, or expected, but this is why I'm doing my training. I was able to show what I could do, not just to other people, but to myself too."
[Student]

"Personally, it reignited my enthusiasm. It was fascinating to see what you could do with no red tape and bureaucracy. It was inspiring and cemented the idea that becoming a paramedic was the right decision for me."
[Student]

City University London

Case Study 2

Alongside areas of community engagement and volunteering, staff and students at City also contributed to guidance, advice and insight into an array of areas ranging from mental health concerns in lockdown to the long term social and economic recovery post-Covid.

Utilising academic and research expertise, staff delivered a combination of publication and advocacy work to further the understanding of Covid and to improve the response to the virus. In healthcare, this included research into the symptoms and consequences of Covid with The Midwifery Unit Network co-authoring public articles on safe motherhood during the pandemic, and the establishment of the My Home Life project to support Care Home Managers by providing guidance and support. Collaborating with the Centre for Evidence-Based Medicine, University of Oxford, City academics also published work assessing the symptoms and clinical features of Covid-19 patients, particularly in mild and moderate cases – expanding the knowledge and understanding of public health.

Beyond healthcare, City academics similarly contributed to the broadened understanding of Covid-19 and its effects on society and support systems. As the UK attempted to manage consequential challenges of the pandemic, such as food supply chains, City academics and experts in food policy provided recommendations on health-based rationing to better understand the challenges present, and solutions to these. Additionally, academics also led projects in a variety of other areas, including a project informing the police approach to the rise in domestic violence and abuse during lockdown.

The entirety of the City University community found ways to contribute to the national effort of tackling Covid and these examples of exceptional research helped to increase the knowledge of the pandemic, and how to respond.

The students' work with the NHS also had a positive impact on them personally: realising that they were able to cope and work in such a challenging environment also benefitted the students by increasing their confidence, resilience and motivation.

"I was suffering from anxiety from being stuck at home, so going back into a clinical setting was really uplifting. It felt good to help and gave me a sense of purpose."

[Student]

"I feel more confident working with patients. Professionally, it was a really good experience. It was great to work with patients face-to-face again."

[Student]

These two examples above clearly demonstrate the positive impact and the personal learning derived from the experience. And both talk to the social connection element of the activities interviewees undertook. This aligns with the personal and professional skills developed by participants, as indicated in this quote below.

“You are physically exhausted, mentally exhausted, but at the end of the day I thought ‘wow, I helped this person’.”

"I am so happy I did it. It definitely toughened me up. It is a very demanding role. You do 13-hour shifts and I had never done that before; it was just a whole new world. You are physically exhausted, mentally exhausted, but at the end of the day I thought 'wow, I helped this person'. It was very humbling. I also had my first experience of death. It gave me a newfound respect for life and for death."

[Student]

As we see from the quote above, and this quote below, the experience, and the associated learning, goes beyond the technical into the emotional.

"You really appreciate what life has to offer. It was a powerful learning opportunity. So that was a really big takeaway."

[Student]

One student told us how they had become more flexible and adaptable and were "more likely to be open to work with anyone from anywhere", while several others noted that they had improved certain skills, notably time management, communication, and people skills.

University staff also commented on the ways in which the experience had positively impacted their teaching practices. For example, a university lecturer told us how volunteering has improved their understanding of the current clinical environment which in turn has made them more empathic towards students who are on placements.

"It really reminded me that I have some highly valuable and important skills. I teach this stuff, but I can still do this stuff. That was quite a powerful reminder for me, and something that I can bring back directly into my teaching by sharing my fully up to date experiences."

[University staff]

Conclusion

From these in-depth interviews, and the thematic analysis undertaken by the research team, we have been able to access, collate and represent the lived experience of those students and staff who gave their time to help during the first wave of the pandemic in London. This captures their stories, their learning, and their emotional experiences through their own narratives. These are the true voices of those who were directly involved.

We have found that the motivation to engage and to help was strong, and in many cases unwavering. We have learnt about the challenges experienced by students and staff to a level well beyond any of their expectations prior to the arrival of the pandemic. Concurrently with these challenges, students and staff have found ways to reflect on their experiences as developmental, both reinforcing their career aspirations within healthcare, and reinvigorating their valuing of the NHS as a public service.

At the time of writing the pandemic is still with us. Many of the students interviewed will have moved through their studies and graduated as healthcare professionals. For these individuals, and those still completing their studies, this experience, unique in lived history in the UK, has galvanised their resilience, built their experience, and developed their skills in a way that would otherwise not have happened. From the extensive and unprecedented challenges that Covid-19 has brought to the UK, these individuals have found inspirational ways to grow from their experience.

