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ARTICLE

In it together?: Exploring solidarity with frontline workers in the United Kingdom and Ireland during COVID-19

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Abstract

The phrase 'in it together' has been used liberally since the outbreak of COVID-19, but the extent that frontline workers felt 'in it together' is not well understood. Here, we consider the factors that built (or eroded) solidarity while working through the pandemic, and how frontline workers navigated their lives through periods of disconnection. Semi-structured interviews with 21 frontline workers, across all sectors, were conducted in the United Kingdom and Ireland. The qualitative data were analysed systematically using reflexive thematic analysis. The three themes identified in the data were: (1) Solidarity as central to frontline experiences; (2) Leadership as absent, shallow and divisive: highlighting 'us-them' distinctions and (3) The rise of 'us' and 'we' among colleagues. Our research offers insights into how frontline workers make sense of their experiences of solidarity and discordance during the first year of the COVID-19 pandemic, with relevance for government and organizational policy-makers shaping future conditions for frontline workers.

KEYWORDS

coronavirus, COVID-19, cv19heroes, frontline workers, health and well-being, keyworkers, solidarity

INTRODUCTION

Narratives of solidarity during the COVID-19 pandemic often emphasize the public's relationship to frontline workers (Forester & McKibbon, 2020; Prainsack, 2020) using the phrase 'in it together'. Frontline workers have kept the national infrastructure going and cared for COVID casualties. Governments and members of the wider public were tasked with minimizing the burden to frontline workers by reducing infection rates and demand on services. This solidarity requires reciprocity, mutual effort and mutual commitment: the effort of all which cannot be undertaken by the other. This article explores frontline workers' experiences of solidarity over the course of the first year of the COVID-19 pandemic.

Solidarity during the COVID-19 pandemic

The pandemic has presented an opportunity for unity, regardless of social, cultural or political differences, against a disease that maims and kills indiscriminately (Tomasini, 2021). *Solidarity* – defined as the sharing of goals where both parties share that goal, commit to reaching it together and encounter some adversity or costs in achieving those goals (Sangiovanni, 2015) – has been required. While solidarity can be displayed through action, it is also characterized by collective sentiment and sets of established norms that allow groups and individuals to reach collective goals (Lindenberg, 2015). Solidarity can manifest at an interpersonal level, group level and institutional level (Prainsack, 2020), frequently transcending cultural, social and political boundaries (Chan, 2021; Prainsack, 2020; Tomasini, 2021). Since the declaration of the pandemic, the World Health Organization (WHO) and leaders around the world have urged people to act together, and a recent 'call to action' has highlighted the need to conduct research on the topic of solidarity as a matter of priority (Holmes et al., 2020). It follows that the consideration of solidarity is a meaningful and important area to research.

Prior to the pandemic, solidarity was examined within the context of critical incidents and has been shown to support the well-being of those who survive (Drury et al., 2009a; Hawdon et al., 2012). The main premise of much of this critical incident research, however, is that the focus is on solidarity that emerges in the aftermath, which then provides enhanced social support. Whilst social support is an important factor, and will doubtless support the health and well-being of those who experience solidarity, it is not the only potential mechanism for benefit. Further, existing research focuses very much on post-event experiences, whereas there is a dearth of research to examine the well-being impacts of solidarity *during* critical incidents. This is particularly important during a prolonged period of stress and trauma, and is an important avenue for research. We suggest that within the context of COVID-19, solidarity provides benefits that extend beyond social support to include other broader social, emotional and behavioural mechanisms that may support the welfare of vulnerable groups, such as frontline workers.

During those early weeks of the pandemic, solidarity networks began to emerge all over the world in what has seemed to be an organic and almost natural response to a worldwide catastrophe (Bertogg & Koos, 2021; Federico et al., 2021; Hanaba et al., 2020). Overt displays of solidarity, such as the 'clap for carers', for example consolidated the mutual commitment of the public and frontline workers, fostering a sense of community, and boosting morale in Ireland and the United Kingdom (Tomasini, 2021). The emergence of solidarity can provide a sense of security that all forces are coming together to reach a common goal (Chan, 2021; Igwe et al., 2020; Mishra & Rath, 2020). A recent study showed that priming participants with pandemic salience initiated more prosocial attitudes and more acknowledgement of others' plights (Cappelen et al., 2021). However, solidarity is also fragile – rule breaking (from notable figures in leadership in many countries and from the public), conspiracy, and protest eroding the sense of a common goal, a common sentiment, or a common commitment of effort also became evident as the pandemic wore on (Kinsella et al., 2021).

Research has also shown that having a sense of solidarity with others while working in a frontline capacity, is important for health and well-being (Sumner & Kinsella, 2021b, 2022). The social identity approach (see Tajfel, 1978; Tajfel & Turner, 1979; Turner & Oakes, 1986) considers how membership and identification with social groups influence health and well-being (e.g. Haslam et al., 2018) and coping with stress and trauma (e.g. Muldoon et al., 2019; Muldoon & Lowe, 2012). Indeed, the stress can give rise to new and stronger identities that have the capacity to help people move beyond their trauma, and potentially experience resilience and growth (Cacioppo et al., 2011; Muldoon et al., 2017). Solidarity, however, connotes support, sentiment and goodwill *across* social categories and group-boundaries, subsuming others into a higher order in-group (Wiley & Bikmen, 2012). Prior qualitative work conducted in the United Kingdom and Ireland shortly after the first surge of COVID-19 highlighted that whilst solidarity was cited as being protective for frontline workers, their perceptions of solidarity were changing as restrictions were being lifted (Kinsella et al., 2021). Lower levels of perceived solidarity is linked to reduced meaning in life for frontline workers (Kinsella et al., 2021; Sumner & Kinsella, 2021b) and consequently impacted on a variety of metrics, including burnout, anxiety, physical health and well-being (Sumner & Kinsella, 2022). Perceptions of solidarity, within and across social groups, are therefore likely to influence social identity and adjustment processes both during and in the aftermath of crises.

Leadership may also promote or undermine solidarity. Leaders can rally support for a cause and influence group dynamics and norms, as well as influence means of seeking support (Haslam et al., 2021). Research examining the influence of leadership in disaster scenarios has shown that fairness is a central tenet to public appraisals of governmental response, with fairness in distribution of resources, fairness in the following of procedures and its direct benefit to the individual being cited as the most important factors in appraising leadership legitimacy (Mazepus & van Leeuwen, 2020). Several commentaries on the capacity for leaders to influence the key outcomes during the pandemic have called for leaders to evoke and foster a shared sense of identity with the community in order to inspire and reinforce collective action (Haslam et al., 2021; Jetten et al., 2020; Reicher & Stott, 2020; Vignoles et al., 2021). The ability of leadership to foster a sentiment of solidarity that will support a sustained collective effort towards the shared goal of overcoming the challenges of COVID-19 has come under close scrutiny since the onset of the pandemic. The notable differences across nations in governmental response to managing the dual crises of health and economic impact have allowed important opportunities to interrogate leadership style (including language and discourse), and its ensuing impact on public behaviour as well as overall efficacy of response. Here, it has been found that more individualistic narratives utilized by leadership appear to result in a less unified response from the public in comparison to those that speak with more collective rhetoric with regards to community infection safeguards and COVID-19 legislation adherence (Karyotis et al., 2021; Mintrom et al., 2021; Mintrom & O'Connor, 2020).

Researchers have explored the experiences of frontline workers through the Covid-19 pandemic more broadly, with particular focus on health and social care workers (Aughterson et al., 2021; Baldwin & George, 2021; Grailey et al., 2021; McGlinchey et al., 2021). While none of these studies directly focused on exploring factors that built or eroded solidarity, they do highlight factors which likely impacted on frontline workers' experiences of solidary – frustration with the public not following the rules and support derived from team unity (Aughterson et al., 2021), hierarchical structures leading to divisions at work and sense of camaraderie and pride where co-operation existed in teams (Baldwin & George, 2021), and feeling stigmatized where the public viewed them as virus carriers (McGlinchey et al., 2021). The present research builds and extends this prior work by offering an empirical analysis of the solidarity experiences of a range of experiences of frontline workers in the United Kingdom and Ireland. By exploring frontline workers' perceptions of solidarity through the first year of the pandemic, we gain insights into factors that enhanced and reduced feelings of solidarity, and how this has impacted frontline workers health, welfare and occupational engagement during this time.

METHOD

Design

This is a qualitative interview study investigating frontline workers' experiences of solidarity in the United Kingdom and Ireland close to the 1-year anniversary of the WHO's declaration of the COVID-19 pandemic (date of pandemic declaration: March 11th 2020). At this point in the pandemic, both the United Kingdom and Ireland were seeing a surge in cases and were in their third cycle of 'lockdown'.

Participants

We sought to understand the experiences of frontline workers from all sectors in the United Kingdom and Ireland during the COVID-19 pandemic. Participants were recruited through social media and local and national news media in the UK and Ireland as part of a larger project (pre-registered on the Open Science Framework [Sumner & Kinsella, 2020], the COVID-19 Heroes Project [see www.cv19heroes.com]). Respondents to this survey were asked if they would be willing to participate in one-to-one interviews for this study. An overview of the participant recruitment process can be found in Figure 1a, and the consent procedure in Figure 1b.

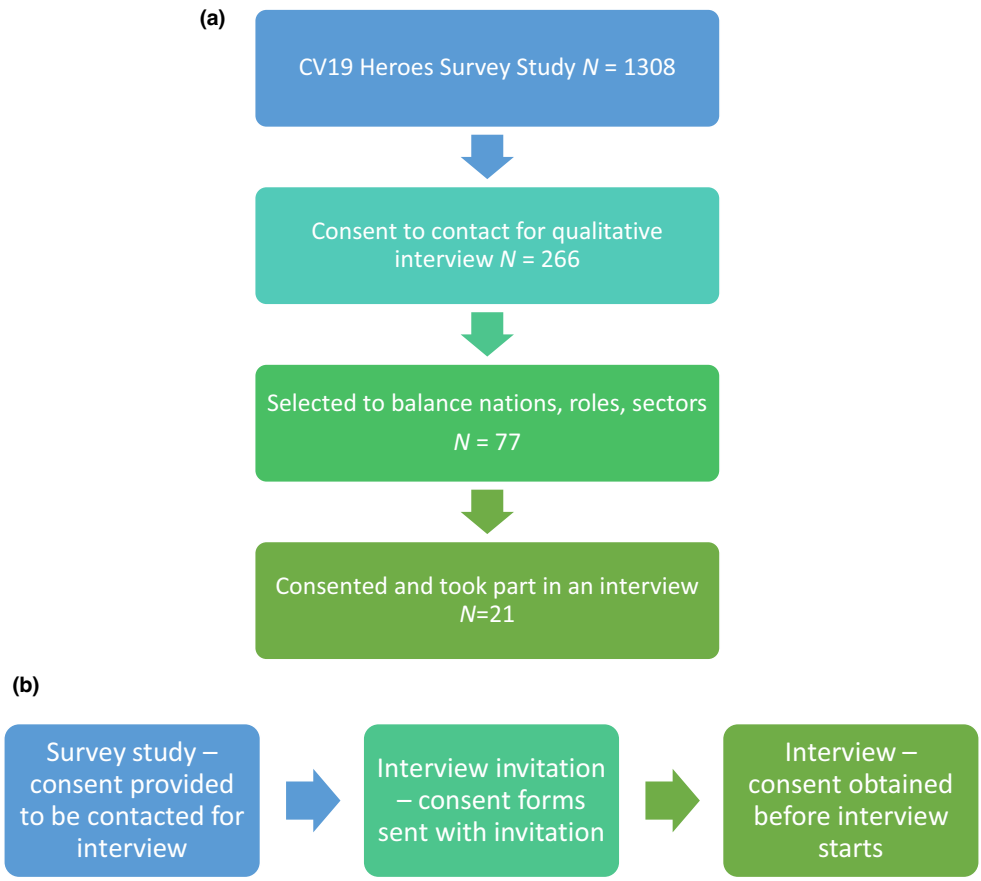

FIGURE 1 (a) Participant recruitment flow. (b) Ethical approval stages of the study design

Twenty-one frontline workers (six male, 15 female) from the United Kingdom ($n = 10$) and Republic of Ireland ($n = 11$) were interviewed. Participants were all employed at the time of the interviews in roles that were considered 'essential' and 'frontline' in health and social care ($n = 13$), education ($n = 3$), retail ($n = 2$), emergency services ($n = 1$), transport ($n = 1$) or local authority ($n = 1$). Participants ranged from 27 to 58 years old, with the majority either White British or White Irish. The demographic information is summarized in Table 1.

Data collection

The University of Limerick ethics committee granted ethical approval for this research study (2020_03_52_EHS ER).

Consenting participants were interviewed on the telephone or using Voice over Internet Protocol (VoIP), depending on their communication preferences. Interviews were recorded by the interviewer and transcribed verbatim in an anonymized format. All interviews occurred between February 1st and May 18th 2021 and were carried out by one of three researchers (SL, SH, NS).

Interviews were semi-structured using a flexible framework that was developed by the researchers to aid and prompt insights into the lived experience of frontline workers during COVID-19. Broad questions were used to facilitate a descriptive narrative that would include talking about any important changes in participants' lives since the first outbreak in Ireland and the United Kingdom. Three draft versions of the interview schedule were exchanged through the interview team for review and edit. The interview schedule was then trialled in two pilot interviews, resulting in further discussion about the clarity and sequencing of questions, and suitability for the research aims. The final version of the interview schedule was then formulated by the research team and used for data collection. Specifically, the interview schedule included seven open-ended questions, conversational in tone, based on the following topics: *(1) Life before COVID-19, (2) Personal and shared experiences of COVID-19, (3) Views about the vaccine rollout and (4) Learnings generated from the pandemic*. Participants were given the opportunity to share further information that they felt was not covered by the interview schedule. Interview length ranged from 38 min to 1 h and 40 min.

Data analysis

Reflexive thematic analysis was used to report themes, as it allows for the exploration of the experiences of the participants without being theoretically bounded (Braun & Clarke, 2006, 2021). We followed the steps outlined by Braun and Clarke (2006). The first author (EK) immersed herself in the data through reading the transcripts, identifying data of interest, and creating first level codes. These initial codes, which remained very close to the data, were then presented to another researcher (OM). The second level of analysis involved two researchers (EK, OM) reviewing the first-level codes and considering how these could be interpreted within overarching elements while ensuring the inclusion of the many initial codes into higher level sub-themes. An iterative and inductive approach to interpreting themes within the data was employed. The third stage involved generating overarching themes, at a semantic level, including providing lines of arguments for each theme and selecting supporting quotes that grounded the themes within the data. Our analysis resulted in three interpreted themes offering a rich description of the data overall.

To increase the rigour of the research process, we chose well-trained and skilled interviewers who understood the importance of reflecting and discussing the role of their subjective position throughout the research process. A semi-structured interview schedule was designed, thoroughly discussed and trialled to ensure that it addressed the research question. A diverse range of participant perspectives across different occupational sectors and demographic groups were invited to participate in the interviews to increase the representativeness of the data. Seeking out these diverse perspectives and using multiple investigators with both expertise and ethical awareness was essential in ensuring the credibility and integrity of study (Denzin, 2017).

TABLE 1 Participant demographics

Occupation	Sex	Age range	Ethnicity	Location
Youth Justice Officer	Female	35–39	White British/English/Scottish/Welsh/Northern Irish	UK
Frontline Emergency Responder	Male	45–49	White Irish	Republic of Ireland
Supermarket Assistant	Female	35–39	White British/English/Scottish/Welsh/Northern Irish	UK
Cleaner	Female	40–44	White Irish	Republic of Ireland
Supermarket Assistant	Female	50–54	White British/English/Scottish/Welsh/Northern Irish	UK
Class Teacher	Male	25–29	White British/English/Scottish/Welsh/Northern Irish	UK
Special Education Teacher	Female	40–44	White Irish	Republic of Ireland
Advanced Nurse Practitioner (Emergency Department)	Male	55–59	White Irish	Republic of Ireland
Pharmacist	Male	30–34	Pakistani	UK
Health care Professional	Male	45–49	White Irish	Republic of Ireland
Senior Charge Nurse	Male	45–49	Any other white background	UK
Social Care Worker	Female	20–24	White Irish	Republic of Ireland
Post-Primary Teacher	Female	40–44	White Irish	Republic of Ireland
Home Carer	Female	50–54	White Irish	Republic of Ireland
Assistant Director of Nursing Residential and Community Services	Female	50–54	White Irish	Republic of Ireland
Midwife	Female	55–59	White Irish	Republic of Ireland
Health care Assistant	Female	30–34	White British/English/Scottish/Welsh/Northern Irish	UK
Social Care Worker	Female	50–54	White Irish	Republic of Ireland
Senior Clinical Advisor	Female	35–39	White British/English/Scottish/Welsh/Northern Irish	UK
Emergency Care Assistant	Female	40–44	White British/English/Scottish/Welsh/Northern Irish	UK
Domiciliary Care and Support Worker	Female	25–29	White British/English/Scottish/Welsh/Northern Irish	UK

RESULTS

The three themes generated and outlined below were: (1) Solidarity as central to frontline experiences, (2) Leadership as absent, shallow and divisive: highlighting 'us-them' distinctions; and (3) The rise of 'us' and 'we' among colleagues.

Theme 1: Solidarity as central to frontline experiences

The first theme is concerned with the extent to which solidarity was relevant to the experiences of frontline workers during the COVID-19 pandemic during the first year of the pandemic, and the extent to which a perceived lack of solidarity had a negative impact on frontline workers.

COVID-19 necessitates solidarity

Frontline workers described how the COVID-19 pandemic offered an opportunity for everybody in society to work together towards common goals and try to beat a common enemy, transcending existing divisions. One health care worker described how the onset of the pandemic provided a welcome opportunity for solidarity in a divided society:

> Maybe we can leave BREXIT and the divisions behind. I think what COVID-19 has brought us is something in common to focus on. Suddenly we've not thought about what divided us. Everybody was focussed on working together to try to beat the enemy. We had a common enemy and that common enemy is COVID-19 (Senior charge nurse, UK).

Indeed, those early phases of the pandemic were characterized by physical manifestations of 'clapping' and 'rainbows for the windows' which provoked a sense of togetherness and solidarity with frontline workers. One frontline worker described how, despite the stresses, the feeling of togetherness – evoked through gestures of solidarity – led to a sense of psychological safety in those early days of the pandemic:

> With all the clapping and Captain Tom, and let's all make rainbows for the windows, and that was new – exciting's the wrong word, but it was new and it was exciting, and nobody knew what was going on yet. And yes, it was very, very stressful for lots of people for lots of reasons, but there was still very much this, "We'll do this big lockdown, we'll all be alright, it'll all settle" (Senior Clinical Advisor, UK).

Missed opportunities for solidarity and associated impact on frontline workers

Over time, it became clear that working together against the threat of the pandemic would remain an essential and on-going part of every societal response to the virus. As a result, our frontline workers perceived additional demands but unfortunately not all society members or groups continued to show commitment to working together against the common threat.

Due to their greater risks of contracting and spreading the virus among loved ones, frontline workers felt they needed to work even harder to protect others from the virus, requiring greater levels of sacrifice and commitment than others not working in frontline roles. They reported that additional solidarity demands were placed on them, both at work (in terms of fulfilling their essential roles) and in their personal lives (protecting loved ones from becoming ill). One care worker outlined the stringent routine that they followed to keep others safe after work:

> So I've got this ridiculous OCD routine. I'll come home and strip off in the kitchen and then put everything straight in the wash and I'm straight in the shower. And I'm frightened if I don't do one part of it. That's it, I've carried it in, and we've all had it. (Domiciliary care and support worker, UK).

The feeling that others were acting in solidarity with them during the pandemic was short-lived for many frontline workers. Frontline workers expressed concerns about how labels may have inadvertently created new divisions between those who needed to work towards common goals of keeping societies afloat and protecting others (frontline workers), and those who did not (everybody else), thus reducing solidarity efforts. Specifically, one health care worker believed that calling frontline workers 'heroes' may have implied that other people (i.e. the general public) no longer needed to share responsibility or act in solidarity against the threat of the virus (they can 'relax'). They described how, as a result of attempting to fulfil unrealistic expectations associated with their essential worker roles, frontline workers were left depleted:

> I think the vision of hero implies that we have superpowers, and we don't [have] any sort of powers, we don't have that, we're humans. We are mortals like anybody else. That has impacted on this pandemic a lot, a lot more than anybody else. And I think when you say the word 'heroes' it implies that the heroes will carry on fighting for the justice and a lot of us cannot carry on fighting any longer, we're exhausted. It also implies that people can relax because they don't worry…moving responsibility to us instead of everyone taking their own responsibility (Senior charge nurse, UK).

Without feeling that others were fulfilling their commitments, frontline workers struggled. One participant described 'doing everything' to keep others safe despite feeling that others were failing to work towards those same shared goals. This was described as having an extremely negative toll on frontline workers who were already navigating 'choppy waters':

> They don't see the effects and they don't see the effects it's having on the staff, and they're still going out and they see no problem with going to the beach and meeting up with people, and going up and seeing their families. We're doing everything to try and keep you guys safe. Sometimes it feels a little bit like a kick in the teeth because we're all in the same boat but some of us are in a different size boat and in fairly choppy waters. (Healthcare assistant, UK).

Theme 2: Leadership as absent, shallow and divisive: highlighting 'us-them' distinctions

The second theme concerns the ways that frontline workers viewed leadership in government and organization settings during the COVID-19 pandemic, as often absent or weak, characterized by shallow support, and how breaches of public health advice by leadership undermined solidarity and led to the development of an 'us and them' mentality.

Leadership as absent or weak

Frontline workers discussed a variety of challenges that they experienced while working through the pandemic, including strong feelings of confusion and uncertainty. Here, a midwife likens the uncertainty of the pandemic to a tidal wave and remembers not having guidance about 'how to manage this':

> It was like a tidal wave was coming and we were waiting for it to hit us. It was like you were standing on the shore and you're looking out at sea and waiting for this tidal wave to come over, and that's what it was like last year, not knowing what to do and

> then trying to get some information that was coming in to tell you how to manage this (Midwife, ROI).

As well as 'not knowing what to do', there was a sense that frontline workers were left to manage on their own. One health care professional based in Ireland described how management 'just didn't come near' the workers, because they 'didn't want to know' the issues they were dealing with. One supermarket worker described how 'no directors came down' so she and her colleagues devised a way of managing hoarding behaviour in supermarkets 'on a local level' because otherwise people would be without food (Supermarket assistant, UK).

A teacher described how, at a later stage in the pandemic, top-down decisions were being made, which suggested that 'the government knows better' but yet, the government simultaneously failed to communicate *what* they knew and *why* certain decisions were being made (Post-primary teacher, ROI). When trying to make sense of why guidance was not forthcoming, an emergency responder felt that 'they' (referring to many layers of leadership) knew more than they were telling people 'on the ground', leaving them feeling 'ignored' and 'inconsequential':

> They know more than they are telling us is what we feel. They give us the mushroom treatment; we are kept in the dark and fed shit. They tell us what they want, to pay us lip service at very best and continue on, you know, we just…on the ground we feel inconsequential. We feel like we are ignored, we feel like we don't have a voice and we certainly don't have support from senior management, up right through government. We don't have anything from our own management and we don't have anything at local government and we certainly don't have anything from national government…instead of supporting me, they threw me to the wolves. (Emergency responder, ROI).

Over time, a sense of togetherness that was felt during the first 'lockdown' was diminished. This change was attributed, at least in part, to inconsistent decisions and actions of government, leaving people tired and 'numb':

> The Government's changed its mind three million times, I think the people have – obviously not everybody, but as a generalisation, I think there's almost a fatigue or a numbness to it now. (Senior Clinical Advisor, UK).

Leadership as offering shallow support

While some actions such as clapping, media coverage and offering badges, were taken to signal support for frontline workers these were felt to fall short of what was needed when carrying out their work safely. One care worker stated:

> I'd just like some decent aprons and a mask, thank you. Yeah, yeah. I mean, don't get me wrong, the badge is lovely. And we did all get one. But you know, it's not something [that] saved my life is it? It's not going to keep me from spreading COVID-19to a client or anything like that. It's the things, the tools that we need to do our job that we needed, not a big thing in the news and a badge. (Domiciliary care and support worker, UK).

This care worker implies that the narratives and gestures did not adequately constitute solidarity. Resources, it was felt, would have been better used in providing equipment to protect them.

Participants were not always clear about the type of acknowledgement they wanted, however, there was a clear sense that 'they', those with power, should have acknowledged the effort of workers. However, 'the clapping' was sometimes viewed with exasperation:

> It's not about the money, at the end of the day, you're there to help patients that can't do it themselves, and money is only a material thing, just if they could do something. I don't know what they could do for us but do something… I don't know, something better than the clapping. (Healthcare professional, ROI).

One social care worker described feeling 'just heartbroken' as pleas for help were ignored, thereby reiterating the absence of leadership to guide or offer meaningful support saying:

> I just don't see any efforts being put in place to help us out or give us what we're asking for (Social care worker, ROI).

When referring to 'what we're asking for', the participant conveys a need that centred on prioritizing the health of the nation over economics. They believed that they did not 'pay much heed to us, as people' and instead placed greater focus on the 'country as a business'. By not closing borders and taking strong action to control international travel into Ireland, they felt that economics was prioritized over well-being:

> I definitely think that the wellbeing of us, as a country, was not considered as much as it should have been whatsoever. (Social care worker, ROI).

Taken together, these quotes highlight how instances where leadership actions that respondents believed were focused on gestures or signals rather than meaningful support and actions to protect workers and their wider networks were counterproductive. Symbolic acts were interpreted as conveying limited interest in the needs and welfare of staff, and leadership's solidarity with frontline workers was questioned or disputed.

Leadership as divisive

Participants used breaches of public health advice by public representatives as a key means of highlighting 'us-them' distinctions within society. One frontline worker explained how leadership breaches of public health advice influenced their perception that solidarity was not required by those in power. The ubiquity of this problem is further emphasized by offering examples from Ireland, the United Kingdom and 'all over Europe':

> So there was that sense of we're all in this together but the politicians really weren't in it together because it didn't kind of apply to them… So there was that sense that it was one rule for the general population and I suppose everybody else, the politicians and whatever were able to do really what they wanted… That's the same in the UK, when Dominic Cummings drove to Scotland just to see his children way back then. So I think all over Europe that was going to be a problem that some people didn't think that the rules really applied to them or they hadn't internalised what that actually meant for them. (Advanced nurse practitioner, emergency department, ROI).

People holding the 'power' and 'authority' were clearly differentiated from the general population who it was felt were also blamed for the rise of infections:

> But I feel like some people, who have the power and the authority, can flout the rules and kind of get away with some things and then our ordinary Joe Soaps are left being blamed when the numbers rise. (Social care worker, ROI).

Here, 'our' is suggesting that the "ordinary" people are differentiated from the powerful, who belong to another distinct group that flouts the rules.

'Us-them' discourses were also evident in discussion of decisions about the allocation of PPE and vaccines. This next quote highlights one frontline worker's experience of securing masks and vaccination. They also repeatedly make a distinction between 'us' and 'them':

> It's convenient to push us out the front when they want to use us but then they don't push us out the front when they want to protect us. We are not afforded the protection. (Frontline emergency responder, ROI).

Here, the participant felt used ('they want to use us') without being afforded adequate protection, further highlighting divisions between 'us' and 'them'. Some frontline workers received PPE and vaccinations while others did not – meaning that a sense of solidarity was unachievable. Another frontline worker expressed how leadership's decisions about prioritization of PPE and vaccination supplies led to feeling 'useless' and 'like dirt':

> It makes you feel useless because they're not thinking about you. They're not, they don't care about the frontline workers. Here it just makes us feel like dirt, if I can put it that way. Basically dirt is the word they're treating the people of Ireland. (Cleaner, ROI).

One frontline worker felt that the distance between management and frontline staff had grown to a point that 'they' (i.e. organizational leadership) no longer had a clear sense of the challenges on the ground:

> They've not been on the ward for years and years, they've been sat in an office and it's very easy to look from the outside and they're like "well you must be doing this wrong because this is happening" (Healthcare assistant, UK).

Related to this point was the feeling that frontline workers were not consulted on decisions particularly relating to COVID-19 protocol despite their knowledge and experience. This served to create further divisions between those involved in decision-making and those that were not:

> I wish that there was, kind of, almost a little bit more consultation…. And I just think it's a real shame that it feels like that has maybe not been considered and people have possibly been overlooked. (Youth justice worker, UK).

In this segment, the participant reiterates that people have not been prioritized during discussions and decision-making. While much of the talk relates to the pandemic content, it was noted that some of these issues existed previously and 'they' (referring to management) reinforced feelings of being 'abused' and 'undervalued' during the pandemic:

> I feel, and an awful lot of staff in the job, feel like we are an inconsequence, you know, that if they could get away without having us, they would. So, absolutely the feeling of undervalued and abused is huge and they reinforced it with COVID. (Emergency responder, ROI).

The second theme shows how, in many ways, the words and actions of those in leadership (both political and organizational) undermined solidarity with frontline workers, creating distinctions between workers on the ground and those in leadership roles. Leadership actions that undermined frontline workers safety devalued and damaged relations between frontline workers and leadership, which eroded available solidarity.

Theme 3: The rise of 'us' and 'we' among colleagues

In the context of widespread frustration, frontline workers spoke with fondness about friendships and bonds that had developed with colleagues during the pandemic. In direct contrast to the neglect and disappointment expressed in leaders, the contribution of team members and solidarity between peers in organization settings was venerated.

Reorientation towards reliable solidarity networks

There was a re-orientation, by frontline workers, towards people and groups where solidarity could be reliably sourced. One frontline worker described how the shared experiences of colleagues gave rise to an 'insider' group where support could be offered to one another:

> The ward as a whole has been fantastic, we've all pulled together and it's become a lot more close-knit as a group because it feels like you've gone through something that other people on the outside can't understand. That you're walking into that every day, and I work with absolutely incredible people who just pick up from behind the masks and behind goggles when you are struggling and they'll pick you up and they'll carry you through. (Healthcare assistant, UK).

As well as the apparent social support, another frontline worker articulated their sense of being 'in it together' with colleagues:

> I have kind of taken a lot of comfort from banding together with staff members and talking about things and, I suppose, I do feel like we're all in it together (Social care worker, ROI).

Evident in this quote is the strong sense of 'we' and the comfort felt by this frontline worker as a result of the solidarity with colleagues.

Reinforcement of existing bonds with colleagues

Frontline workers described a reinforcement of existing bonds with colleagues where they could reflect on their shared experiences during the pandemic. In the next quote, we can see how colleagues are seen as the first line of support when dealing with work issues or traumatic incidents:

> On a local level I would talk to colleagues before it would get to an issue or after a traumatic incident, particularly traumatic, I would go to my colleagues. We would sit down, we would drink tea and tell lies and deal with that at, kind of, a local family level almost. (Emergency responder, ROI).

Interesting here is a description of colleagues as a local 'family'. The same participant acknowledged that they do not speak to their actual family members about the 'traumas in the job' and emphasized the lack of management support:

> We don't have anything from our own management and we don't have anything at local government and we certainly don't have anything from national government (Emergency responder, ROI).

However, the participant also described the support at a local level 'the family of colleagues per se' and that this is support that 'we would do'. The use of the phrase 'tell lies' is unclear but may refer to the idea that workers were engaging in casual conversation with colleagues by way of façade, instead of actually telling others how bad they were feeling.

One frontline worker reflected on both their personal resilience and a collective resilience arising from the universal effort in their work team in response to the pandemic:

> It felt like a universal effort……I'm a lot more resilient than I thought I was, and that we can adapt to pretty much anything and I know what life throws at us we can pretty much adapt to anything. (Healthcare assistant, UK).

The isolation during this period offered some workers clarity about the importance of human connection and solidarity in working together. One teacher explained how, in the absence of support during these turbulent times, it became clear to her that 'connection', 'society' and the extent that 'we work together' is crucial in dealing with challenges in the future. Her pandemic experiences reiterated 'how dependent we are on each other, and when that fabric is damaged…it's quite difficult'. (Post-primary teacher, ROI).

Through these quotes, we can see the many ways that people talk about 'we' and 'us' when referring to their peers and team members, and the extent to which they are seeing the pandemic as a shared experience with their colleagues. Their sense of communion, solidarity, comfort and resilience felt with co-workers was presented as a tonic for coping with the often-relentless challenges presented by the pandemic.

DISCUSSION

For this study, we interviewed frontline workers in the United Kingdom and Ireland to explore the extent that they felt 'in this together', considering the ways they needed, enacted and sought solidarity while working through the pandemic, and how frontline workers navigated their lives through periods of disconnection. The three themes identified in the data were: (1) *Solidarity as central to frontline experiences; (2) Leadership as absent, shallow and divisive: highlighting 'us-them' distinctions* and (3) *The rise of 'us' and 'we' among colleagues*. Each of these themes will now be discussed in light of previous literature.

Solidarity as central to frontline experiences

Collective, or cultural, coping is a concept that has been discussed in prior literature in relation to disaster response and other collective trauma (Kuo, 2013). For collective coping to occur, however, there must be a shared sense of threat, a collective understanding of a community against that threat, and a shared sense of how that threat can be adequately deterred (Richardson & Maninger, 2016). Solidarity in this sense has been observed to emerge organically in disasters of varying kinds, from natural disasters to conflict (e.g. Alfadhli et al., 2019; Drury, 2014; Ntontis et al., 2018, 2021). It appears, from the experiences of our participants, that they were able to identify very early on the need to act with solidarity themselves in order to carry out their 'frontline worker' role. This was likely helped by the rhetoric being used by leadership at the time, calling on support for key workers, and building narratives of support and solidarity with those on the frontline whilst the rest of society needed to stay home (Berrocal et al., 2021). Our participants spoke of needing to set aside ideological differences in order to focus on this emergent threat, and the comfort they found in the overt displays of solidaristic behaviour and sentiment from the public during those early days. Other research with health care workers has identified similar themes, with the recognition of workers that they may be a carrier of COVID-19 (and therefore, a vector for spread), and a recognition to act with solidarity with broader society in facing the virus (Jun & Rosemberg, 2022; Liu et al., 2020; Rodríguez-Rey et al., 2020).

In COVID-19, the emergence of societal solidarity was evident in many societies across the world (Berrocal et al., 2021; Prainsack, 2020; Tomasini, 2021), however this sentiment was arguably hard to sustain in more individualistic societies (Flynn, 2022), and gradually declined in the United Kingdom and Ireland as examples of rule breaking began to emerge through both government rhetoric and news media (Bouguettaya et al., 2022; Forester & McKibbon, 2020; West-Oram, 2021; Williams, 2021). The initial appraisals of solidarity from the public and the government by frontline workers gave them much-needed hope and served to maintain their resilience in the early phases of the pandemic (Kinsella et al., 2021), and workers themselves appear to understand the importance and significance of the solidarity they enact for society in carrying out their work and seeking to protect others around them. As the feeling of solidarity started to decline, this was being noted by frontline workers as being uniquely damaging to their efforts to keep going throughout the prolonged stress of the pandemic (Sumner & Kinsella, 2021b). Subsequent work testing this theory has evidenced that various appraisals of solidarity (from colleagues, organizations, government and the public) are related to a variety of markers of frontline worker welfare, demonstrating the capacity for solidarity to operate significantly with regards to feelings of anxiety and the physical health symptoms resultant from prolonged stress, as well as contributing to burnout, symptoms of post-traumatic stress disorder, and overall well-being (Sumner & Kinsella, 2022).

Leadership as absent, shallow and divisive: highlighting 'us-them' distinctions

During times of crisis and uncertainty, clear and strong leadership is critical to ensuring an appropriate response, both in terms of prompting appropriate action and in discouraging inappropriate action (Forester & McKibbon, 2020; Reicher & Stott, 2020). Leadership can also inspire, and bring people together with a common purpose (Templeton et al., 2020), and this was the way that many governments (including the United Kingdom and Ireland) initially set out to respond to the pandemic, with messages of solidarity and collective commitment to act (Doogan et al., 2020; Tomasini, 2021). Leadership itself is dictated by several social processes, particularly pertaining to social identity (e.g. Haslam et al., 2011; Haslam & Platow, 2001; Platow et al., 2015). To be an effective leader, it is suggested that the leadership must show they are 'of' the people, that they promote the interests of the people, and – critically – that they craft and promote the sense of 'us' (Haslam et al., 2011; Steffens et al., 2014). Alongside this, the evocation of solidarity would appear to not only be congruent with effective leadership but perhaps also a requirement for it, particularly in times where extraordinary measures and mitigations are required (Al Saidi et al., 2020; Hollinger, 2006; van Zomeren et al., 2008). Research from the pandemic has shown that this type of identity leadership is not only supportive of adherence to non-pharmaceutical interventions (NPI: Doogan et al., 2020; Forester & McKibbon, 2020) but also to the well-being of those on the frontline (Krug et al., 2021). Moreover, moral injury has been associated with the lack of responsibility on the part of leadership, along with insufficient social support (Williamson et al., 2020), providing another pathway to significant burnout and mental health distress (Litam & Balkin, 2020; Williamson et al., 2018).

In this research, participants identified their government's leadership as often being absent, shallow and divisive. They speak of how their leadership leads with the words of solidarity and unity but seem to extend that togetherness to a limited group. This outward display of unity and togetherness without meaningful action, or rather coupled with meaningful contraindicative action, only serves to alienate groups from leadership (Haslam et al., 2011), and appears to make some frontline workers feel abandoned and used. During the pandemic in the United Kingdom and Ireland, there have been a variety of examples of how solidarity has been undermined by rule breaking and by parallel sentiments of divisiveness in blame attribution. The public rule breaking from figures in leadership in both nations coupled with the absence of appropriate recourse (Fancourt et al., 2020; Faulkner, 2020; Moore, 2021) underlined how the rules may have only applied to some rather than to all. It has been noted elsewhere that government guidance is more likely to be adhered to when the narrative is legitimate and trusted

by those expected to follow it (Templeton et al., 2020). Further, solidarity has been undermined by the rhetoric of blame from central leadership when it has come to contentious issues in pandemic management, such as the availability of testing, the high death toll, the non-adherence to public health rules and more latterly to the uptake of vaccination (Forester & McKibbon, 2020; Reicher & Drury, 2021; Williams, 2021). Here, the contradictory message from leadership (by saying 'we are in it together' but performing 'you are on your own') not only underlines the need for frontline workers to realign their group identity (to focus on a group where they can feel 'we'), but also adds to their overall feelings of stress and burnout (Sumner & Kinsella, 2021b, 2022).

The rise of 'us' and 'we' among colleagues

The final theme suggests that in reaction to the weakened or undermined solidarity from broader society (from government and public) that frontline workers are seeking that solidarity elsewhere. The social identity approach provides a useful lens with which to understand the potential processes underlying these shifts in solidarity location and resourcing. When we begin to be excluded from a social group, we reorient to another to re-establish our sense of who we are, and to support our well-being (Alfadhli et al., 2019). Despite this being a process of social withdrawal, it also demonstrates a level of resilience in being able to adapt to the changed social context. Here, frontline workers have found that their previous understanding of support and solidarity is no longer prevalent from leadership, and is being weakened from the public, and so they have recalibrated their source of solidarity to those with whom they have shared experience and identity. Research from the parallel field of collective resilience suggests that identity-relevant social norms can confer social support at the collective level (Drury et al., 2009b; Ntontis et al., 2021), and so recentring the collective from which that resilience can be drawn would seem to be a healthy and – perhaps – inevitable consequence to weakened broader solidarity.

The unification that broad social solidarity once provided to frontline workers, the shared collective identity of being 'us' against the virus, can be protective even during the most challenging of times (Haslam et al., 2014). However, as frontline workers appear to see less solidarity from the government and public over time, this seems to be triggering a response to reassert resonation and support from others in closer quarters. Work can be a strong basis from which individuals source a social identity, with the prevalence of shared goals, commitments, and experiences providing a solid foundation for group membership (van Dick & Haslam, 2014). Moreover, the social support obtained from colleagues potentially comes with a level of empathy and understanding as the shared work context and – to an extent – the shared reality of their experience provides an authenticity in that support which is not possible from those who have not shared those experiences (Haslam et al., 2005; Jetten et al., 2014; MacDonald et al., 2019). The importance of this shared experience is highlighted by the participants herein, and would arguably be reassuring for those workers that feel that their feelings and experiences are being negated by broader social rhetoric. Our participants spoke of a renewed sense of resilience both individually and collectively in this more locally focused resourcing of solidarity, indicating an emergent solidarity network within their organizations and across their profession, which has also been found in parallel work (Jun & Rosemberg, 2022; Liu et al., 2020). Collective resilience of this sort has also been noted in the crisis literature (Drury et al., 2019; Ntontis et al., 2018, 2021). Brought together, the relocation of solidarity to closer groups and the collective motivation emergent resilience provides are closely aligned to parallel evidence from the area of the social identity model of collective action (SIMCA: van Zomeren et al., 2008) and other related research that has sought to understand the realignment of social identity to drive collective action or commitment (Thomas et al., 2009). Key tenets of SIMCA are that there are experiences of affective injustice, a politicized identity, and that common identity drives collective cooperative action (van Zomeren et al., 2008, 2018). Here, the participants have rightly felt injustice at the hands of their government, and – by extension of government (in)action – the public. Their roles have been widely politicized during the pandemic, and they have derived a strong and salient sense of common identity as frontline workers. In difference to SIMCA however, our participants are

not necessarily seeking collective action, but rather are resourcing a collective sentiment of support and of solidarity to deal with their hardships as they continue working on the frontline. This may refer to a moral and symbolic form of solidarity that is not well understood in the literature.

Solidarity identification, erosion and recalibration (SIER): a process model

Through the present analyses, the pattern of changes in solidarity experienced by frontline workers come with a complimentary counter-process to enable coping. The findings here confirm that perceptions of solidarity, particularly from the government and public, have indeed changed during the pandemic, and in relation to this, the frontline workers' mechanisms for dealing with the strain of their work have adapted. As the broader solidarity identified and felt by these workers subsided, the counter-process appears to have been a shift to more local forms of solidarity with colleagues. Figure 2 outlines the progression of these changes in line with the themes that have been identified within these data. The need for solidarity is first identified and enacted by these workers, who understand that working together is the strongest (perhaps only) response to the threat of the pandemic. Secondly, the feelings of solidarity are perceived to be weakened and eroded by leadership that is divisive in its rhetoric, and incongruent to its initial sentiments of solidarity in its behaviour. Here, the attribution of blame by leadership to key groups within the general public also undermines the sentiment of solidarity from the public more generally. This appears to initiate a process of 'us versus them', where frontline workers no longer feel a part of a global sentiment of support and commitment of group effort. To compensate for this, the frontline workers appear to recalibrate their solidarity network by turning to those within their organizations, to know that they are not alone, and that others around them empathize, understand, and share their concerns but also their goals. This deepening of the divide between 'us' (frontline worker) and 'them' (leadership and public) is furthered by resonating strongly with those in their organization, leading to further individualized means of coping with the pressures of the pandemic. This process of *identification* to *erosion* to *recalibration* appears to occur across all of the frontline roles incorporated herein,

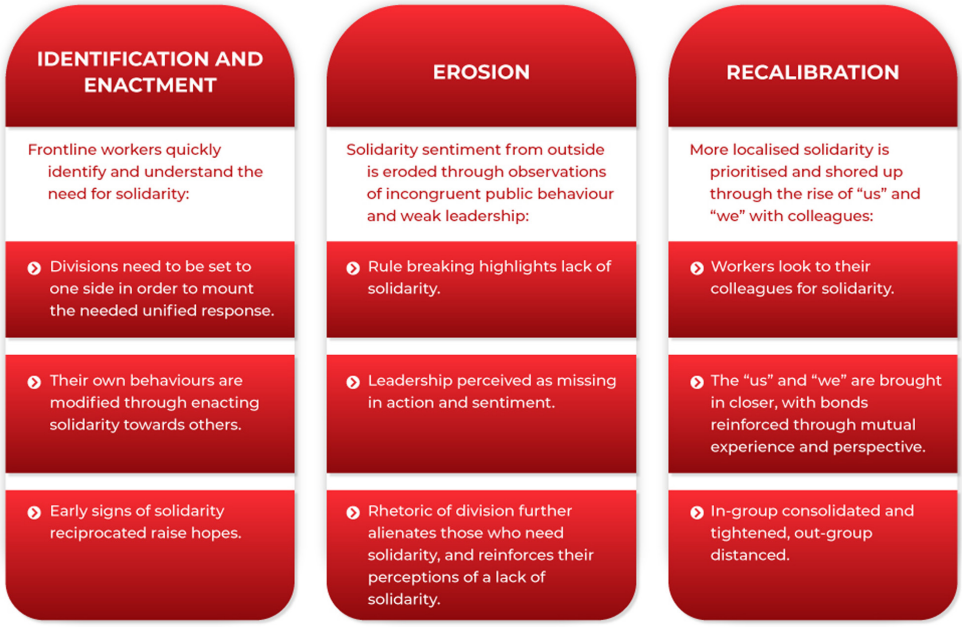

FIGURE 2 Process model of locus of solidarity relocation from broad social and community support, to within-organisation and within-team

and demonstrates a somewhat logical response to address the waning solidarity from the leadership who govern and the public they serve. How long this will last for, and whether it serves to protect or whether it is a signal of further impending distress is unknown.

Contribution, limitations and future directions

This research offers insights into how frontline workers make sense of their experiences of solidarity and discordance during the first year of the COVID-19 pandemic. While there has been some emerging evidence of the importance of solidarity during the pandemic, this is the first in-depth examination of factors that have actively deconstructed solidarity for frontline workers during the pandemic. The analyses herein provide an insight into the resilience of frontline workers when they are not armed with broader solidarity. The frontline workers seem to recognize the need to enact solidarity with society to combat the issues presented by the pandemic, however, this was followed by the erosion of solidarity from broader society triggered by poor leadership. In response to this, the workers narrow their circles (recalibrate) to source and consolidate solidarity from similar others (most notably those in their organizations or professions). Whilst this pattern of behaviour belies an adaptive and resilient response to continued and escalating stress, it is by no means a positive situation for these workers to be in. We have found previously that the lack of solidarity from the government and public appears to be significantly detrimental to frontline workers both in terms of their ability to cope with the pressures of their work (Sumner & Kinsella, 2021b), and via its relationship to meaning in life and consequent relationship to a variety of markers of welfare (Sumner & Kinsella, 2022). Whilst these workers are doing their best to respond to this shifting social context, we do not yet know to what extent this erosion of solidarity is detrimental to their longer term well-being.

The learnings generated have relevance for government and organizational policymakers who have opportunities to shape future conditions and response to societal crises, and in particular, for leaders. Of key importance is the need to lead, and continue leading, with a message of solidarity, not just to support the welfare of those who are on the frontline, but also to the public, whose actions impact the toll and severity of the occupational experiences of frontline workers. The ability for leaders to inspire and promote unity in times of disaster could never be detrimental to any party, and is of particular importance to frontline workers in preventing moral injury, decreasing workload and ensuring they can still find meaning in their sacrifices. The responses of these frontline workers to the erosion of solidarity while potentially demonstrating remarkable and humbling resilience is also a reaction to distress. At the time of writing, we are approximately 24 months into the pandemic since an emergency was declared in both of the nations where this study took place. This prolonged effort and struggle by frontline workers is remarkable in and of itself, but put in the context of not having their governments or the public working with them, it is simply astonishing. The broader significance for the role of solidarity within occupational stress, burnout, and resilience is also a contribution made by the present work. The concept of solidarity in occupational stress is a remarkably under-researched area, and it would appear that in the context of chronically sustained effort and interdependence of effort for outcomes, that solidarity may prove to be an important determinant of health and well-being.

This study explores the accounts of 21 frontline workers in the United Kingdom and the Republic of Ireland during the early months of 2021, when both nations were approaching the downward slope of a peak of infections. The timing of the data collection coincided with the highest peaks of infections and COVID-19 deaths both nations had seen since the start of the pandemic as a result of governmental policy changes (such as the relaxing of lockdown restrictions, and the opening up of international travel). By the time these data were collected, these workers had already experienced almost 12 months of the pandemic, and had worked through two large peaks of infections and deaths. The inclusion of a broad profile of frontline or 'key' workers including those in health and social care, essential retail and emergency service personnel, as well as individuals living and working through different political

strategies for handling the pandemic provides the findings with transferability beyond the context of these two nations and across different occupational sectors and roles.

The use of qualitative methods provides a deeper and enhanced understanding of solidarity, a topic where little psychological research exists. This study adds depth to our prior findings outlining the importance of strong and decisive leadership in the welfare of frontline workers (Kinsella et al., 2021; Sumner & Kinsella, 2021a) and provides support for the notion that broad social solidarity (or lack thereof) constitutes a unique and novel stress pathway for those working in roles that are characterized by interdependence of action and sentiment (Sumner & Kinsella, 2021b, 2022). While a key strength of our study is the broad range of occupational groups included in our sample, the small number of participants in each sub-category meant that a more extensive representation of a particular occupation was not possible using our chosen mode of analysis. Prior findings from this project support strong commonalities of experience with regard to broader social factors across different frontline worker roles (Kinsella et al., 2021), so whilst individual work role experiences will differ, our interest in the broader social factors at play at this time are supported as being sufficiently similar. However, future work could consider a more in-depth analysis of frontline workers experiences *within* and *across* professional and occupational boundaries, particularly taking into account the extent that power and prestige factors associated with different occupational groups may have been differentially affected solidarity during the pandemic.

The level of exhaustion evident in such a sample of workers at such a time has also likely meant that the present sample may be those who have been more resilient to the stresses and strains of their work, and those that have been experiencing more profound difficulty could not step forward to take part in this element of the project at that time. Indeed, there was a markedly different response rate for this particular interview uptake compared with our prior data collection point from this project in the summer of 2020 (Kinsella et al., 2021). Therefore, it is likely that the present findings are missing the true spectrum of experience, given our previous research it may be that frontline workers who did not engage at this point could not find the time. Furthermore, despite our concerted efforts to recruit a broader demographic profile of participants, our final sample is not representative of different ethnic or racial groups, which is a key limitation of this work. Key future directions for this work are that deliberate and purposeful engagement with diverse voices is needed to understand the context of solidarity within the frontline worker experience more fully, and that more qualitative work continues through the unfolding of the pandemic to allow the participation of those who wish to speak but cannot always find their voice.

CONCLUSION

This study sought to understand more about perceptions of solidarity in frontline workers during the COVID-19 pandemic. By exploring participants' understanding of what it means to be 'in it together' during COVID-19, we have expanded on prior findings and theoretical work to uncover a dynamic and shifting landscape of perceived support for those in frontline roles. Our participants speak of their distress at losing the sentiment of support from those in leadership, and – as a result – those in the general public. Their descriptions of how they came to terms with, and move through, this eroding solidarity describes a pattern of collective resilience and a relocation of solidarity to closer quarters. The search for solidarity appears to operate through a process of adapting or seeking new social identities, where participants are seeking out similar others to source their sentiments of solidarity from, and then are confirming and consolidating their group membership to strengthen solidarity bonds. The process by which their solidarity focus changes is likely an adaptive strategy in the face of a change of tone and sentiment from broader society, and whilst this resilience is remarkable and laudable, it should not be necessary. The ability for leadership to govern with the language and behaviour of solidarity with those who have been doing the hard work on the coalface of the pandemic does not require substantial effort. The language of trust and mutual effort was,

in fact, very much used in earlier stages of the pandemic to great effect (Montiel et al., 2021), and so its decrease has constituted an unnecessary and added stressor to those already under extreme and prolonged pressure. Leadership can change the tone back to the rhetoric of trust and unity, and whilst we do not yet know if the damage done from the lack of it is redeemable, it is certainly worthy of an attempt.

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CONFLICT OF INTEREST

All authors declare no conflict of interest.

AUTHOR CONTRIBUTION

Elaine L. Kinsella: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Writing – original draft; Writing – review & editing. **Orla T. Muldoon:** Conceptualization; Formal analysis; Funding acquisition; Investigation; Methodology; Resources; Writing – review & editing. **Sarah Lemon:** Data curation; Formal analysis; Methodology; Writing – review & editing. **Natasha Stonebridge:** Data curation; Investigation; Project administration; Writing – review & editing. **Samantha Hughes:** Data curation; Investigation; Project administration; Writing – review & editing. **Rachel C. Sumner:** Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Visualization; Writing – original draft; Writing – review & editing.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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