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# **Communicating Public Health Conversations about the COVID- 19 Pandemic**

**Report 3 – Discussions about and among  
health and social care professionals**

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# 1 Foreword

Early in 2020, alarming reports from Italy about the rapid growth in Coronavirus infections coloured the UK Government's strategy to confront the pandemic on home soil. As a result, it was explicitly designed to prevent the National Health Service from being overwhelmed – to 'protect the NHS' at all costs in order, we were all very clearly told, to save lives. Ultimately, that strategy was supposed to safeguard health professionals, the people upon whom we are all reliant in such circumstances as these, but it quickly became all too apparent that that ought also to have meant care workers and, as time passed, the range of key workers.

In this third report in a series, we provide an analysis of online conversations amongst and about both health and care professionals in the UK during the first half of the year. We explore in-depth the themes that surfaced organically from them, namely: keyworkers, family and children; appreciation for workers; the emotional impact of the pandemic; infection prevention measures; sharing guidelines, advice and resources; concerns about the workforce; and safety and capacity. We also look at the challenges and opportunities discussed by social media users in relation to the health and care workforce at the time.

We endeavour to draw conclusions about the issues faced by those on the front line, and we assess whether they appeared to have been resolved by the end of June. However, in practice, the public health emergency is ongoing at the time of writing. Some of the issues that seemed 'resolved' as the Government moved to lift the national lockdown back in the Summer have the potential to serve as a focus for concern, once again, as we approach the Winter. New challenges are also widely anticipated – ranging from growing disquiet about public health restrictions to the economic impacts of the pandemic, and what that means for the size and geography of any 'second wave' that professionals might yet be asked to confront.

The language used by politicians during the first wave of the pandemic conveyed a 'wartime' situation, complete with invisible attackers who must be 'fought' against. It, also, suggested that 'we are all in this together'. But, the conversations amongst and about health and care professionals make plain that, whilst heroic in their efforts and widely applauded, they themselves often did not feel valued or safeguarded and, not least, because it took time to assuage their practical and emotional concerns (where they have since been resolved). The anger they felt is palpable and striking, too, is the extent to which they continue to face difficult decisions about how best to protect and care for their own loved ones in the circumstances. The 'battle' narrative woven by key figures earlier this year may or may not prove helpful in the final analysis. It should, however, give rise to important questions about the value we ascribe to health and care professionals who, in other 'wartime' circumstances, might be paid, kitted out, respected and their families treated very differently. As the public health emergency continues, this tension must be resolved.

Annemarie Naylor, Director of Policy and Strategy

Future Care Capital

## 2 Introduction and key findings

### 2.1 Background and objectives

Future Care Capital (FCC) is a charity which undertakes research to advance ideas that help shape health and social care policy and to deliver better outcomes for individuals living in the UK. FCC aims to stimulate and facilitate a national debate around health and social care provision.

This report forms one of four outputs from the *Communicating Public Health: Conversations about the COVID-19 Pandemic* research project undertaken by Ipsos MORI on behalf of FCC. The project involves analysis of social media posts over a period of five months in 2020, to assess the performance of the government's communication strategy, and explores the impact of the pandemic on health and social care professionals, as well as on the mental and physical health of the wider public.

The ongoing COVID-19 pandemic has impacted all of those involved in health and social care including patients and service users, health and social care professionals on the front line, as well as commissioners and decision-makers. Not only were health and social care professionals more likely than average to be infected with COVID-19<sup>1</sup>, but survey research indicates that the pandemic had a deleterious effect on the mental health of half of healthcare professionals<sup>2</sup> and four in five social care professionals<sup>3</sup>. Concern about taking the virus home to family, contracting the virus, and a lack of PPE, were health and social care professionals' chief concerns. Compounding these stressors, the mainstream media reported that some healthcare professionals had been forbidden from speaking out publicly about the challenges that they were facing in their roles<sup>4</sup>. If true, this indicates a real risk that the challenges faced by health and social care professionals will not be heard and, ultimately, resolved.

This report details the findings from the third of four overarching research objectives for the project:

**Explore the key trends and timelines associated with a range of challenges and opportunities impacting health, care and allied professionals and their 'resolution'**

The report should be read alongside the further three outputs which consider: i) the value of conducting social media research for this purpose; ii) the performance of the government's public health messages; and iii) the impact of the pandemic on the mental and physical health of the wider public, as told on social media.<sup>5</sup>

### 2.2 Overview of approach

The objectives for this study were explored through subset of relevant social media data, drawn using a bespoke search query within the Synthesio platform. The result was a cleaned dataset of 12,527 social media posts from between 01 February and 30 June 2020. The dataset included posts from social

<sup>1</sup> Ipsos MORI/Imperial College. (2020). Initial findings released from UK's largest COVID-19 home testing study. <https://www.ipsos.com/ipsos-mori/en-uk/initial-findings-released-uk-s-largest-covid-19-home-testing-study>

<sup>2</sup> IPPR/YouGov. (2020). Care fit for carers: Ensuring the safety and welfare of NHS and care workers during and after Covid-19. <https://www.ippr.org/research/publications/care-fit-for-carers>

<sup>3</sup> GMB Union Scotland. (2020). GMB Scotland in Social Care: Mental Health Survey Results. <https://www.gmbScotland.org.uk/assets/media/documents/pressreleases/GMB-Scotland-Mental-Health-Survey-Results-April20.pdf>

<sup>4</sup> The Guardian. (2020). NHS staff forbidden from speaking out publicly about coronavirus. <https://www.theguardian.com/society/2020/apr/09/nhs-staff-forbidden-speaking-out-publicly-about-coronavirus>

<sup>5</sup> Future Care Capital. (2020). Communicating Public Health: Conversations about the COVID-19 Pandemic – Report 1. Method review and overview of key announcements. <https://futurecarecapital.org.uk/research/covidconversations-report-1/>

networks, forums, and news article comments. Analysis of the dataset was conducted using topic modelling, factor analysis and qualitative investigation.

It should be noted that the social media analysis conducted as part of this project is not representative of all health and social care professionals; instead, it seeks to represent health and social care professionals who actively post on social media platforms, and organisations that represent health and social care professionals. With this in mind, it is important to note that it is likely to over-represent the views of younger health and social care professionals and those from more affluent backgrounds. The findings are also reflective of the nature of social media, both in volume of posts and in access to publicly available data. As such, the data discussed in this report is naturally weighted towards Twitter content, and towards the earlier stages of the pandemic which witnessed the highest volumes of relevant posts on social media.

Despite these limitations, analysis of social media data provides a rich insight into the challenges and opportunities experienced by health and social care professionals during the coronavirus pandemic. Unlike other forms of research, it provides a near real-time assessment of the key issues faced by the workforce, and how these continued to unfold over the course of the pandemic. It also helps improve our understanding of the role that social media can play in supporting health and social care professionals during crises.

## 2.3 Structure of the report

This report intends to provide insight into the findings from the analysis of social media posts. It details:

- The methodology that has been used to export, clean and conduct the topic modelling (chapter 3)
- An overview of individual topics, and clusters of topics, relevant to the challenges of health and social care professionals during the COVID-19 pandemic (chapter 4)
- Analysis of the main topics highlighted by the topic modelling including differences between social care and healthcare professionals (chapter 5)

## 2.4 Acknowledgements

Ipsos MORI would like to extend our thanks to Annemarie Naylor, Dr. Peter Bloomfield, and Dr. Josefine Magnusson for their insight, advice and feedback throughout the project.

## 2.5 Key findings

### 2.5.1 Key issues in data collection

- While efforts were made to ensure that the search query was balanced, within the sample of social media posts that was drawn, posts relating to health care professionals (78%) far outnumbered those relating to social care professionals (26%<sup>6</sup>). This is likely to reflect the

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<sup>6</sup> Note that where percentages do not sum to 100, this is due to multi-coding of posts. For example, in this case, 4% of posts mentioned both social care professionals and healthcare professionals.



demographics of healthcare workers compared with social care workers<sup>7</sup> and, as a result, the relative likelihood of them using social media.

- Because of this skew in the social media data, there is a possibility that the topics identified by the topic model are biased towards those that primarily affect healthcare workers. Nonetheless, social care workers are represented within all topics that were identified, so it is likely that the topic model is broadly reflective of the topics that affected both healthcare workers and social care workers.
- The volume of posts relating to COVID-19 decreased over the time period of interest. This makes it challenging to unpick the extent to which, where the volume of posts on a topic declines, this is due to the issue being 'resolved' or whether it reflects the overall decrease in social media activity related to COVID-19.

### 2.5.2 Key challenges for health and social care workers

- As might be expected, the key challenges cited by health and social care workers included concerns around the availability and quality of Personal Protective Equipment (PPE), and the availability COVID-19 testing. The volume of posts relating to these issues peaked towards the start of the UK's pandemic and declined gradually over several months. Although these findings suggest the beginning of a resolution, due to the limitations of the data collection period (which ended in June), it is not possible to assess the extent to which concerns were allayed as the NHS testing programme was rolled out. Certainly, towards the end of June, there was evidence that some concerns about the availability of tests remained, particularly among social care workers.
- In addition to concerns about equipment, many health and social care workers had to contend with balancing their professional responsibilities with their personal responsibilities. A large proportion of posts from health and social care workers described the challenges of supporting and protecting their families and children during the pandemic. This emphasises the complexity of the challenges and the difficulty of the choices that many health and social care workers faced during the first six months of the pandemic.
- Finally, the emotional impact of the pandemic on health and social care professionals was readily discernible within the social media data. Although feelings of hope and fear were apparent, the overriding emotion among health and social care professionals was one of anger. The volume of posts displaying these emotions decreased over time, but this may suggest adaptation to and acceptance of the situation, rather than resolution.

### 2.5.3 Key opportunities for health and social care workers

- A large volume of social media posts from both individuals and organisations expressed appreciation for a broad range of health and social care workers, and the challenges they had

<sup>7</sup> For example, the healthcare workforce has higher levels of formal education (53% have a professional qualification compared with 5% of social care workers), and a higher proportion of males (27% are male compared with 18% in social care). Both of these factors are associated with higher social media usage.

Skills for Care. (2018). The state of the adult social care sector and workforce in England. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf>

NHS Employers. (2019). Gender in the NHS infographic. <https://www.nhsemployers.org/case-studies-and-resources/2019/05/gender-in-the-nhs-infographic>

overcome. The focus of this appreciation shifted over the course of the pandemic, from an initial narrow focus on healthcare staff to a more inclusive focus, which highlighted the importance of social care workers. From this perspective, the pandemic offers an opportunity to harness the goodwill as a springboard to further the agenda of professions that have previously been undervalued. In the shorter term, the increased profile may have contributed to the recruitment of staff in the professions; vacancies in human health and social work activities have fallen by 19% between May and July 2020<sup>8</sup>.

- The extent to which health and social care professionals gained value from the use of social media throughout the pandemic was clear. The broad range of topics discussed by them also demonstrates the important role that social media can play during a time of crisis. It suggests there may be further opportunities for social media and other innovative techniques to connect health and social care professionals to improve knowledge sharing and support.
- The professional bodies represented within the dataset frequently shared advice and guidance about best practice. This could set a precedent for professional bodies to continue building and strengthening the types of support to the offer to health and social care professionals.

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<sup>8</sup> ONS. (2020). Vacancies by industry.

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/unemployment/datasets/vacanciesbyindustryvacs02>



## 3 Methodology

*This chapter provides a short overview of the methodology used to conduct the project and key considerations for interpretation of findings. Further detail regarding the methods used can be found within 'Report 1', which provides a detailed discussion of the merits and limitation of these methods.*

### 3.1 Our approach

The primary methodology used to explore the research aims was social media analysis, which was further interrogated using topic modelling, factor analysis and qualitative investigation. The key stages to the approach are outlined below.

- **Stage 1 – Data Collection:** data was collected using the social media analytics platform Synthesio for the first five months of the UK pandemic (01/02/20 – 30/06/20). A Boolean search query was developed to identify relevant content on social media that was specific to the experience of health and social care workers. As shown in Figure 3.1, the main body of the query was built around statements which made it clear the person posting was a health or social care professional<sup>9</sup>. For example, “as an NHS worker”, “I work in social care” and “I am a paramedic”. This was supplemented by collecting posts from organisations that represent these groups. This initial query identified 19,145 posts from social networks, news article comments, micro-blogging websites and forums.<sup>10</sup> A breakdown of the sources of conversation is provided at section 3.2 below.
- **Stage 2 – Data Cleaning:** Based on manual coding of a random selection of 500 posts, a machine learning algorithm was used to identify highly relevant posts across the dataset. The algorithm achieved 70% accuracy<sup>11</sup> when tested on the training data and so was applied to the full dataset. This generated a final cleaned dataset of 12,527 posts.
- **Stage 4 – Topic Modelling:** Cleaned data was analysed using the Ipsos MORI in-house topic modelling platform built in Python. This used natural language processing (NLP) techniques to generate a list of terms and phrases that can be analysed to uncover relationships and associations between terms and constructs (for example, noun chunks; subject and object in the sentence; terms strongly associated with other terms). Term similarity was evaluated using a machine-learning algorithm focusing on similarity; words like “good” and “great”, for example, were evaluated and classified as similar. The topic modelling initially identified 86 ‘topics’. These were, then, qualitatively reviewed and labelled by the research team, with similar topics combined and irrelevant topics excluded. As a result, 54 relevant topics emerged from the exercise for further analysis.
- **Stage 5 – Factor analysis:** A statistical factor analysis was conducted to map relationships between topics and group them based on terms commonly occurring next to or near each other within a social media post. The factor analysis produced 17 overarching ‘clusters’ across the 54 topics, broadly relevant to the challenges and opportunities that health and social care professionals have faced during the COVID-19 pandemic.
- **Stage 6 – Qualitative investigation:** Qualitative review and analysis was applied throughout the research, particularly for refining the topic modelling and quality assuring the factor analysis. Once

<sup>9</sup> It should be noted the Boolean query includes a higher proportion of terms related to healthcare professionals and representative bodies compared to those related to social care. This is reflective of the wider range of terms used to describe healthcare professionals and does not, in itself, limit the volume of data collected for social care professions.

<sup>10</sup> Additional parameters were set to only include posts in English, and those posted from within the UK.

<sup>11</sup> This level of accuracy is robust, and in line with other data analysis carried out on similar research projects

the topics and clusters were established, qualitative investigation sought to understand more about each theme within the data. This included reviewing posts over time, understanding key platforms and authors, and using automated metrics appended to the data by Synthesio such as estimated gender and sentiment of a post.

This qualitative approach is also reflected in the way the data is reported. Although numerical data is provided, where appropriate, for the most part a qualitative approach to findings has been taken.

**Figure 3.1: Data collection query developed to capture social media posts relevant to health and social care workers**

### Health and Social Care workers

```
((("as an NHS worker" OR "as a care worker" OR "as a nurse" OR "as a carer" OR "as a doctor"
OR "i work in a care home" OR "i work for the nhs" OR "i'm a carer" OR "im a carer" OR "i am a
care worker" OR "as an nhs worker" OR "i'm a care worker" OR "im a care worker" OR "i am a
carer" OR "i work in a care home" OR "i work for the nhs" OR "i work in the nhs" OR "i'm a social
worker" OR "im a social worker" OR "i am a social worker" OR "i work in social care" OR "i'm a
nurse" OR "im a nurse" OR "i am a nurse" OR "i work in a&e" OR "i'm a doctor" OR "im a doctor"
OR "i am a doctor" OR "i'm a paramedic" OR "i am a paramedic" OR "im a paramedic" OR "as a
paramedic"))
```

AND

```
((wuhanvirus* OR coronavirus* OR novelcorona* OR 2019?nCoV OR "2019 ncov" OR 2019ncov
OR covid19* OR virus OR "covid 19" OR "covid?19" OR covid OR PPE OR mask* OR facemask
OR lockdown OR shield* OR "lock down" OR pandemic OR "social* distance") OR ((wuhan OR
corona OR "cv-19" OR cv19) NEAR (virus OR disease))))
```

NOT

```
(qualif* OR graduat*)
```

```
((wuhanvirus* OR coronavirus* OR novelcorona* OR 2019?nCoV OR "2019 ncov" OR 2019ncov
OR covid19* OR virus OR "covid 19" OR "covid?19" OR covid OR PPE OR mask* OR facemask
OR lockdown OR shield* OR "lock down" OR pandemic OR "social* distance") OR ((wuhan OR
corona OR "cv-19" OR cv19) NEAR (virus OR disease))))
```

### Representative organisations

Royal College of Nursing @thercn; Royal College of General Practitioners @rcgp; Royal College of Emergency Medicine @rcollem; Royal College of Physicians @rcpLondon; Royal College of Anaesthetists @RCoANews; Royal College of Radiologists @rcradiologists; Royal College of Midwifery @midwivesrcm; UNISON (health related social media accounts) @unisonournhs; Unite (health related social media accounts) @uniteinhealth; British Medical Association @thebma; Nursing and Midwifery Council @nmcnews; General Medical Council @gmcuk; Health and Care Professionals Council @the\_hcpc; ADASS @1adass; Care England @careengland; National Care Forum @ncfcareforum; Skills for Care @skillsforcare; UK Homecare Association @ukhca

## 3.2 Sources of conversation

As noted above, the sample of posts taken from social media for this study reflects the skew in access to publicly available social media data. As such, the majority of posts and conversations captured in relation to the experience of health and social care professionals were sourced from Twitter, with 9,920 posts (79%) originating from this platform. Facebook was the second most represented platform, providing 1,916 posts (15%). Forums and online comments were a smaller proportion of conversations, with 684 posts on sites such as Health Unlocked Communities and the Student Room; overall, these comments represent 6% of the sample.

Most of the topics identified by the model reflect the overall sample profile, and were dominated by posts from Twitter. However, within a few topics, posts were fairly evenly distributed across platforms, with a relatively high proportion of content outside of Twitter. For example, within the discussion of health conditions, 22% of posts originated from forums, 37% from Facebook and just 40% from Twitter.

Eighteen per cent of posts within the dataset had the gender of the social media user identified in the sample<sup>12</sup>. Within this subset of data, 58% of comments relating to the experience of health and social care professions were posted by females and 43% by males. Although the direction of skew towards females is reflective of the wider gender balance within the profession, males still appear to be overrepresented compared to the profile of health and social care workers.<sup>13</sup> The topics identified through the analysis were discussed by similar proportions of males and females, which broadly suggests that gender made little difference to the experience of health and social care professionals, as shared on social media.

## 3.3 Notes on interpretation

### 3.3.1 Representativeness

It is important to note that the social media analysis conducted as part of this project is not representative of all health and social care workers in the UK. Instead, it seeks to be reflective of those posting publicly about their profession during the coronavirus pandemic on social media.

It is not possible to identify the precise profile and characteristics of each individual social media user within the data. However, it is important to note that the data collected within this project is likely to reflect the same skews in profile as that of social media users compared to the wider UK population overall. It is therefore reasonable to assume that the findings over-represent the views of younger health and social care workers and those from more affluent backgrounds. Furthermore, the data only reflects those who posted in English, and therefore may underrepresent health and social care workers posting in another primary language.

The findings are also reflective of the nature of social media, both in frequency of posts and in access to publicly available data. As such, the data discussed in this report is naturally weighted towards Twitter content, and towards the earlier stages of the pandemic which witnessed the highest levels of relevant posts on social media.

<sup>12</sup> As part of the data collection process, social media aggregators such as Synthesio append 'gender' to datasets where they have either been provided with this by the social media platform by the API, or where this has been declared publicly by the user. This information is not available for all social media users.

<sup>13</sup> Women account for 77% of the NHS workforce (<https://www.nhsemployers.org/case-studies-and-resources/2019/05/gender-in-the-nhs-infographic>); the proportion is similar for adult social care ([https://www.kingsfund.org.uk/projects/time-think-differently/trends-workforce-overview#:~:text=It%20has%20a%20high%20proportion,of%20medical%20trainees%20\(6.\)](https://www.kingsfund.org.uk/projects/time-think-differently/trends-workforce-overview#:~:text=It%20has%20a%20high%20proportion,of%20medical%20trainees%20(6.)))

Despite these limitations, there is considerable value in using social media data to better understand the experience of health and social care workers during the pandemic. It provides a rich insight in to the daily lived experiences of the workforce, without risk of error in respondent recall; its ability to pinpoint a journey over time also provides evidence of how their experience intertwines with key events and policy announcements in response to the pandemic; and finally, it offers insight into the role of social media during a time of crisis, such as opportunities for sharing support and advice.

### 3.3.2 Data collection and processing

It is worth noting that the topic model is generated from the data set using a 'bottom-up' approach, rather than being imposed as a 'top-down' thematic framework (as would be the case for other types of qualitative and quantitative analysis). It therefore attempts to extract as much understanding and learning from the full corpus of text posted on social media as possible, based on an iterative thematic grouping. There is inevitably a 'long tail' of content that cannot be easily categorised.

From the full clean set, 76% of posts were categorised into the topics described by the topic model and are therefore included in the topic wheel. It is important to note that a single post may appear under multiple topics. The remaining data (24% of posts) could not be categorised (irrelevant or incoherent) or was added to topics which were manually excluded (identified as irrelevant during the qualitative review of the topic model).

## 4 Describing the conversation

*This chapter outlines the key findings from the analysis of social media posts captured based on the query, as described by the topic model. The focus is on the main topics identified in the online conversation overall and what this tells us about the challenges and opportunities health and social care professionals may have come across during the COVID-19 pandemic.*

### 4.1 Key findings

Social media conversations of health and social care workers were mostly related to six themes, each of which represented at least 10% of the conversation. These themes summarise the key challenges and opportunities for health and social care professionals during the first months of the COVID-19 pandemic.

These themes were: keyworkers, family and children; appreciation for workers; the emotional impact of the pandemic; infection prevention measures; sharing guidelines, advice and resources; concerns about the workforce; and safety and capacity.

Looking at the volume of posts over time, we can see that most topics peaked from 22 March onwards. This covers a number of critical events in the pandemic, including the Prime Minister Boris Johnson announcing strict lockdown restrictions for the whole of the UK and the Health and Social Care Secretary Matt Hancock announcing the opening of the Nightingale Hospital in London.

The number of relevant social media posts increased as the UK began to grapple with the COVID-19 pandemic in February and March, with declines and subsequent spikes related to developments in the Government's response to the pandemic. For example, following publication of the Government's 10 April guidance on PPE, social media posts related to infection prevention peak a second time.

As the pandemic progressed, themes such as the emotional impact of the COVID-19 pandemic became more prominent in the conversation, with appreciation for workers also increasing throughout May and June.

### 4.2 Introduction to topic model

A topic wheel summarises a topic model and factor analysis, and as such is a visual representation of a conversation on social media. In this case, the topic wheel gives an overview of the online conversation around the challenges and opportunities for health and social care professionals.

The inner ring is divided into 54 different segments – these are 'topics' of conversation as identified by the initial topic analysis. The outer ring groups these topics in to 17 'clusters' as identified by the factor analysis<sup>14</sup>. The size of each segment is proportional to the number of posts captured in the corresponding topics and clusters within the model. It is important to note that a single post may appear under multiple topics, therefore topics and clusters add up to more than 100%.<sup>15</sup>

<sup>14</sup> The 54 topics (inner wheel) and 17 clusters (outer wheel) were created based on the most frequently occurring terms in the data, which were identified using algorithm, then qualitatively reviewed by Ipsos MORI researchers (as outlined in the previous chapter). Where labels for topics are not shown this is for formatting purposes only. Further information about the method used can be found in chapter 3 of this report, and in Report 1.

<sup>15</sup> The multi-coding of posts is intentional to allow for more than one theme to be extracted from a single post.

### 4.3 Topic wheel overview

The topic wheel (figure 4.1) and frequency table (table 4.1) show that the online conversation of health and social care professionals was mostly related to six topics, all of which represent at least 10% of the conversation. This includes discussions around keyworkers, family and children; appreciation for workers; the emotional impact of the pandemic; infection prevention measures; sharing guidelines, advice and resources; safety and capacity of the workforce.

The online conversation also consisted of smaller subtopics, demonstrating the diversity of social media conversations related to COVID-19 amongst health and social care professionals, and the variety of issues and language used. These include evidence and accountability for the impact of the COVID-19 pandemic, the response of General Practice to the pandemic, and COVID-19 risk factors, as well as other topics of discussion.

**Figure 4.1: Topic wheel**

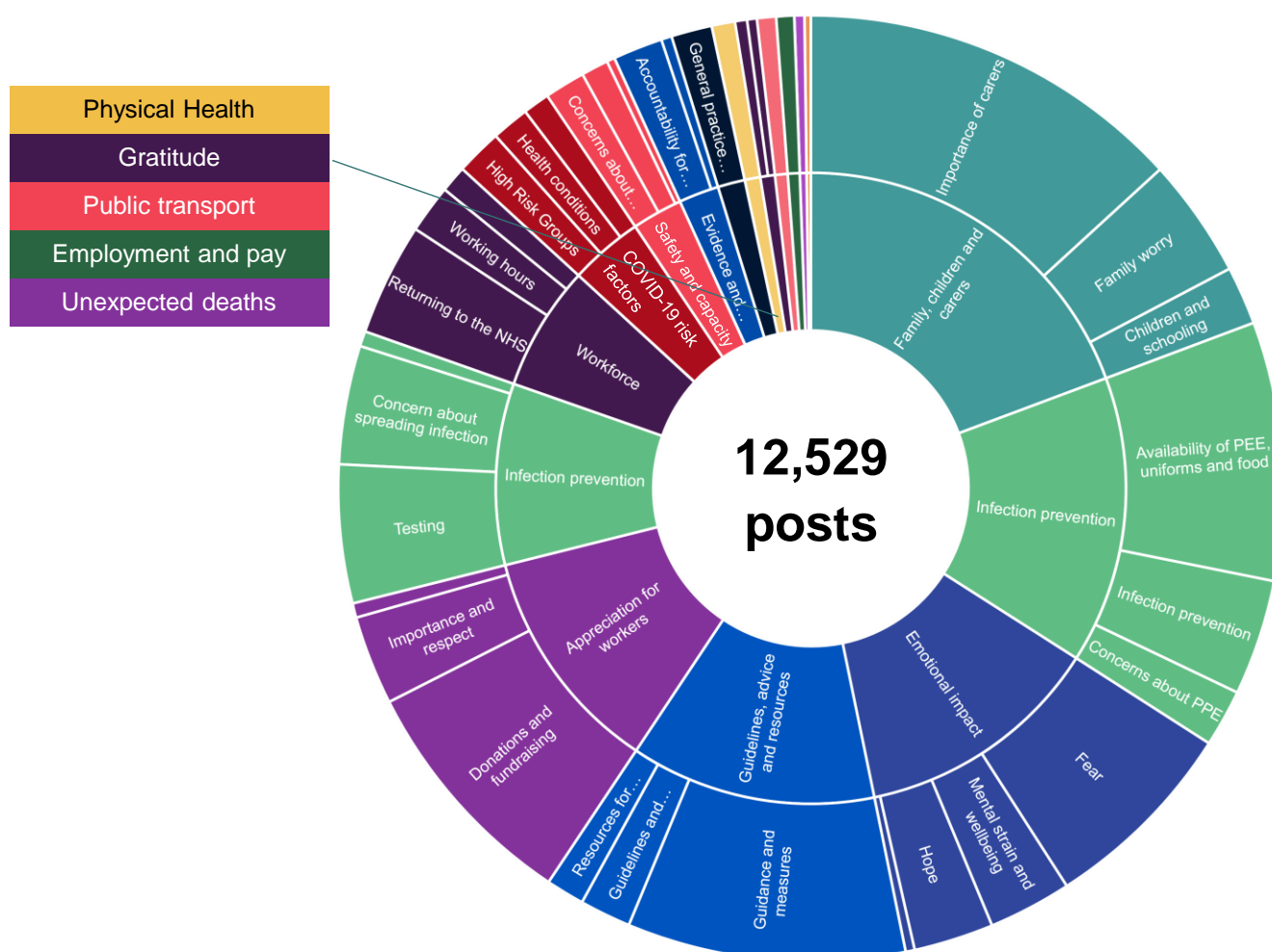


Table 4.1 shows these clusters, topics and subtopics but also includes the counts and percentages of each. Please note that, as posts could be multi-coded, many will appear in more than one topic. Percentages should be treated as broadly indicative of volume only.



**Table 4.1: Topic model counts and percentages**

| Clusters and Topics                                 | Count       | Percentage |
|---|-------------|------------|
| <b>Keyworkers, family and children (total)</b>      | <b>6043</b> | <b>34%</b> |
| Importance of key workers in health and social care | 4872        | 29%        |
| Family worry  | 1358        | 9%         |
| Children and schooling                              | 689         | 4%         |
| <b>Emotional impact (total)</b>                     | <b>5519</b> | <b>31%</b> |
| Anger   | 3215        | 19%        |
| Hope  | 1261        | 9%         |
| Fear  | 817         | 6%         |
| Mental strain and wellbeing                         | 599         | 4%         |
| <b>Infection prevention (1) (total)</b>             | <b>3740</b> | <b>22%</b> |
| Concern about PPE                                   | 2985        | 18%        |
| Availability of food and issues with uniforms       | 554         | 3%         |
| Infection prevention (patients and family)          | 336         | 3%         |
| <b>Appreciation for workers (total)</b>             | <b>3398</b> | <b>22%</b> |
| Respect for workers                                 | 2371        | 16%        |
| Thanks  | 838         | 6%         |
| Donations and fundraising                           | 376         | 3%         |
| <b>Guidelines, advice and resources (total)</b>     | <b>2686</b> | <b>18%</b> |
| Guidance and measures                               | 1972        | 14%        |
| Guidance and advice                                 | 831         | 6%         |
| Resources for workers                               | 80          | 1%         |
| <b>Infection prevention (2) (total)</b>             | <b>2723</b> | <b>16%</b> |
| Testing   | 1657        | 10%        |
| Spread of infection within society                  | 1181        | 8%         |

|  |             |               |
|--|-------------|---------------|
| COVID-19 symptoms                          | 157         | 1%            |
| <b>Workforce concerns (total)</b>          | <b>1629</b> | <b>11%</b>    |
| Returning to the NHS                       | 1018        | 7%            |
| Working hours                              | 413         | 3%            |
| Final year students joining the workforce  | 256         | 2%            |
| <b>Safety and capacity (total)</b>         | <b>940</b>  | <b>7%</b>     |
| Concern about safety                       | 402         | 3%            |
| Deaths of workers                          | 324         | 2%            |
| Concern about NHS capacity                 | 227         | 2%            |
| <b>Evidence and accountability (total)</b> | <b>483</b>  | <b>4%</b>     |
| Accountability for COVID-19 response       | 398         | 3%            |
| Evidence and analysis                      | 86          | <1%           |
| <b>COVID-19 risk factors (total)</b>       | <b>474</b>  | <b>3%</b>     |
| High risk groups                           | 201         | 2%            |
| Health conditions                          | 187         | 1%            |
| BAME communities                           | 86          | <1%           |
| <b>General practice (total)</b>            | <b>344</b>  | <b>3%</b>     |
| <b>Gratitude (total)</b>                   | <b>288</b>  | <b>2%</b>     |
| <b>Remembrance</b>                         | 233         | 2%            |
| <b>Clap for carers</b>                     | 64          | <1%           |
| <b>Employment and pay (total)</b>          | <b>158</b>  | <b>1%</b>     |
| <b>Public transport (total)</b>            | <b>157</b>  | <b>1%</b>     |
| <b>Redeployment of staff</b>               | <b>111</b>  | <b>&lt;1%</b> |
| <b>Unexpected deaths (total)</b>           | <b>85</b>   | <b>&lt;1%</b> |
| <b>Non-essential travel (total)</b>        | <b>52</b>   | <b>&lt;1%</b> |

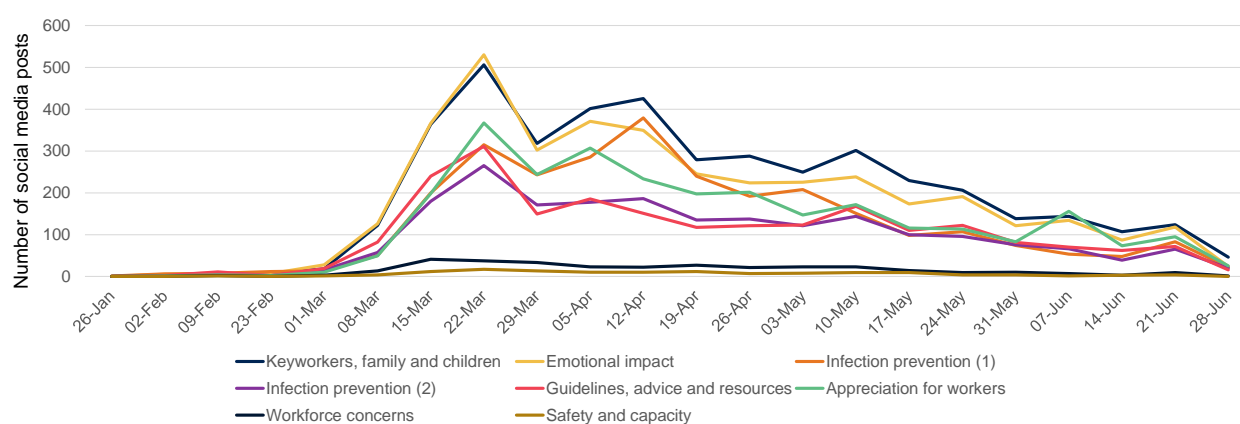
## 4.4 Trends over time

Figure 4.2 shows the volume of social media posts related to each topic that comprises more than 5% of the online conversation. Looking at the volume of posts over time, we can see that most topics peaked around 22 March onwards, during a period in which a number of critical events occurred, including the Prime Minister Boris Johnson announcing strict lockdown restrictions for the whole of the UK and the Secretary of State for Health and Social Care, Matt Hancock, announcing the opening of the Nightingale Hospital in London.

The chart shows the number of social media posts building as the UK began to grapple with the COVID-19 pandemic in February and March, with declines and subsequent peaks related to developments in the Government's response to the pandemic. For example, around 12 April we can see that social media posts related to infection prevention (1) peak again. During this time period, the number of people who had died in hospital passed 10,000, the Prime Minister Boris Johnson was released from hospital and UK charities expressed concerns that older people were being left out of official statistics as hospital deaths did not include those in care homes or those living in their own home.

Overall, the broader decline in the volume of social media posts related to health and social care professionals reflects the wider decline in posts about coronavirus on social media during this time period. As discussed in Report 1, both the number of social media posts, and Google search queries relating to the coronavirus pandemic peak in the middle of March and slowly fall away into June 2020.

**Figure 4.2: Volume of social media posts by health and social care professionals (5%+)**



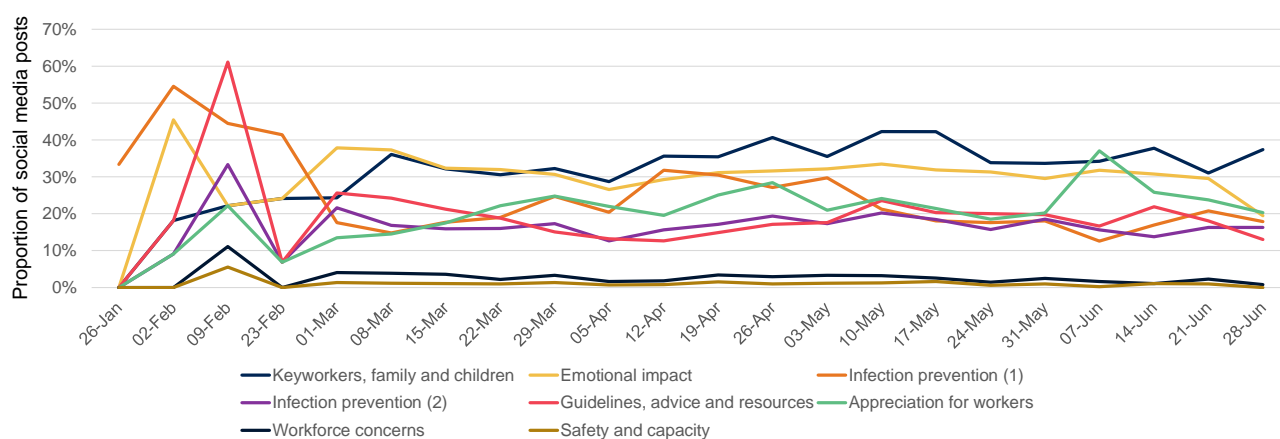
Base: Social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesis

However, as shown in Figure 4.3, when looking at these topics as a proportion of all social media posts relating to health and social care professionals, a slightly different pattern emerges. For example, concerns about infection prevention and the sharing of guidelines, advice and resources were higher in the early phases of the pandemic as a proportion of the overall conversation.

As the pandemic progressed, the emotional impact, concerns about family, children and the role of keyworkers in health and social care became more prominent in the conversation overall with the appreciation for workers also picking up in June. How these conversations progressed and the topics within them are explored in the following chapter.

**Figure 4.3: Topics as a proportion of all social media posts by health and social care professionals**



Base: Social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesio

## 4.5 Conclusions

Health and social care professionals used social media to share their experiences, and to raise some of the issues they faced. However, as mentioned in the previous chapter, we should be cautious about making strong claims over the representativeness of this data because we know little about the characteristics of professionals who use social media.

Nonetheless, social media posts provide a holistic insight into the lived experience and emotion expressed by health and social care professionals during the pandemic. They also allow an understanding of the challenges health and social care professionals have faced, as well the opportunities that have arisen throughout, and as a result of, the pandemic.

We can see that social media users expressed concern both about professional and personal circumstances during the pandemic, offering an insight into the extent to which these challenges intersect. While feelings of anger were more prominent than feelings of hope and fear social media data also reaffirmed the societal importance of the health and care workforce; highlighting significant volumes of respect and appreciation suggests potential opportunities for the professions in the future.

We note, however, that some health and social care professionals were explicitly asked not to post their experiences online for fear of exposing difficulties within the professions or representing their employer in a bad light<sup>16</sup>. The data collected during this project suggests that there is significant value in allowing health and social care professionals to post online because it enables identification of key learnings at an aggregate and anonymised level that can be applied to bring about improvements in future.

<sup>16</sup> The Guardian. (2020). NHS staff forbidden from speaking out publicly about coronavirus.

<https://www.theguardian.com/society/2020/apr/09/nhs-staff-forbidden-speaking-out-publicly-about-coronavirus>

## 5 Key topics of conversation

*This chapter provides a narrative description of each of the topics most prevalent in the topic model, this includes: Key workers, family and children; appreciation for workers; infection prevention; emotional impact; guidelines, advice and resources; concern about the workforce; and safety and capacity. Where possible, this narrative description also attempts to distinguish between conversations **by** health and social care professionals and those **about** them. Where social media posts are shown, these have been redacted and altered as necessary to retain anonymity.*

### Key findings

The **challenges** which health and social care professionals experienced during the first phase of the COVID-19 pandemic included:

- Managing the responsibilities of family and children: This highlights that the challenges professionals faced were not solely related to their work, but also the interaction between their professional and personal responsibilities.
- Continuing to work and provide care without sufficient provision of PPE and testing: These two concerns were seen to interact with each other, amplifying the sense of frustration and anxiety felt by health and social care workers.
- The emotional impact of the pandemic: This highlights the pressures that professionals faced throughout the period. Anger was the most frequently expressed emotion and commonly related to the lack of PPE, failure of individuals to follow the lockdown guidelines, and perceived failures in the Government's response to the pandemic. Feelings of hope and fear were also mentioned, albeit less frequently.
- Concern and worry about the safety and capacity of the workforce: This included issues around worker safety, the deaths of co-workers, and the capacity of services. Overall, it appears that concern about the workforce and services were largely resolved over time.

The **opportunities** which health and social care professionals identified during the pandemic or which may present opportunities in the future include:

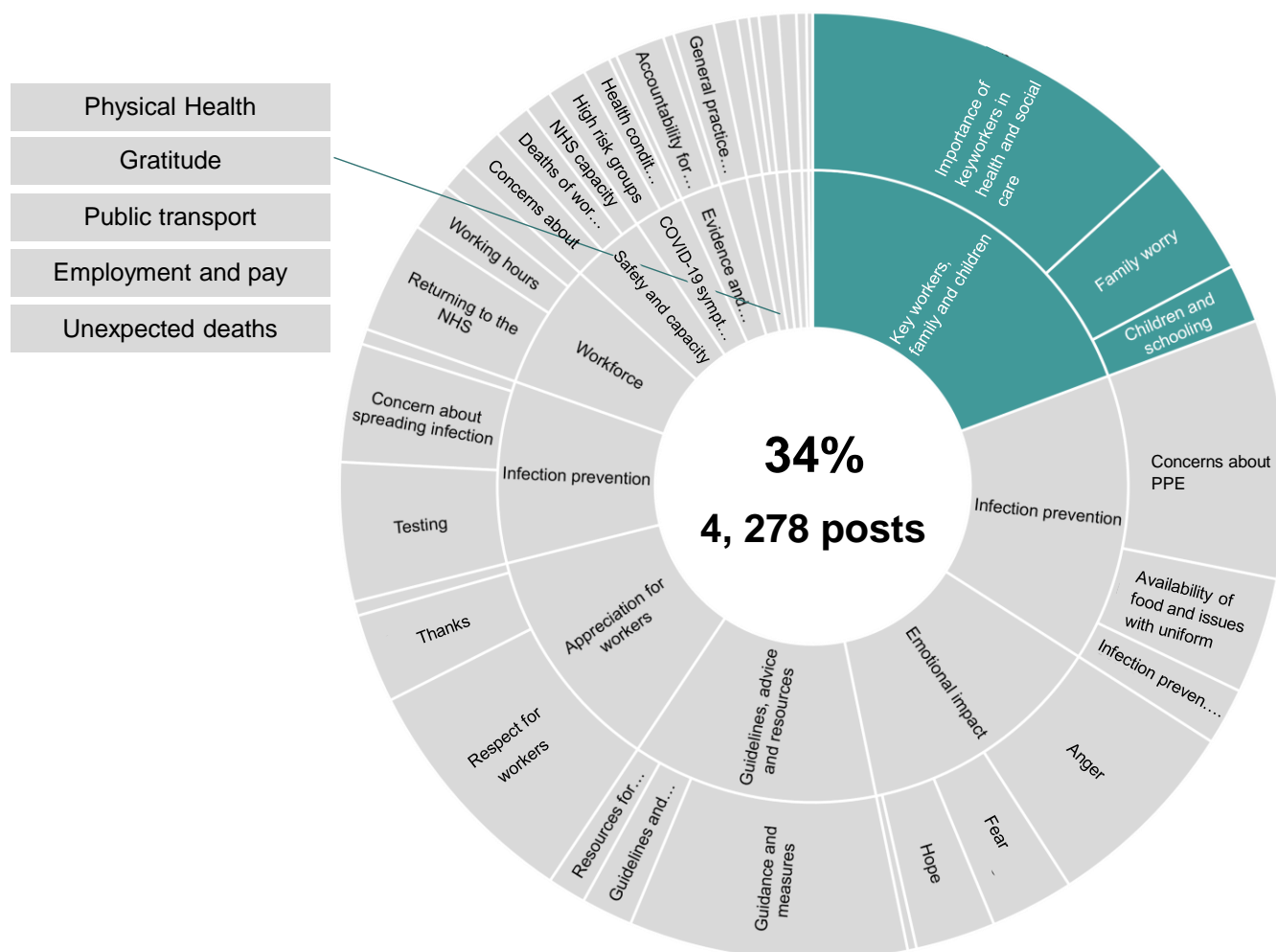
- The importance of key workers in health and social care: This was driven by members of the public as well as representative bodies in health and social care who were active in championing the contribution of keyworkers during the pandemic. These notably included unpaid carers.
- A broad appreciation of health and social care professionals: With calls for health and social care professionals to be afforded greater recognition in the future, although there were few mentions of what this would practically entail.
- The implications of the pandemic for the future organisation of health and social care services were also highlighted. This included lessons which could be applied at both local and national levels, including calls for greater integration between health and social care.
- The sharing of guidelines, advice and resources: This demonstrated the strong level of support for professionals, although it was notable that the majority of these posts were aimed at health professionals.

## 5.1 Key workers, family and children

### 5.1.1 Overview

Overall, 34% of social media posts were related to the importance of key workers (29%), worries about family (9%) or children and schooling (4%). These topics are linked because many health and social care professionals also have family and caring responsibilities, which featured in their posts. This topic contains social media posts from health and social care workers and social media posts about, and in support of them.

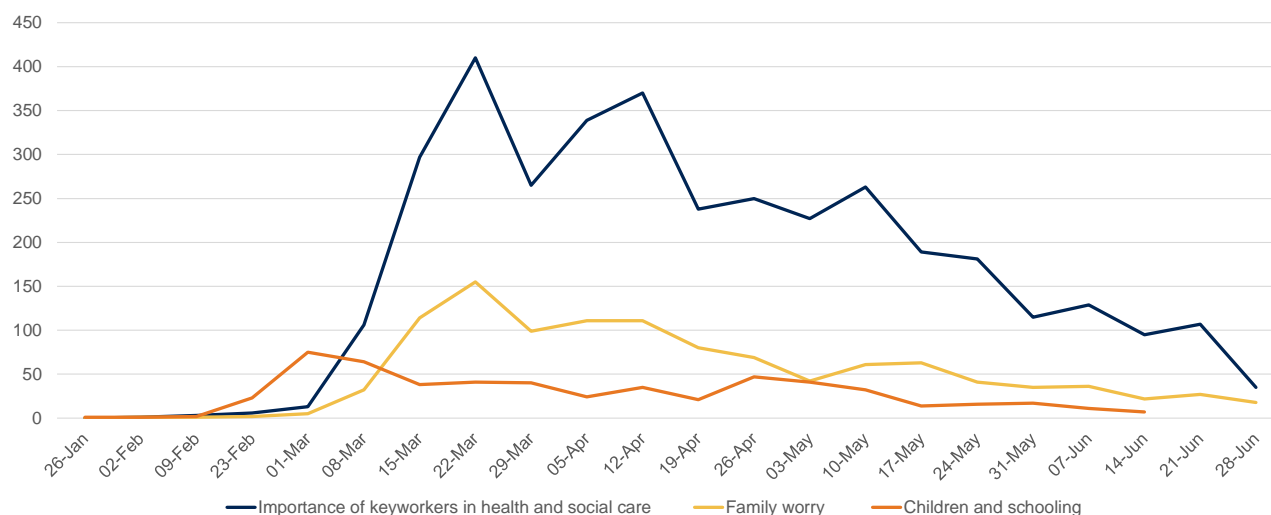
**Figure 5.1: Key workers, family and children topic wheel**



Looking at the volume of social media posts over time, we can see that the conversation about the importance of key workers in health and social care was a common topic throughout the first months of the COVID-19 pandemic, and only began to drop considerably from 10 May onwards. Health and social care workers' worries about their family responsibilities were mentioned less frequently in comparison, though still in significant quantities. The volume of social media posts about family worries peaked around 22 March, in line with the implementation of full UK lockdown. Unlike other topics within this theme, concerns about children and schooling peaked slightly earlier, on around 1 March. The overall volume of social media posts related to key workers, family and children reduced over the course of the pandemic. This may suggest that the associated concerns also reduced over time, or it may reflect the overall decrease in COVID-19-related posts that was seen across the period. The high number of posts

related to key workers in health and social care may also suggest that the pandemic has led to a greater appreciation for the work they do.

**Figure 5.2: Volume of social media posts related to keyworkers, family and children**



Base: 6, 043 social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesis

### 5.1.2 Importance of key workers in health and social care

The importance of key workers in health and social care was mentioned frequently, both on a day to day basis and in relation to the wider health system. Social media posts often expressed calls for celebration of and support for key workers and referred to family members working in health and social care. A subset of these posts called for the recognition of unpaid carers in particular.

Representative bodies also contributed a high number of posts to this topic, with Skills for Care making 113 posts and Care England, 109. Other representative bodies who contributed to the online conversation included the Royal College of Physicians (50), the National Care Forum (44) and the Royal College of Nursing (36). Social media posts from representative bodies focused on hints and tips to support key workers in health and social care, both personally in terms of mental health and wellbeing, but also to help those people they care for.

The importance of key workers in health and social care was also highlighted in several social media posts which discussed the implications for the future organisation of health and social care services. This included lessons which could be learnt at a local and national level, with calls for greater integration between health and social care.



**Figure 5.3: Illustrative quotes relating to the importance of key workers in health and social care**

“If there is one thing about this dreadful COVID-19, it has shown us that the social care workforce is a great resource. We must train, fund, resource and cherish them.  
Importance of key workers in health and social care, Twitter, April

“How COVID-19 has impacted those caring for others, especially unpaid carers. They need to be celebrated and supported  
Importance of key workers in health and social care, Twitter, June

“Social care is at heart of our infrastructure. Lessons learned at the national, regional & local levels & now is the time for real integration between health & social care. No more rhetoric unless it is accompanied by reality  
Importance of key workers in health and social care, Twitter, June

“This is a worrying time for unpaid carers, with many worried about how COVID-19 will impact on their caring role. We've put together guidance for carers, this include how to prepare and information for working carers  
Importance of key workers in health and social care, Twitter, March

### 5.1.3 Family worry

Around one in ten (9%) of the social media posts analysed were related to health and social care professionals' concerns about family. Concerns included the difficulties of being separated from family and the possibility of family members contracting COVID-19 as a result of the professional being exposed through work.

One of the main challenges health and social care professional faced early in the pandemic was deciding whether to live separately from their family. Again, this was mainly due to concerns about the transmission of COVID-19, with health and social care workers seeing their profession as an increased risk to family members.

As figure 5.4 shows, mentions of siblings, parents and children were common.



**Figure 5.5: Illustrative quotes relating to children and schooling**

“ Well I work in a home, I'm not letting my 4-year-old go to school till I know we are all safe. I don't want to put anyone else at risk.

Children and schooling, Facebook, May

“ I have 4 children of different ages. My wife is a keyworker and has worked full time throughout lockdown and I am a doctor on the COVID ward, so I have also worked full time. We have had all our children at home to reduce the risk to them and the school. They haven't done as much work as they should.

Children and schooling, Facebook, June

“ I work as a nurse so I have been working nonstop and have not been able to help with home schooling. My children are missing out.

Children and schooling, Twitter, May

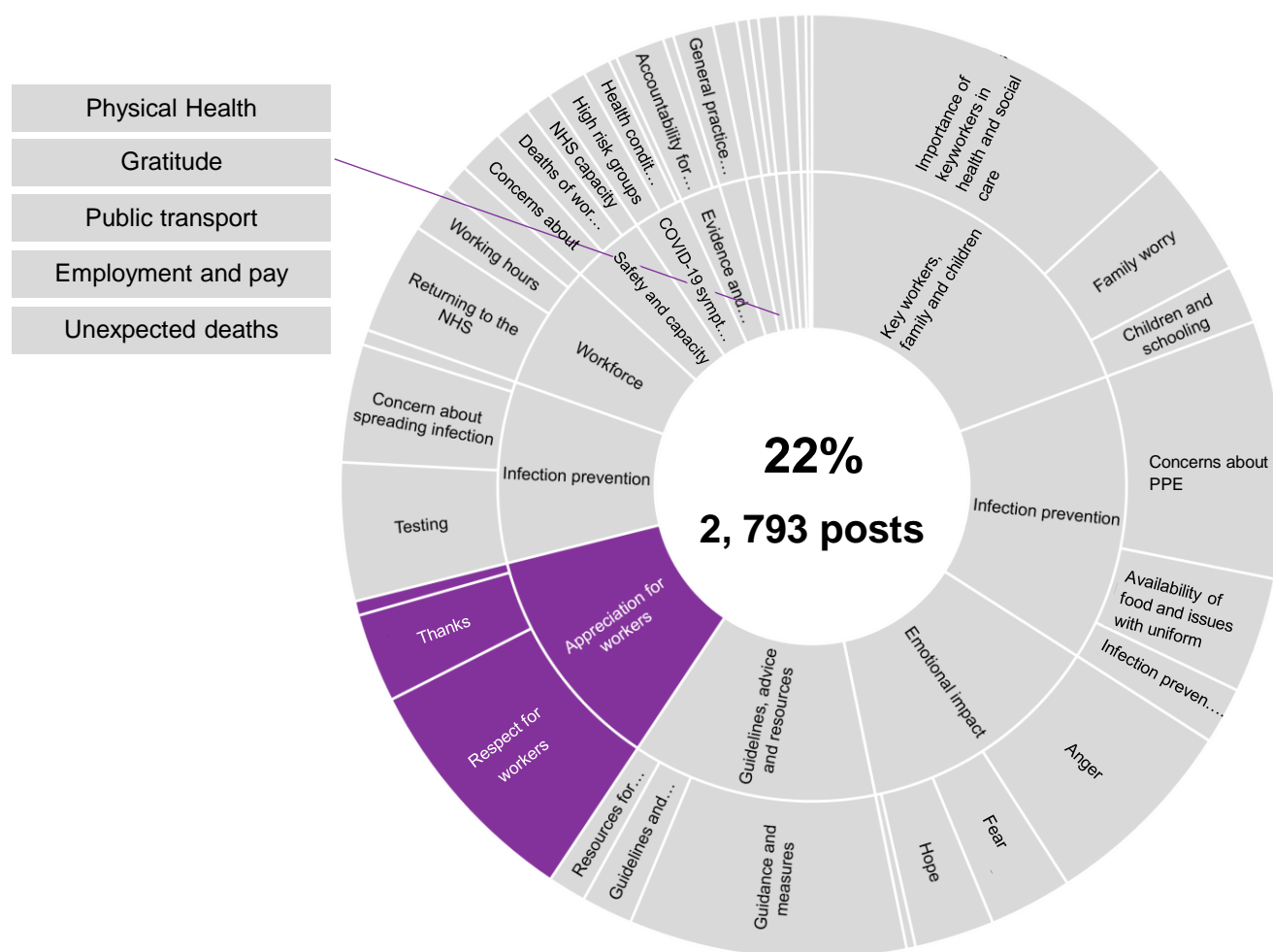
“ I'm a nurse looking after COVID-19 patients. It's physically and emotionally exhausting. On top of this I have three children to care for and to home school.

Children and schooling, Facebook, April

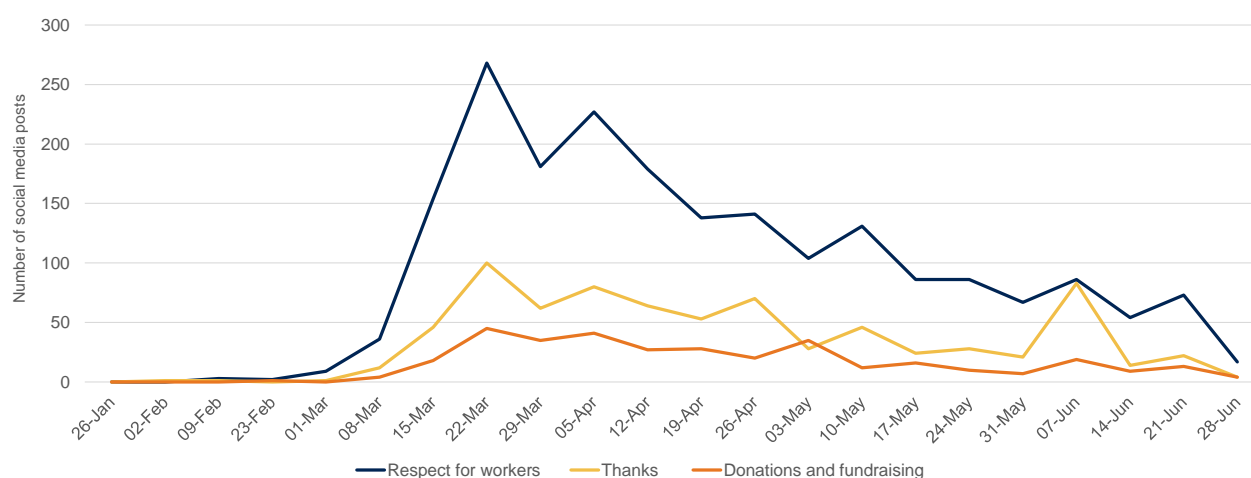
## 5.2 Appreciation for workers

### 5.2.1 Overview

Just over one fifth (22%) of social media posts were focused on appreciation for workers. This topic has some overlap with social media posts related to the importance of key workers in health and social care. However, it differs in that this topic mainly consists of social media posts *about* health and social care workers, rather than *from* workers themselves. Social media users who posted on this topic commented on the respect they have for health and social care workers (16%) and offered appreciation and thanks to workers (6%). Three per cent also focused on fundraising and donations.

**Figure 5.6: Appreciation for workers topic wheel**

As figure 5.7 shows, all topics peaked around 22 March, and gradually declined over time. Social media posts related to respect for workers peaked again around 10 May, in line with the highest number of hospital admissions in the UK.

**Figure 5.7: Volume of posts related to appreciation for workers**

se: 3,398 social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesis



## 5.3 Infection prevention

### 5.3.1 Overview

The topic modelling and factor analysis identified two distinct, overarching topics both related to infection prevention. The first focused on concerns about PPE, the availability of uniforms and food, and the potential spread of infection to patients and family. The second infection prevention topic we found was concerned with testing, the spread of infection within society generally, and conversations about the symptoms of COVID-19. These topics mainly consisted of social media posts by health and social care professionals, with a small number of posts about them.

Social media posts related to infection prevention were common. Combining the two topics, just under two in five (39%) social media posts from the sample of 12,527 posts we analysed were related to infection prevention and, within this, 18% expressed concern about a lack of PPE. Testing was the second most frequent topic of conversation with 10% of social media posts related to this, followed by 9% concerning the spread of infection within wider society. Concern about the availability of food and uniforms, as well as the spread of infection to patients and family members made up a smaller proportion of the conversation (3% each respectively).

**Figure 5.9: Infection prevention topic wheel**

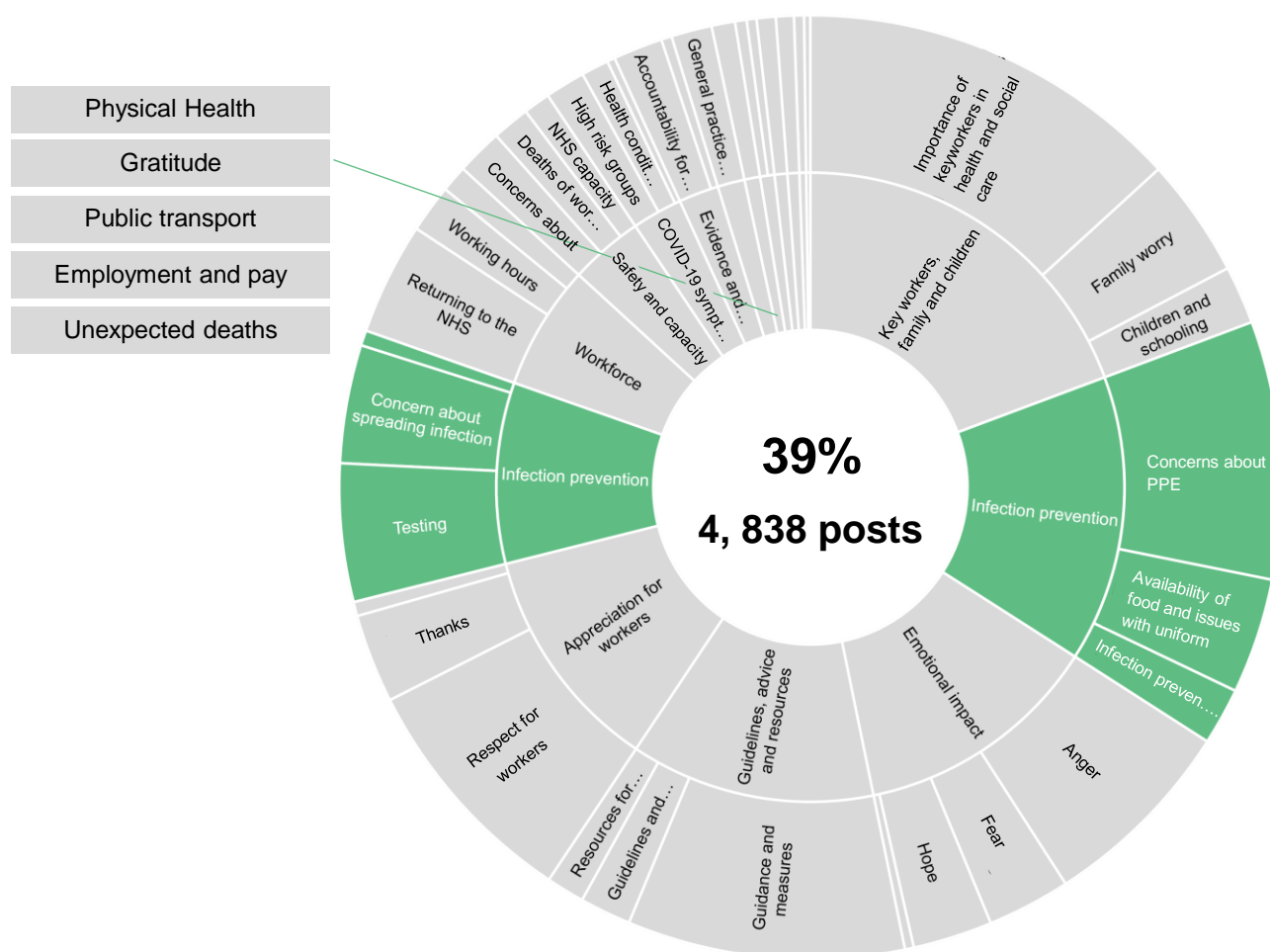
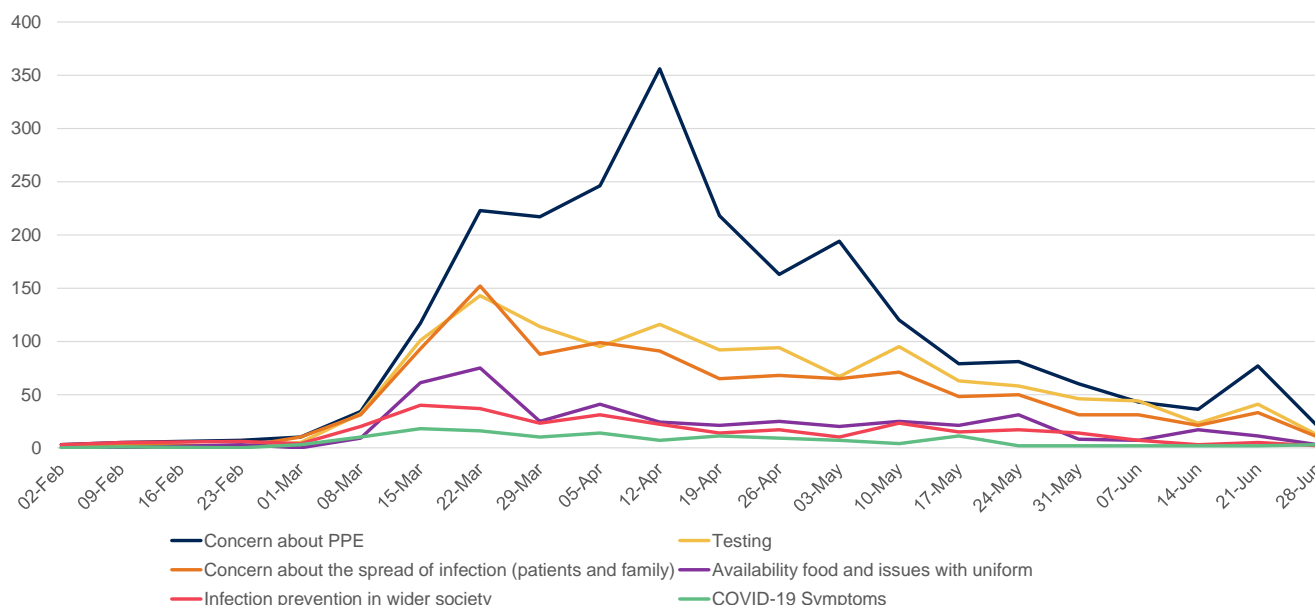




Figure 5.10 shows the volume of social media posts relating to infection prevention over the first five months of the pandemic. It shows that concerns about PPE were consistently the most discussed topic in the conversation, with the volume of related posts peaking around 12 April. As previously mentioned, this coincided with the time point at which the UK had experienced 10,000 deaths. Other topics, including testing availability of food and concern about spread of infection, peaked at around 22 March, which is consistent across other themes in the topic wheel.

**Figure 5.10: Volume of social media posts related to infection prevention**



Base: 6, 463 social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesis

Social media posts related to infection prevention declined over the first months of the pandemic, as demonstrated most starkly by the volume of posts about PPE. This may indicate that these challenges had been resolved or it may indicate that new challenges had become more salient among social media users. The extent to which different challenges are salient over time may well be influenced by the focus of mainstream media coverage. For example, in report 1 of this research series, data suggests that mainstream media outlets drove the conversation relating to a number of topics that were not directly within the control of the Government.

### 5.3.2 Concerns around PPE

From the very beginning of the pandemic, health and social care professionals were equally concerned about the provision of PPE, with posts expressing concerns about the lack of equipment. As time progressed there was also concern about the quality of equipment.

Social media posts often mentioned a lack of face masks, both surgical coverings and N95 masks. Other types of PPE such as gloves, gowns and visors were less frequently mentioned but were still of concern. Social media posts from health and social care professionals also expressed how uncomfortable and difficult it can be to work in protective equipment over long periods of time.

Overall, sentiment around PPE was mostly negative or neutral. Of the 2,309 posts related to PPE, 46% were negative with the same proportion being neutral. Only 8% of social media posts were positive. Those which were positive mentioned good stories such as emergency PPE suppliers being delivered by businesses or through other charitable efforts.

The majority of social media posts relating to concerns about PPE were from individual users, with around one in ten (12%) of posts from professional bodies such as the British Medical Association, the Royal College of Nursing, Skills for Care and Care England.

**Figure 5.11: Illustrative quotes relating to concern around PPE**

**“** I work in social care, we have had training in how to use PPE... Supplies have been infrequent, as in the NHS, and it's not always of the best quality and it's not sufficient for caring for residents.  
**Concern about PPE, Facebook, May**

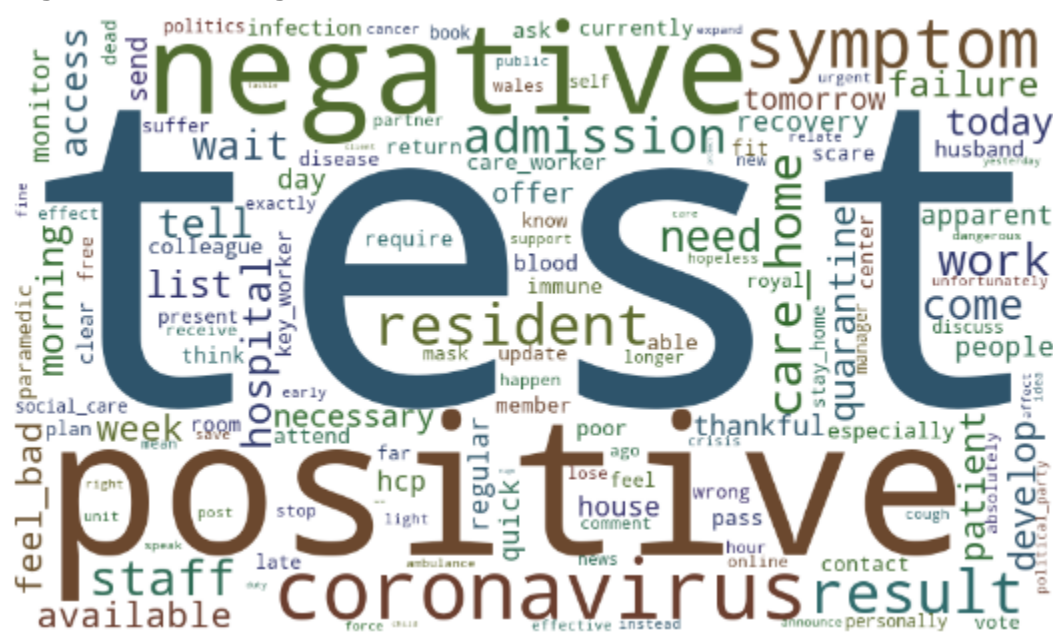
**“** I am a nurse, I would like just 1 N95 mask I cannot get just one  
**Concern about PPE, Facebook, April**

**“** People are stealing masks. They are taking the regular surgical masks we have. N95 masks are used for airborne precaution rooms which we have very few of, so the N95 are in a locked area  
**Concern about PPE, Online community, March**

### 5.3.3 Testing

One in ten social media posts (10%) mentioned testing, including the availability of testing for staff working in the NHS and social care, antibody tests and testing within wider society. As figure 5.12 shows, testing was often associated with expected results, as indicated by the words negative and positive, as well as care homes, residents and hospitals.

**Figure 5.12: Testing word cloud**



Looking at sentiment, of the 1,246 posts related to testing, 47% were negative with the same proportion categorised as neutral. Only 6% of posts about this topic were coded positive.

The majority of social media posts about testing were from individual online users. However, among professional bodies, the British Medical Association was the most frequent author of social media posts

(35) closely followed by Care England (33) and Skills for Care (31). Other authors included the Royal College for General Practitioners and the Royal College of Physicians.

Of the 1,246 posts related to resting, there were around 500 posts from healthcare workers compared with 257 posts from social care professionals. This may suggest that the voice of health care professionals was more prevalent around the topic of testing during the period of time analysed.

In the early phases of the pandemic, social media posts from health and social care professionals mainly focused on the lack of testing, and the anger this caused. Health and social care professionals felt frustrated that they couldn't access testing even when they had symptoms.

Other social media posts expressed the compounded frustration of not having the correct PPE and then not being able to access a test when they developed symptoms. They were also frustrated by what was perceived to be inaccessible testing arrangements such as having to drive to a set location to be tested.

As the pandemic progressed and testing increased, social media posts about the lack of testing declined, albeit we would expect this to have increased again during the period of time following our analysis. However, the testing arrangements for antibody tests then became the focus of social media posts about this topic. For example, posts questioned how reliable the antibody tests may be with suggestions that symptoms did not match up with test results.

### Figure 5.13: Illustrative quotes relating to testing

**“** *I'm a doctor in self isolation, I'm not able to access a test, and this angers me*  
Testing, Facebook, April

**“** *I work for the NHS, I'm in self-isolation because I developed symptoms after weeks of being exposed to COVID-19 patients without the right type of PPE. I can't get tested because the testing is only available to those who have a car. I feel neglected and frustrated.*  
Testing, Facebook, April

**“** *I'm a nurse. We appreciate the applause, but what we would really appreciate is Testing, PPE and for you all to stay home.*  
Testing, Twitter, May

**“** *My wife tested negative for COVID-19 antibodies, she had been really ill and I would have put a large sum of money on her having it. She had another test which went to a different lab and yes, she does have antibodies. Many false negatives #BAME*  
Testing, Twitter, June

#### 5.3.4 Availability of food and issues with uniforms

In the early phases of the pandemic, social media posts also reflected the frustration health and social care professionals were experiencing when trying to buy food in the supermarkets. With posts referring to long queues or empty shelves due to perceived panic buying and hoarding. As the pandemic progressed and panic buying reduced, the prevalence of social media posts related to the scarcity of food reduced, which may indicate that this challenge had been resolved. However, the practicalities of food shopping and everyday life became difficult due to the precautions that health and social care professionals had to take to prevent the spread of COVID-19. For example, social media posts from social care professionals discussed how best to approach practical concerns, such as wearing a uniform in public, with some viewing this as potentially dangerous.

**Figure 5.14: Illustrative quotes relating to the availability of food and issues with uniforms**

“ I work in the NHS. Nurses and doctors are saying they can't buy food because everything has gone...STOP HOARDING....we need it as well  
Availability of food and issue with uniforms, Twitter, March

“ As a carer we need to go shopping, this may be in between visits, we have to wear uniform when we are in work, that includes when we are making shopping calls. Our uniforms mean we don't have to wait for access to a shop. However, please remember when we are dealing with our clients and we are in their homes, we wear full PPE, which is removed when we leave and newly applied before visiting another  
Availability of food and issues with uniforms, Facebook, May

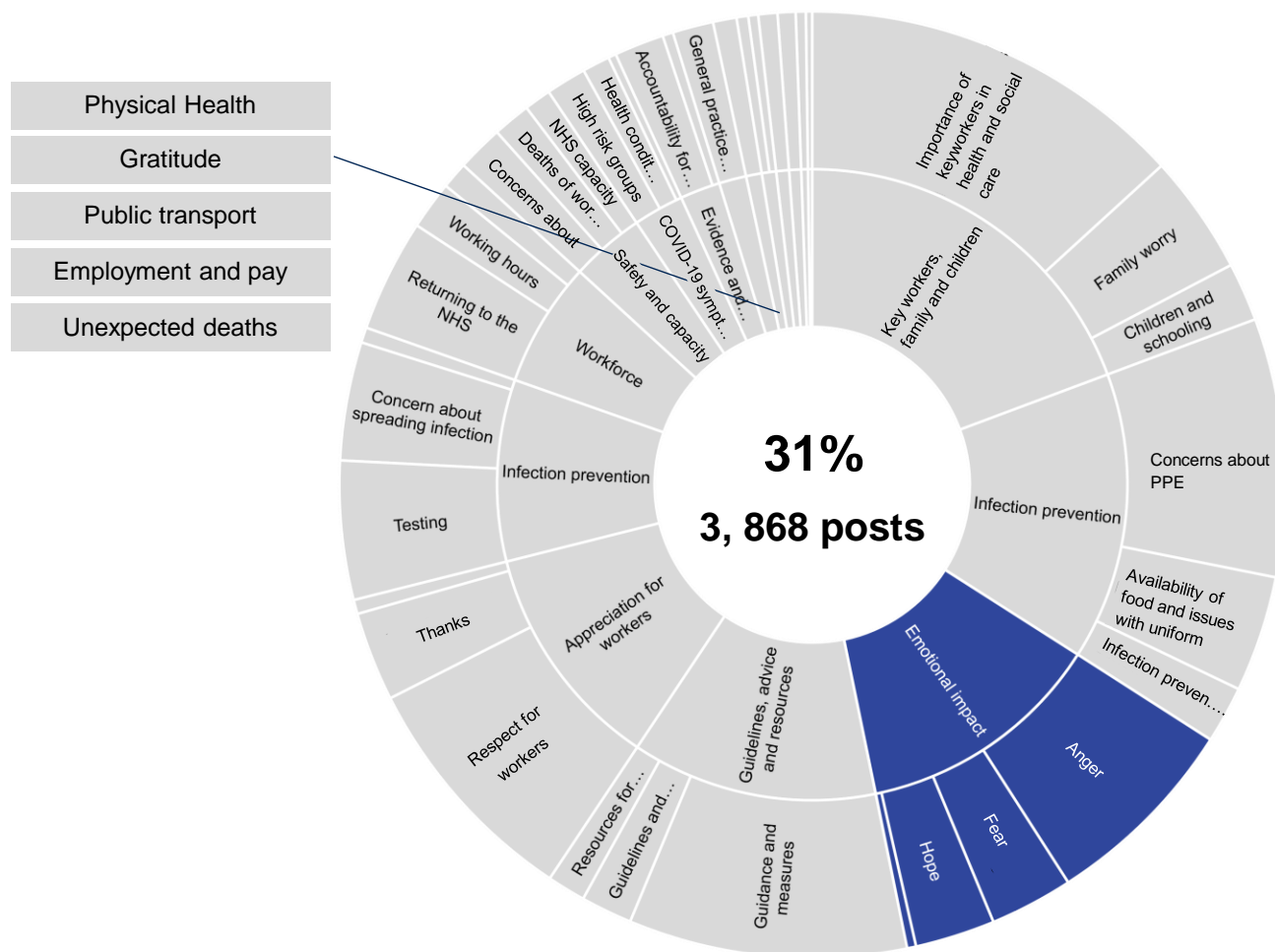
“ Our rules state NOT to wear the uniform when out with the public. We should take it off put in a bag. Do not put yourself and your service user at risk of COVID-19 by wearing it in shops  
Availability of food and issues with uniforms, Facebook, May

## 5.4 Emotional impact

### 5.4.1 Overview

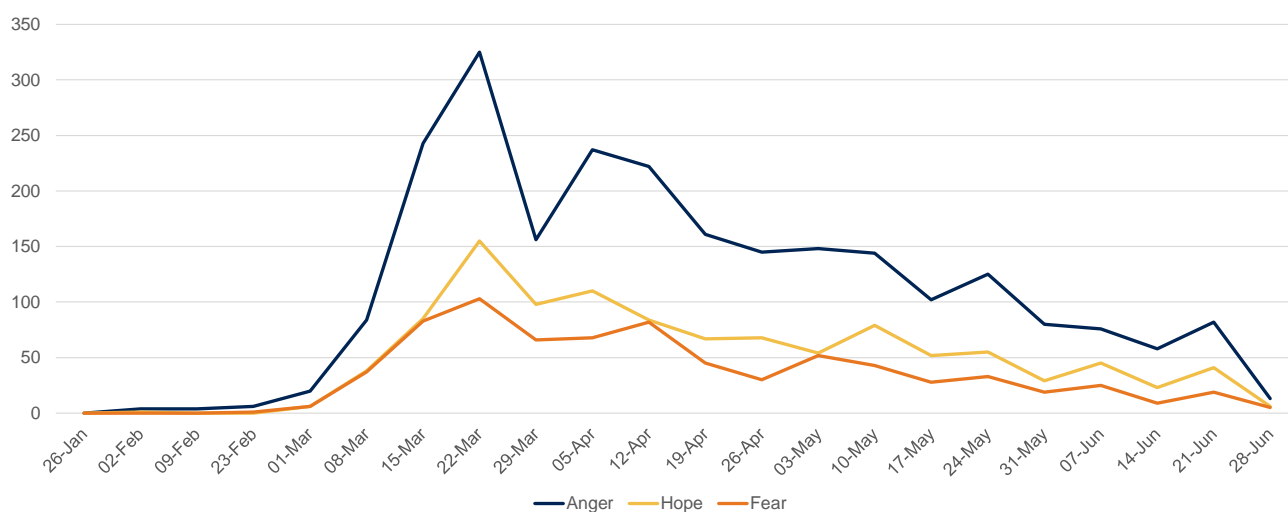
Social media posts expressing the emotional impact of the pandemic were common, with 31% of posts relating to this topic. The majority of posts related to this topic were by health and social care professionals.

Anger was the most frequently expressed emotion (19%) followed by hope (8%) and fear (6%). A smaller proportion of posts (4%) also mentioned the mental strain of working through the pandemic with professionals and representative bodies sharing advice about how to maintain balance and wellbeing. These emotions were common across both health and social care professionals and most posts related to the emotional impact of the COVID-19 pandemic had a negative sentiment (50%), with only a small proportion positive (9%).

**Figure 5.15: Emotional impact topic wheel**

As figure 5.16 shows, social media posts expressing the emotional impact of the pandemic peaked on 22 March with feelings of anger, fear and also mentions of hope all peaking around this time. As the first wave of the pandemic progressed, the volume of posts relating to emotional impact reduced. While this may suggest that emotional challenges resolved over time or that new issues gained salience amongst social media issues, this could also point toward growing acceptance of the situation among health and social care workers.

**Figure 5.16: Volume of posts related to emotional impact by emotions and profession**



Base: 5,519 social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesio

#### 5.4.2 Anger

Feelings of anger were expressed in relation to a number of events over the five-month period. In the early phases of the pandemic, once an official lockdown had been implemented, social media posts initially focused on adherence to lockdown guidelines.

As the pandemic continued, feelings of anger remained, with the frustration of health and social care professionals working long and intense shifts and can be read in parallel with social media posts or news stories about lockdown rules not being followed to provide additional context. The general public's behaviour was often referred to as selfish.

As previously mentioned, health and care professionals were also concerned about the lack of PPE and testing for staff. Social media posts commonly featured anger about the lack of PPE and testing and there was a particular feeling of anger from those working in social care who felt they were not a priority.

Feelings of anger were also directed toward the Government due to perceived failings in its response to COVID-19. Areas of perceived failure included some of the topics already discussed (lockdown adherence, PPE, and testing), as well as news stories (Dominic Cummings travelling to Durham) or general comments on a lack of leadership and direction.



**Figure 5.17: Illustrative quotes relating to anger**

“ *There will be a full lockdown soon, because people are not listening to the advice. It will put so much pressure on the NHS and it's services. SELFISH.*

Anger, Twitter, March

“ *I work with people with learning disabilities. We have no PPE. It's been decided that these people don't matter. We and our service users have not been tested.*

Anger, Twitter, May

“ *I work for the NHS and was working throughout the pandemic, if the governments done such a great job explain to me why after 3-4 months we have, no guidance, no leadership, no support*

Anger, Facebook, June

### 5.4.3 Hope

The term hope was often used when discussing optimism for the future, particularly in relation to potential societal changes which may come about due to the COVID-19 pandemic. For example, social media posts reflected on how people seemed more friendly and considerate and how health and social care professionals had developed closer relationships with their neighbours. Generally, it was also used when wishing people health would improve and for the recovery of patients.

**Figure 5.18: Illustrative posts relating to hope**

“ *As I work for the NHS (in a support capacity) I'm still going to work as normal. What I have noticed is a massive change in people. People are so much nicer and friendlier at the minute. We've also noticed a massive change on our street. We've never been close with the neighbours, but it's pulled everyone together and everyone is talking and helping each other out. I really hope it continues when it's all over.*

Hope, Facebook, May

“ *As a Carer I want to thank everyone that adhered to the lockdown to help us protect the vulnerable. To those that had the symptoms I hope you recovered.*

Hope, Twitter, May

### 5.4.4 Fear

Social media posts expressing fear were often related to worry about catching COVID-19 and the possibility of passing on the disease to family members and patients as previously discussed. Health and social care professionals expressed ongoing worry that they would spread the disease overtime, as they made more home visits and came in to contact with more people. Other posts expressing fear were related to concerns about a second wave which may occur due to perceived flouting of social distancing rules.

**Figure 5.19: Illustrative posts relating to fear**

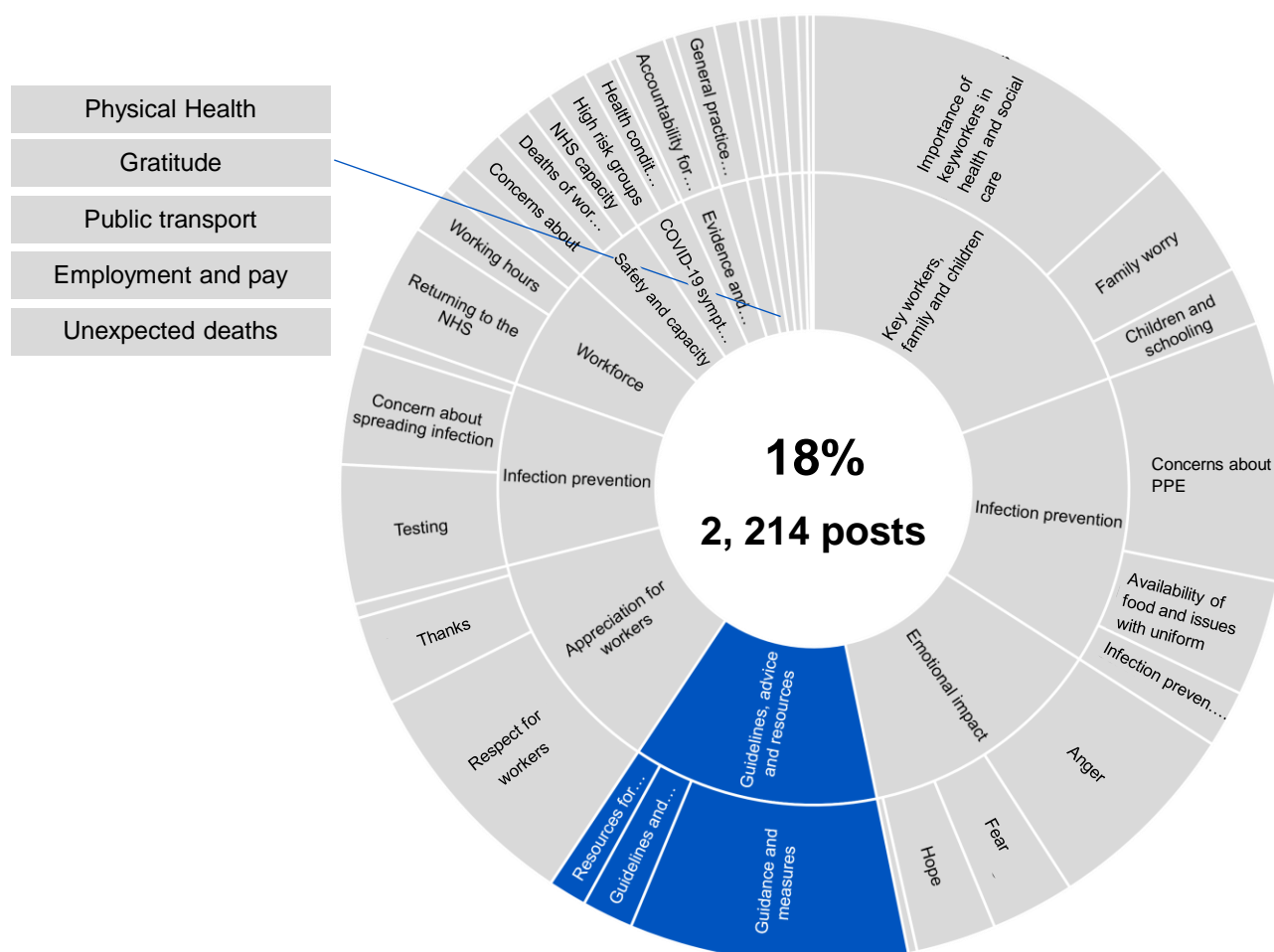
“ I work for the NHS and every day I get the hospital statistics update, it's scary, that is just from where I work not even the all of England. I'm scared of everyone that I see. I'm scared to get the virus and pass it to my kids or my husband.  
**Fear, Facebook, April**

“ I'm a carer so have to work and carry that fear of bringing it home and spreading the virus at home and in people's homes.  
**Fear, Twitter, May**

## 5.5 Guidance, advice and resources

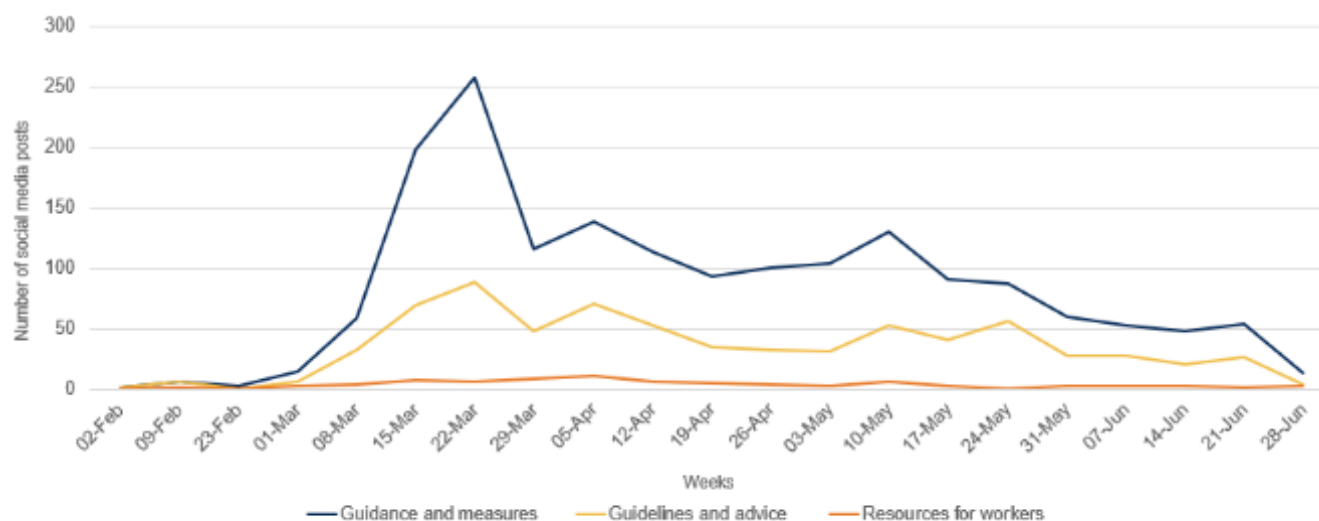
### 5.5.1 Overview

Around one in five social media posts (18%) were related to the sharing of advice and resources. This topic featured a mixture of social media posts by, and about, health and social care professionals. Within the conversation 14% of posts focused on guidance and measures while 6% related to the sharing of guidelines and advice, and 1% resources for workers.

**Figure 5.20: Guidance, advice and resources topic wheel**

As figure 5.21 shows, the number of posts related to guidelines, advice and resources peaked around 22 March as with other themes included in the topic wheel. Over time, related social media posts have declined.

**Figure 5.21: Volume of posts related to guidelines, advice and resources**



Base: 2, 695 social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesis

Looking across health and social care professionals, of the 2,214 posts related to guidelines, advice and resources around 945 posts were focused on healthcare professionals while 386 were related to social care professionals. This mirrors the finding from report 2 of this research series, that among social media posts by the broader public, conversations were more likely to focus on healthcare professionals than on social care professionals. Again, it may imply that the challenges that were faced by healthcare professionals were salient to a wider audience than those faced by social care professionals.

It is also notable that representative bodies posted a high number of social media posts around this topic. For example, the Royal College of Anaesthetists generated 45 posts over the 27 weeks, while the British Medical Association similarly generated 40. However, it should be noted that the overall volume of social media posts was mainly driven by individual online users.

### 5.5.2 Guidelines and measures

Most social media posts related to guidance and measures were focused on health and social care professionals' attitudes to guidelines, and the way in which they changed over time. For example, the level of PPE required to work with patients was a common topic of debate, as was guidance related to the symptoms of COVID-19. Other areas of debate related to guidance and measures that applied throughout society such as the correct length of time to quarantine.

**Figure 5.22: Illustrative quotes relating to guidance and measures**

“ Work are updating guidelines to say that talking, sneezing and coughing are not droplets in the air and not require full PPE at work...  
Guidance and measures, Twitter, April

“ The guidelines about mask wearing say masks are worn to prevent the wearer spreading COVID-19 to others. It does not protect the person wearing it. A visor would and as a care worker we've been given some.  
Guidance and measures, Facebook, May

### 5.5.3 Resources for workers

The sharing of resources and guides for workers was frequent throughout the first months of the pandemic. For example, professional bodies such as the Royal College of Nursing shared advice about how to support the management of COVID-19, whilst others provided resources to track of the developments that impacted specific professions. These social media posts demonstrate how representative bodies have worked in collaboration with each other to support professionals.

**Figure 5.23: Illustrative quotes relating to resources for workers**

“ We, alongside other trade unions, have produced resources to support the management of coronavirus.  
Resources for workers, Twitter, March

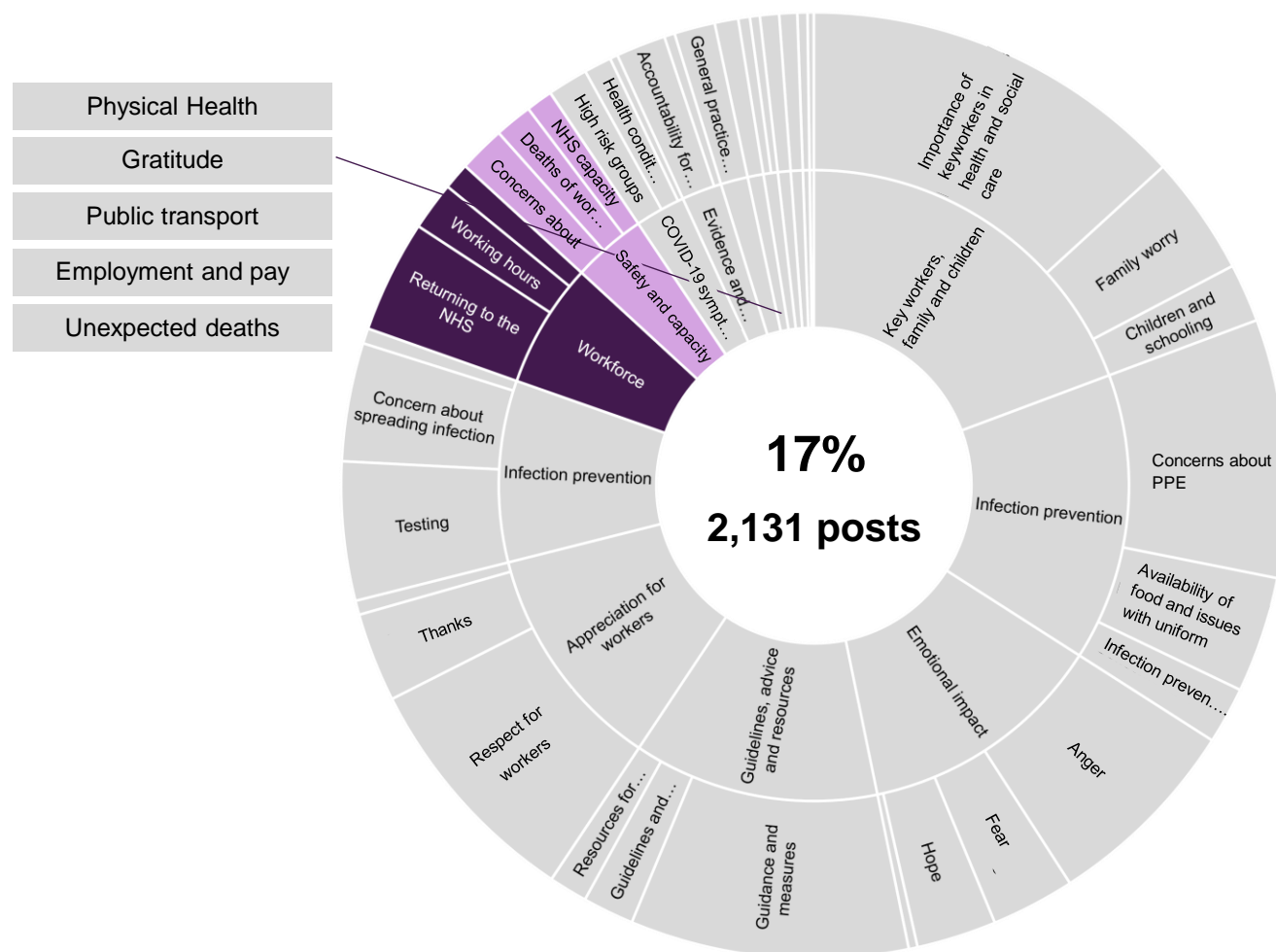
“ New resources for pregnant members of the intensive care workforce during #COVID19  
Resources for workers, Twitter, April

## 5.6 Concerns about the safety and capacity of the workforce

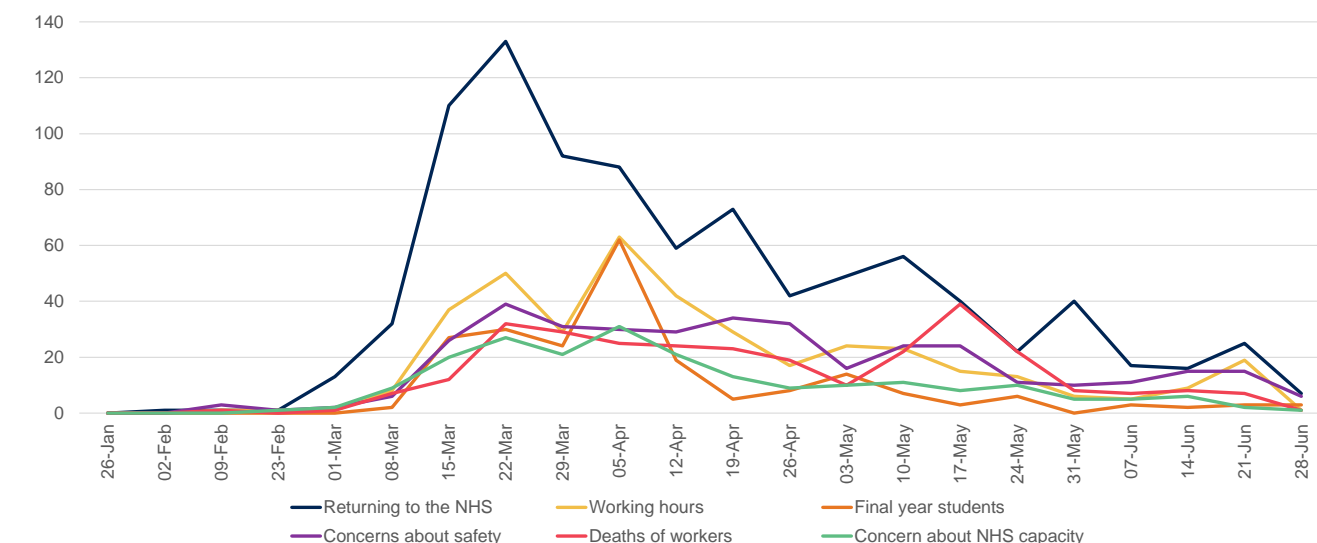
### 5.6.1 Overview

Around one in five (17%) social media posts focused on concerns about workforce safety and capacity. Within this, the main topic of discussion was people returning to work in the NHS (7%). Social media posts on this topic mainly consisted of social media posts from health and social care professionals. The subtopics of working hours (3%), concerns about safety (3%), final year students joining the workforce (2%), the deaths of workers (2%) and concern about NHS capacity were also discussed, although these conversations were less frequent.

**Figure 5.24: Concerns about the safety and capacity of the workforce topic wheel**



Social media posts related to people returning to work in the NHS and concerns about safety peaked around 22 March. However, it is notable that posts about working hours, final year students joining the NHS and concerns about NHS capacity peaked later, on around 5 April. This may be related to the increase in the number of patients being admitted to hospital at this time and the growth in COVID-19 cases within care homes. This date also corresponds with the announcement that final year students would be allowed to join the NHS.

**Figure 5.25: Volume of posts related to safety and capacity of the workforce**

Base: 2,569 social media posts captured between 01/02/2020 – 30/06/2020

Source: Ipsos MORI/Synthesis

Over time, social media posts related to workforce safety and capacity have declined overall. However, there were a number of small peaks in conversation throughout May and June, particularly in relation to returning to work in the NHS, working hours, and the deaths of workers. This volume of conversation may indicate that these challenges and opportunities are yet to be fully resolved.

### 5.6.2 Returning to the NHS

Discussions of people returning to the NHS following government calls, were mainly driven by professional bodies. These included the National Medical Council, General Medical Council and British Medical Association which issued guidance and support for those considering a return to practice, with a focus on those coming out of retirement. Health and social care professionals were particularly keen to share their happiness to return to the NHS on social media and saw it as an opportunity to support their friends, colleagues and country.

### 5.6.3 Working hours

Social media posts expressed a number of different challenges relating to working arrangements working hours during the pandemic. For example, social media posts referred to how uncomfortable PPE could be when worn over a long period of time.

For social care professionals, one of the main changes were longer working hours coupled with restrictions on movement put in place to protect residents. For example, not being allowed to leave care facilities when on a break.

However, longer working hours were seen as something to get through and necessary during the peak of the pandemic, with the frequency of mentions on this topic lowering as time went on, which suggest this challenge may be resolved.



**Figure 5.26: Illustrative quotes relating to working hours**

**“** I'm a carer at a dementia care home... after a 12-hour shift wearing a face mask for that long really makes your ears sore  
**Working hours, Twitter, April**

**“** I'm a care worker and please understand we have to stop visitors coming into the building...we have changeover of day staff to night staff, we work 12 hour shifts, we are not allowed to leave the building anymore on break times we are doing everything in our power to look after relatives loved ones  
**Working hours, Facebook, May**

#### 5.6.4 Final year students

Social media posts relating to final year students joining the NHS were focused on students sharing their decision to join the emergency register, and praise from friends, colleagues or teachers about their decision. As was the case with those re-joining the workforce from retirement, students saw this as an opportunity to support the NHS in a time of need.

**Figure 5.27: Illustrative quotes relating to final year students**

**“** After completing her final year, former student Jodie has registered early as a nurse to help fight against COVID-19. We are so proud of her and all our other past pupils who are NHS Heroes  
**Final year students, Twitter, April**

**“** After a lot of thought and consideration, I have decided to opt in to the COVID-19 emergency register. This will bring my final year studies forward 6 months to work on the front line.  
**Final year students, Facebook, April**

#### 5.6.5 Concerns about safety

Three per cent of social media posts expressed concern about safety, this included discussion of staff wellbeing and the following of correct safety procedures for the benefits of patients and staff.

Social media posts related to staff safety were often from representative bodies such as the British Medical Association and Care England. Messages encouraged health and social care staff to adhere to safety measures and to look after their wellbeing throughout the pandemic.

Overall, this topic can be seen as both a challenge and opportunity for health and social care staff, as the pandemic has created difficult working conditions. However, social media posts suggest that health and social care staff have succeeded in maintaining safety standards.

**Figure 5.28: Illustrative quotes relating to concerns about safety**

**“** This pandemic is the greatest challenge of a generation and I am so proud of the way members have risen to that challenge and have worked so hard to ensure the safety of the people they support  
**Concerns about safety, Twitter, May**

**“** Today marks 100 days since the pandemic started on 11 March. We've set ten key priority areas vital for the safety of health and care staff, and for the general public  
**Concerns about safety, Twitter, June**

### 5.6.6 Deaths of workers

Nearly all posts related to the death of health and social care workers expressed sadness and remembrance of fellow colleagues. Social media posts often commented that the death of health and social care professionals was unnecessary and that the number of deaths was too high.

Social media posts also linked the lack of PPE with the deaths of health and social care workers, in the same way that health and social care professionals had attributed the development of COVID-19 symptoms to a lack of PPE.

**Figure 5.29: Illustrative quotes relating to the deaths of workers**

“ Another nurse has died. I will keep on retweeting about the passing away of my fellow healthcare colleagues from COVID-19. Too many lives have been lost.  
Deaths of workers, Twitter, May

“ Each death troubles me, too many are dying. Health workers put their lives on the line only to end up passing away from the virus that they are trying to treat  
Deaths of workers, Twitter, May

“ People have passed away. These are deaths which could have been prevented and now we are being told to reuse single use protective equipment because there isn't enough PPE.  
Deaths of workers, Facebook, April

### 5.6.7 Concern about NHS capacity

The majority of the online conversations around the capacity of NHS services focused on worries about what would happen if hospitals were unable to provide beds or treat people, with conversation discussing the possibility of having to choose who to treat due to a lack of resources. As the pandemic progressed however, discussions around capacity focused on how well health and social care services would adapt to the return of normal services given predictions of a build-up in demand for services due to lockdown.

**Figure 5.30: Illustrative quotes relating to concern about NHS capacity**

“ As a nurse I know we only have a certain number of beds & ventilators for people who catch COVID-19. There is no way we are not going to be able to treat them all  
Concern about NHS capacity, Facebook, March

“ It's crystal clear how under resourced care homes were before. We should be congratulating them in their duty to provide care for residents, especially as they have insufficient funding, a lack of PPE and a poor testing set up  
Deaths of workers, Twitter, June

## 6 Conclusions

As described in this report, health and social care workers faced a range of distinct challenges throughout the first six months of the COVID-19 pandemic. However, it is clear that the full impact of these challenges can only be understood by considering their intersection with the broader challenges being faced by the general public and require health and care workers to be viewed holistically taking a view of both their personal and professional life. These challenges included:

- Managing the balance of responsibilities of family life, childcare and schooling with the inherent risk of working in health and social care during the COVID-19 pandemic, an area where further government communication and support may have been helpful in supporting health and social care professionals
- Worry and concern about continuing to work and provide care without the provision of PPE and testing, which were seen to interact with each other, and amplified by a sense of frustration and anger felt by health and social care workers, and which contributed to the overall emotional impact on workers. It was unclear whether these challenges were resolved over time or whether the reduction in social media posts pointed toward a growing acceptance of the situation among health and social care workers.
- Concern and worry about the workforce, safety and capacity, highlighting the professional difficulties faced over the first phase of the pandemic as the number of cases and patients rose over time. It appears that this challenge was resolved with a very small number of social media posts toward the end of the period of time analysed, although the situation may have changed again in the interim.

The analysis of social media posts has also shown that there are a number of opportunities for health and social care professionals, which may also be useful going forward. This included:

- General social media users and bodies that represent health and social care professionals have actively championed the contribution of workers during the pandemic. The pandemic, therefore, offers an opportunity to harness goodwill as a springboard to further the agenda of professions which have previously been under-valued by, for example, securing pay rises or attracting new staff to the profession.
- The appreciation for keyworkers also extended to overall calls for greater integration of health and social care, and for social care to be treated with parity to healthcare services. Similarly, this offers increased impetus for broad system change within health and social care.
- The sharing of a high number of guidelines, advice and support demonstrated a strong level of support for workers from representative bodies. This level of support could offer an opportunity to continue to build and strengthen the types of support offered by representative bodies
- Health and social care professionals gained value from the use of social media throughout the pandemic. The broad range of topics discussed by them also demonstrates the important role that social media can play during a time of crisis. It suggests there may be further opportunities for social media and other innovative techniques to connect health and social care professionals to improve knowledge sharing and support.

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