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From the clap to the finger! Collective professional memory and critical care nursing in the UK during the COVID-19 pandemic

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This article asks: How do professionals collectively remember and respond to public appreciation directed at their work and how does this evolve over time? To do so, this study undertakes a sociocultural exploration of Clap for Carers (CfC), the UK COVID-19 public tribute via an audience based longitudinal analysis of 123 interviews with 53 Critical Care Nurses' reception and response to a unique form of appreciation. Reception included appreciative positive emotional responses but also disillusionment and unease with their memories of CfC's duration and authenticity. The article contributes: (i) a longitudinal and sociocultural exploration of collective memory of a profession in regard to public appreciation; (ii) a new concept of *professional collective memory* that can help us to understand the role that memory plays in shaping a profession's view of itself in relation to society; (iii) lessons to the government and the public in terms of how collective professional memory and cultural appreciation is delivered and understood and lessons to support other professions to build unity around political messages of change in search of things like better pay and working conditions.

Keywords collective memory, appreciation, professions, clap for carers, COVID-19, critical care nurses

Introduction

In recent years the cultural appreciation of professions has received renewed attention, as scholars attempt to explore and understand the public and media perceptions of occupations such as teachers (Hansen 2013), social workers (Beddoe et al. 2019), and nurses (Hoeve et al. 2014). This ever-changing positive and negative appreciation of professions relates, more broadly, to a shifting sociopolitical context where professions, having been widely deified in the period up to the early 1960s, have since increasingly come under attack by the public following the 1960s and 1970s counterculture which sought to challenge established forms of authority (Saks 2025).

The global pandemic, in particular, led to a spike in attention towards this topic as studies began to explore the varied levels of appreciation directed at specific 'key workers' (De Camargo and Whiley 2020). From widespread albeit not universal appreciation of healthcare professionals (Day et al. 2022) to a distinct *lack* of appreciation of other professions such as the police, labelled as 'dirty' (De Camargo and Whiley 2022) and

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teachers, labelled as 'lazy' (Asbury and Kim 2020). This is important for a myriad of practical reasons given a lack of appreciation of professionals has been shown to impact significant on well-being and morale (White 2014), performance (Starkey et al. 2019), and ultimately on retention within that profession (Takase et al. 2002). More surprisingly, perhaps, evidence also shows that even high levels of appreciation of an occupation can be interpreted in unexpected ways. For instance, Stokes-Parish et al. (2023) claim that cultural narratives driven by the press and social media portraying nurses as 'heroes and angels', whilst well-meaning, only serve to belittle and undermine their status as highly skilled professionals. Whilst reception of such labels and appreciation is likely to be diverse within the profession, this unexpected interpretation highlights the need for more research on the audiences of cultural appreciation of professions—listening to the professionals themselves—so that we might more fully understand the implications of levels and content of appreciation aimed at workers.

As it stands, however, the literature on cultural appreciation of professions tends to focus on the transmitter. That is, it tends to focus on such things as media portrayals of appreciation such as the celebration or demonization of occupations by the press (Bagnasco et al. 2020) or focuses on the broader public perception of the profession through often through quantitative surveys (Uysal and Demirdağ 2022). Whilst illuminating, a deeper qualitative focus on audience reaction by professionals and understanding of cultural appreciation, or lack thereof, is very much still needed (cf. Manthorpe et al. 2022). We also argue that due to the complexity and likely evolving nature of professional's views of appreciation directed at them, it is important to build on emerging attempts to study these issues longitudinally (Kim et al. 2024) and also extend the time period over which we track professional's views. There is particular scope, we believe, to consider how professionals recall and remember their experiences of appreciation and how these evolve over time given evolving social, political and economic challenges subsequently faced.

Our study therefore seeks to answer the question: How do professionals collectively remember and respond to cultural appreciation directed at their work and how does this evolve over time? To achieve this, we apply the concept of collective memory (Halbwachs 1992; Wertsch 2002) to a specific historically significant example of cultural appreciation of professionals, Clap for Carers (CfC). CfC, which occurred during the global pandemic from March to May 2020, was a performative and demonstrative public celebration for UK front-line workers that was considered 'arguably unique in the country's history' (Mackay 2021: 211). It was a public celebration for healthcare and other front-line workers that appeared in various guises in numerous countries during the COVID-19 pandemic (Wood and Skeggs 2020). It may have only lasted a few months during the pandemic but its effects were longer lasting and reverberated throughout the period of crisis and beyond.

In this paper we report on a four-phase longitudinal study conducted during and after the global pandemic from 2020 to 2025. We draw upon 123 interviews with 53 critical care nurses (CCNs) about their experience of CfC to examine how this cultural appreciation of professions, those bracketed as 'key workers', was remembered and responded to by CCNs. Thus, we treat the CCNs as generative meaning makers who construct their own agentic response when remembering and evaluating appreciation directed at them, and explore the way in which nurses form and re-form collective memory of appreciation over time. In doing so we contribute a deeper understanding of how professionals transform appreciation of their profession through what we label professional collective memory in a range of unexpected ways. More specifically, in this case, how CCNs collectively used and reformulated appreciation to resist and challenge dominant narratives and discourses about them in their efforts to encourage change around better pay and working conditions.

Nursing, public appreciation and collective memory

Nursing, as an occupation, has long struggled with professional recognition (Hoeve et al. 2014). Florence Nightingale's remarks that nursing in the mid-nineteenth century was a role taken on primarily 'by those who were too old, too weak, too drunken, too stupid or too bad to do anything else' (cited in Glasper 2020), was not a particularly radical statement for the time. Nursing was seen as disorganized, unskilled and in need of urgent reform. Despite Nightingale instigating significant improvements in the sector leading to professional recognition in the UK in 1919, comparisons with other occupations within the medical field persisted throughout the twentieth century. Unlike doctors and surgeons, public appreciation of the nursing profession were still often tied to tropes around 'heroes and angels' rather than of levels of skill and expertise (Takase et al. 2002). Indeed, this has led to repeated calls for 'new tropes for nursing' that 'extend beyond Nightingale's dominance as the angelic lady with the lamp' towards 'new images where nurses are no longer

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side-lined and become silent victims of political decisions, which frequently result in unacceptable working conditions and an enduring diminished status' (Bennett et al. 2020: 2754). The kind of cultural appreciation yearned for here, then, seems to be one that goes beyond legal recognition and public warmth, towards something more substantial and tangible in line with their expertise and value to society.

As the nursing evolved in the late nineteenth century, specialisms emerged within the profession requiring deeper technical skills such as nurse anaesthetists assisting in theatres and in the first half of the twentieth century as hospital care became more complex and tailored towards patient needs (children's and neo-natal nurses, for instance). Critical care nursing emerged as a speciality as a consequence of post-war advancements in medicine including mechanical ventilation—required in particular to treat polio epidemics of the 1950s—and the need for post-operation care following cardiac surgery (Crocker 2007; Kelly et al. 2014). It focuses on the treatment of serious, life-threatening illnesses which typically requires a dedicated nurse for every one or two patients on Intensive Care Units (ICUs) or Critical Care Units (CCUs). Critical care nursing therefore involves continuous monitoring of patients through a well-developed understanding of clinical practice and advanced technology coupled with a strong ability to communicate with dying patients and bereaved families (Araujo and Silva 2004). As a consequence, it is a speciality that requires CCNs to work autonomously as well as in teams (with medical doctors, anaesthetists, healthcare assistants) and embrace constant skill development and a dedication to professionalization (Ääri et al. 2008).

The global pandemic and the resulting prioritization of healthcare shifted the spotlight like never before towards nursing professionals, with CCNs as the speciality most on the frontlines, being lifted into public visibility and the media spotlight. Early studies into public perceptions of nurses during this period reflected an enhanced public appreciation of the profession (Matthews 2020; Day et al. 2022) which also continued in the post-pandemic period (Blau et al. 2023). Whilst one might assume that this would bring a heightened sense of 'occupational prestige'—including a feeling of pride and belonging—amongst professionals (De Camargo and Whiley 2020), there were also unintended consequences to increased levels of appreciation of professionals (Stokes-Parish et al. 2023). Consequences that, we argue, can only become clear by engaging with the professional audience at the receiving end of the cultural appreciation. Initial evidence, however, indicates a complex interaction of emotions, such as pride *and* shame, experienced professional audiences which, in turn, lead to reactions that are still not properly understood (Sullivan and Day 2019). As emotions are also highly changeable depending on circumstances, particularly during periods of volatility and high stress, this indicates that we need to pay more attention to the longitudinal effects of professional audiences receiving cultural appreciation. To achieve this, we propose that we adopt the notion of collective memory that we argue can provide fresh insights in to how a profession such as nursing receive, understand and even repackage appreciation in unexpected ways.

Influenced by the pioneering work of sociologist Maurice Halbwachs (1980, 1992), collective memory studies explore 'how minds work together in society, how their operations are not simply mediated by social arrangements but are in fact structured by them' (Olick et al. 2011: 19), and ultimately influence the interpretation of our knowledge of the past (Halbwachs 2024). The concept of collective memory firmly locates the act of remembering within social organization insofar that the power of the group or in this case professional community, significantly shape and influence what we recall (Bartlett 1995). Indeed, as Halbwachs succinctly suggests '[i]t is in society that people normally acquire their memories. It is also in society that they recall, recognize, and localize their memories' (1992: 38). From this perspective, if we are to understand how a profession such as critical care nursing views itself and is viewed more widely in society, we must take in to account the collective memory of key events that it has experienced.

However, critics suggest that collective memory as a concept is problematic. Sontag (2003: 61), for instance, suggests 'collective memory is not a remembering but a stipulating'. It is, on this reading, an ideology constructed by powerful voices and institutions that influence what is and what is not remembered. To embrace collective memory without some reservation, therefore, risks undermining individual agency and by deifying society also risks establishing 'unquestionable heroic narratives' (Wertsch 2007: 653). Other scholars, meanwhile, highlight the methodological issue of how collective memory emerges from the collection of individual memories. As Gedi and Elam (1996: 38) ask: 'what miraculous procedure is responsible for the transformation—which takes place by the mere transition from a single individual to a group of individuals—of raw images into rational constructs?' Whilst important to take into account these conceptual issues, each of them centres not upon rejecting the existence of collective memory *per se*, but being sure to understand its

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subjective nature and act as warnings to apply it critically as a practical tool that helps us to understand a broader picture about how, for example, a profession sees itself and how others perceive it and any disagreements that exist within this narrative that might challenge conventional understandings.

To ensure this critical application of collective memory within our study, we adopt Wertsch's (2002) sociocultural approach to collective memory. In contrast to what is conventionally referred to as 'strong' collective memory, in which the group holds a memory in its own right above the individual (See Halbwachs 1992), Wertsch outlines a 'distributed' collective remembering in which memory is not held by the group but is formed and reformed over time within the group. This takes place through interactions in which individuals collaborate and contribute towards each other's recollections in an ongoing struggle and negotiation over which versions of the past are authorized, accepted or dismissed in this professional context within workspaces but also in broader society. Additionally, sociocultural theories of collective memory also stress the centrality of what they call cultural tools—physical resources such as books, films, phones, rituals and psychological resources such as language, symbols—that mediate the act of remembering and what is ultimately remembered over time. Ultimately, this leads us to view, analyse and investigate 'human action, including thinking, remembering, and other mental processes, from the perspective of how it involves an irreducible tension between active agent and cultural instrument' (Wertsch 1998: 647).

We believe, therefore, that understanding *collective* audience reception, in this case professionals', reactions to appreciation about their work through this sociocultural approach has thus far been neglected. This has subsequently limited understanding within our discipline about the meaning and implications of appreciative messages directed at professionals over time. Consequently, in this study, we embrace an alternative, neglected approach to studying collective memory—one that focuses on collective audience reception of appreciation and how it is remembered and re-remembered in different ways. We now turn to the specific context of public appreciation through which we will explore this further within the paper.

Clap for carers (CFC): A cultural appreciation of professions

Over its 10-week duration it is estimated that 69 per cent of the UK public participated in CfC (Abraham 2020). Taking place on Thursday evenings, it seemed to generate an inextricable connection between the public and 'key workers' when fear and uncertainty dominated and when 'key workers' were viewed as 'heroic' for keeping essential services going (De Camargo and Whiley 2020). CfC praised certain workers (Higgins and O'Leary 2022) but also sought a public coming together through a collective spirit that provided catharsis to the dread of COVID-19. This was the backdrop for Annemarie Plas, a Dutch citizen living in London who was the originator of CfC, who encouraged the UK public to engage in a 'a big applause' when writing on 20th March 2020:

> During these unprecedented times they need to know that we are grateful. Please join us on: 26th March [2020] at 8pm for a big applause (from front doors, garden, balcony, windows, living rooms etc) to show all nurses; doctors; GPs and carers our appreciation for their ongoing hard work and fight against this virus (https://twitter.com/annemarieplas/status/1241074166427680773).

Plas's tweet explicitly recognized that applause allows audiences to register a positive collective assessment and collective feeling (Wood and Skeggs 2020). Such collective assessment and feeling are reflected through Plas' inclusive use of the pronouns 'we' and 'our' respectively in reference to gratitude and appreciation for health and social care workers. There also seemed a distinct sense of building a collective sensibility around community and shared values during a period when the UK government had mandated a national shutdown. The community orientation was particularly identifiable when Plas outlined the purpose of the initiative during a TV interview on CfC's launch on Thursday 26 March 2020:

> I hope it will obviously create a positive boost for those on the front line but also for tonight at 8pm and you'll hear your neighbours applauding that you'll also know that we're all together in this because we're currently all in our houses and the sense of togetherness is what I hope can pull us through the whole crisis at the moment (BBC News 2020).

Here, Plas suggests two primary goals. First, making health and social care workers feel better through knowing people support them. Second, creating unity within hard pressed communities experiencing deprivations through reinstating social connections that were then tenuous and fragile. Hence Manthorpe and colleagues identify CfC as 'a collective ritual that integrated cognitive and emotional elements in praise of heroes' (2022:

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3). Despite this, there have been a small number of commentaries which suggest that CfC had the potential to have negative implications. For instance, whilst Day and colleagues situate CfC within a 'gratitude rhetoric' (2022: 150) they suggest it was misaligned in relation to health workers' material conditions, thus making a range of negative reactions more likely. Hales and Tyler, meanwhile (rather more radically) view CfC as a 'patronizing, self-satisfying gesture' (2022: 1200) and position the 'hero rhetoric as a form of hate speech' (2022: 1202), that accentuated existing precarious situations of nurses.

In the following section, having situated CfC as a form of cultural appreciation with a wide array of possible audience interpretations (but little to no research to tell us what the professional audience thought then and think now about the public appreciation), we now turn to answering our specific research question: How do professionals collectively remember and respond to cultural appreciation directed at their work and how does this evolve over time? We begin the methodology by outlining the context of our study, and then move on to consider our data collection and the data analysis process.

Methodology

Context: UK CCNs as audience of appreciation

Whilst CCNs account for approximately 6%–10% of registered nurses in most developed countries, they make up only 2 per cent of the 800,000 registered nurses in the UK. This can be attributed to a more centralized system (requiring less CCNs), a differentiated nursing workforce (Healthcare Assistants and non-ICU nurses delivering care) but also historical under-investment and difficulty recruiting and retaining staff (Hadley et al. 2025). This inability to retain CCNs is, in part, attributed to low pay (entry level, Band 5 CCNs starting on £31,049 [$39,000] per annum or £15.88 [$21.23] an hour, see NHS, 2026) which compares poorly internationally (on entry US CCNs earn on average $47,010 but are earning over $80k with 10 years' experience [Nursing Process 2026], whilst their British counterparts lag behind substantially over the long term [£48k or $65k] due to poor opportunities for progression [NHS, 2026]). This is also the case as compared to other UK public sector workers (e.g. police officers, teachers) who start at similar (or slightly higher) levels but after 6 years are on average earning a third more largely due to limited opportunities for advancement in to Band 6 roles with increased leadership responsibilities (see Department for Education 2026; Northumbria Police 2026).

CCNs in the UK care annually for around 200,000 adults and children on ICUs but do so with a lower number of critical care beds relative to population than an average OECD nation (7.3 critical care beds per 100,000 people as compared to 15.9, see British Medical Association 2025). This reflects a challenging working environment with ongoing pressures on resources and conditions, but one in which a community of highly skilled and specialized nurses continue to pursue increased professional recognition through bodies such as the *Royal College of Nursing* (RCN) and the *British Association for Critical Care Nurses* (BACCN).

During the pandemic, like CCNs across the globe, UK CCNs worked at the coalface with unprecedented numbers of critically ill patients admitted to ICUs (Griffin et al. 2024). During this period, they experienced morbidity and mortality levels never previously encountered and as with various other front-line workers they were considered 'key workers' a marker during the early period of the pandemic for those considered essential (De Camargo and Whiley 2020). The focus on the audience in this study is to understand the reaction and response of these professional CCNs to the cultural appreciation directed at them through CfC. In doing so, we aim to understand more clearly the intersubjective reactions and responses from an audience who differentially react and respond.

Data collection

Data were collected through a four-phase longitudinal set of semi-structured interviews conducted with CCNs during September/October 2020, January/February 2021, September/October 2021, and November/December 2025. Recruitment of participants was made possible through the support of the BACCN who provided initial funding for the research and subsequently granted permission to post a call for participants on their website and Twitter account. This partnership also enabled the research team to involve BACCN members in collective discussions on the sampling strategy and how to better reach a wider range of representative participants. The call summarized the study's proposed focus on mental health, well-being and coping strategies adopted by CCNs before and during the pandemic. In relation to pandemic working, the call also mentioned a focus on changed interactions with patients and their families, and what impact this had on CCNs. Hence the wider project has also focused on a range of issues that include moral injury, absent

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leadership and emotional labour. The call for participants was also specific in seeking active ICU-based CNNs rather than, for example, those in managerial roles.

In total, we recruited 53 CCNs for the first round of interviews of whom 29 remained in Phase 2, 25 in Phase 3, and 20 in Phase 4. The attrition rate from Phases 1 to 4 was not unexpected given difficulties of arranging interviews during a highly stressful period. Across the three phases 123 interviews were conducted. Given pandemic restrictions during phases one to three, these interviews were conducted through online platforms and lasted on average 75 minutes in Phase 1, 55 minutes in Phase 2 and 30 minutes in Phase 3, the reduction in length reflecting a reduced need for contextual information and desire not to add to the cumulative demands on interviewees' time. Phase 4 interviews involved catching up with nurses since Phase 3 a few years later and their memories of the pandemic so were inevitably longer lasting on average 1 hour. Where possible members of the research group interviewed the same nurses through the four interview phases. This aided building rapport with individual nurses. Following each interview recordings were fully professionally transcribed.

The participants were all band five or six nurses (i.e. not in management roles), which reflected our intention to focus on the experiences of those directly on the pandemic frontline. The experience of the nurses ranged from just under 2 years to over 30 years. Apart from two participants from Ireland (who also took part in CfC) interviewees worked in ICU wards in 38 different UK hospitals. Table 1 provides some demographic information.

Table 1 Participants' location, experience and gender.

Geographical location			
Scotland	8	East of England	4
Wales	4	Midlands	4
Northern Ireland	1	Yorkshire & Humberside	8
London	5	North-East England	4
South-East England	6	North-West England	5
South-West England	2	Ireland	2

Experience		**Gender**	
Less than 2 years	4	Female	51
2–5 years	13	Male	2
6–10 years	17		
11–20 years	11		
Greater than 20 years	9		

While our calls for participants strove towards demographic representation this proved difficult to achieve. In terms of gender, whilst the Nursing and Midwifery Council (2023) reports that 11 per cent of nurses are male, only three participants were male representing approximately 6 per cent of the participants. Likewise, there was ethnicity under-representation given only two interviewees were from a minority ethnic group. Although not absolving the need to ensure representativeness in relation to ethnicity, Brown et al. (2014) have identified several barriers when recruiting ethnic minorities for studies of this kind. Beyond demographics a further potential limitation is self-selection bias. Although any self-selection bias impacts representativeness and generalisability, our study was focused on hearing the experiences and views of CCNs who were regularly in ICUs before and during the pandemic. Hence the purpose was not to generalize, and our non-probability sample involved those who met the specific criteria of being a CCN who worked before and during the pandemic. In that sense, the sample of CCNs we recruited served the study's purpose and there is no reason to suggest participants' experiences and viewpoints were outliers when assessed against the experiences of the wider population of CCNs (Stayt et al. 2023).

The initial interview questions were developed in collaboration with a former CCN (Author 3) on the research team who was able to ensure reflexivity and a piloting process in which we interviewed a CCN well known to the research team and asked for feedback on potential additions and removal from the proposed semi-structured question list. Following Faculty ethical approval at the University of XXXX, the phase 1 of the interviews included questions on CCNs view of CfC. A reason for this was the potential impact that public support could have on nurses' well-being as they experienced major pandemic-induced work deprivations (Ashley et al. 2021). Phase 2 interviews directly focused on nurses' experiences working through the second wave of COVID-19 that affected the UK from September 2020 until April 2021. There were fewer questions and CCNs were prompted where necessary to discuss how they were coping and being supported and reflections on memories of the first wave. Phase 3 interviews were largely unstructured whereby the CCNs were asked about how work had been since the previous interview. Prompts again concerned their emotional and mental health, their preparedness if there was a third wave and their overall assessment of how working during the pandemic had affected them and influenced their future career plans. Phase 4 involved a catch up about what had happened in the

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nurses' careers since the third phase. The longitudinal nature of the interviews enabled an assessment of change across these various themes within the collective memory, allowing as it did participants to describe how their (and their colleagues) views and experiences altered during a hugely disruptive time in their working lives (Vogl et al. 2018).

Data analysis

Following professional transcription, the data were analysed using a delimiting the field approach (Locke et al. 2022). This involved the lead author identifying those parts of the transcripts where talk concerned CfC. Coding was undertaken by Authors 1 and 2 through NVivo, while Author 3 performed the role of 'friendly challenger' (Greguletz et al. 2019). The talk on CfC was a relatively discrete part of the transcriptions from the first interview since we had asked the CCNs specific questions on the event. From interview phase, one it was therefore relatively easy to compartmentalize talk into chunks of text. Analysing the three sets of interview data thematically (Braun and Clarke 2006) those units of data on CfC were read and re-read and several themes and patterns were identified within the dataset relating to CCNs reactions and responses to CfC. In relation to Phasea 2 and 3, no specific interview questions were asked about CfC, but these transcripts were examined for any unprompted talk that spoke directly or indirectly to CfC. Phase 4 interviews did directly pose questions about memories of CfC. This was important to assess whether CfC had any residual impact on how CCNs spoke about their experiences.

Inductive coding was used to characterize the themes that examined CCNs memories of support and opposition to CfC. Below we use the overarching themes generated during the data analysis to explore the audience memories of CfC and how these evolved. We do so with the intent of answering our research question and, in doing so, deepening our understanding a group of key workers' experiences and the implications this has on our broader understanding of this phenomena for individuals and wider society.

Findings

We now turn to exploring the experiences of the CCNs in a broadly chronological manner, beginning with remembering first experiences of CfC in the early parts of the pandemic. We then move into later periods of the crisis where CCNs were remembering and reflecting on their evolving understanding of CfC, what it meant to them and their profession. The results provide us with insights into the way that professionals build and reformulate collective memories which make sense of the past but are increasingly geared towards understanding the present and future trajectories of the profession.

Early collective memory of CfC

The first phase of interviews captured the CCNs forging of a broadly positive collective memory of CfC. This was reflected in the fact that approximately three-quarters of CCNs expressed initial approval and appreciation for CfC. Nurses recalled that it lifted deflated spirits, impacting emotionally as a 'wonderful gesture' [CCN6] and that it was 'very moving' [CCN39]. Many recounted being brought to tears: 'I actually got down my street at eight o' clock, and nearly all the neighbours were out clapping, and I did start crying' (CCN2). This mirrors Halbwachs (1992) claim that it is 'in society that [collectives] recall, recognize, and localize their memories' as nurses drew from immediate and recent, largely emotional, memories that they experienced with others directly on the streets on which they lived. There was a recognition that CfC was focused on praising them, reflecting the increase in genuine appreciation from the public (Matthews 2020; Day et al. 2022). For example, CCN7 recounted standing outside during the first CfC and crying when her child said, 'this is for you mummy'. Recognizing they were a direct audience of the initiative was a powerful palliative to the demands they faced:

> After a horrible day, a gruelling day when you're just doubting yourself, doubting your career path, everything, to see that, that was really lovely, and to hear it as well, you know, you could be driving and you'd be able to hear it from the distance that everybody's clapping and cheering, banging things for you [CCN19].

This perspective was typically against a background of perceived under-appreciation by nurses (Hoeve et al. 2014; Glasper 2020) which possibly reinforced the emergence of an initially positive response and broader collective memory: 'it was nice to be appreciated for once' [CCN41]. Several nurses contended that CfC enhanced their occupational prestige (by evoking the pride and belonging they felt in receiving such public appreciation, De Camargo and Whiley 2020) and recognized qualities that nurses and others had that was typically absent in public discourse: 'When I heard that first clap on that first Thursday, it brought me to tears, because I have never heard the NHS be that appreciated

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before, and it just felt like, it should, I don't know, it just felt really nice' [CCN34].

In their memories, while CCNs recognized CfC as praise-oriented, they also acknowledged that the event was a community-oriented, positive initiative in response to profound difficulties people such as they were experiencing at work. Building on Wertsch's (1998) assertion that collective memories are mediated socioculturally, it was evident in the findings that during early phases 'community' played a central mediational role helping to translate an immediate emotionally driven positive reactions by the nurses. This is reinforced by CCNs' views that the community-inspired aspect of CfC extended beyond Thursday evenings to neighbourly acts of kindness to 'get your shopping, if you need your grass cutting, anything like that' [CCN6]. Others reported flowers placed on doorsteps and gifts: 'someone bought me a load of like mini gins… [and] this room looked like a flower shop, a florist's because I had that many flowers' [CCN9]. CCN46 commented on neighbours directly praising her during CfC: 'as I went out, all my neighbours turned round and started calling out, you know, we love you, Sal. We love the NHS' [CCN46]. Nurses also spoke of people confined to their homes and CfC providing respite and social interaction that helped with the difficulties local communities were experiencing:

> I mean the whole CfC thing, like I said, and Clap for the NHS and everything, I can see why that was so important for the public and why that was so important for a local community and stuff. I know people that used that, because that was the one time they spoke to their neighbours, everyone spoke to each other that week on the Thursday night when they all came out because other than that they were in their house. [CCN51]

An early collective memory of the nurses interviewed, therefore, included a widespread contention that their praise and appreciation was authentic. There was a shared understanding that the struggle and sacrifice of the nurses was finally being recognized by a wider public. It is here, during this initial phase then, that we see the emergence of the kind of 'hero narrative' common to the establishment of collective memory (Wertsch 2007: 653). For example, CCN13's comment was typical in expressing a genuine sense of support from the public during CfC: 'I think the general public meant well and I think they genuinely were like, thank you for doing this for us, because you know, we were putting our lives at risk by going in [to hospitals] every day' [CCN13].

Emerging competing collective professional memories of CfC

Despite this initial positive reception, there were also a small number of early and strong opposing voices to CfC. In the first phase of interviews these voices tended to locate CfC in the past tense (despite it being an ongoing event, every Thursday) thereby beginning to establish it within collective memory: 'I don't know anyone that liked the clap. They all hated it. I think it made the public feel good, but it certainly didn't make the carers feel good. *Everyone* hated that clapping with a passion' [CCN37]. As section one above shows, not everyone in the profession did hate the clapping (at least initially this was a minority) reflecting the idea that there were competing collective memories at this first phase of the pandemic. It is here though that we begin to witness the seeds of a negative collective memory of CfC—what we might call (building on Wertsch [2007]) an anti-heroic collective memory—emerging where a minority in the profession were starting to establish a vocabulary of dissatisfaction with the form of appreciation.

There was a minority judgement at this stage that the reaction was one of public self-indulgence (people clapping to feel good rather than support nurses). Others supported this viewpoint, again using the past tense: 'I'm not going to lie, I *hated* the clapping thing, hated it with a passion. I thought it was a twee kind of almost condescending way of showing your support' [CCN10]. Her preference was the public should 'read a science book' and inform themselves about the virus rather than clap. CCN21 likewise 'hated' it because they were just doing their jobs and did not deserve anymore praise than others working through the pandemic including the person 'in Tesco putting your bread through the till'. Other oppositional voices echoed Hales and Tyler's (2022) when contending CfC was 'embarrassing, cringing' [CCN12] and 'really patronizing' [CCN22]. Others considered it 'weird' [CCN24], 'a bit hollow' [CCN31] and 'frustrating' [CCN35].

While competing voices were apparent when assessing CfC, consensus was evident concerning CfC's long duration. Even nurses initially supportive of CfC, in time, grew fatigued or disillusioned when remembering the weekly act of appreciation: 'it was nice that they [the public] were thinking of us, but I wanted it to end, I'd had enough' [CCN3]. For some 'the novelty wore off a couple of weeks after' [CCN44]. There was concern the initiative 'got way too politicized' [CCN39]. There was also a feeling that clapping was an inappropriate response as hospitalizations and

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deaths rose, and the elongation of CfC became viewed as inappropriate given the situation that nurses, victims and families experienced:

> I appreciated it and the first time I heard it I cried. I was like, oh my god that's great, that's lovely. But then as it went on and the relentlessness of the COVID went on and these people were clapping for us. You've got no idea, when I phoned a woman at home and said, I'm sorry that's it, your husband's dead, that was…[so difficult] … a clap doesn't help at all. [CCN12]

As CfC proceeded through its eventual 10-week duration it was considered not to have a bolstering effect during a spiralling crisis. Instead, it became a weekly reminder of how difficult things were. As an attempted appreciation of work, it became a reminder of how bad work had become:

> It wasn't a boost for my morale. The first one was but then it sort of just turned into this weekly reminder that your job is really shit at the minute, yeah. And well done, your job is really, really awful. How is it? You're all tired, are you? Oh, well done. And just like—I just really—I hated it in the end. I absolutely hated it. [CCN38]

Many CCNs during this period were experiencing a range of conflicting emotions. Whilst they were proud of their role in a health service that was reacting to a crisis situation, they were also witnessing intense suffering and death more regularly than ever before in their careers. They were not only unable to save patients' lives but were often unable to give patients a 'good', that is a dignified, death (Griffin et al. 2024). CfC, as an appreciative act, thus evoked competing feelings of pride and shame in a way that as Sullivan and Day (2019) suggest can lead to anger and somewhat conflicting audience responses.

Growth of negative collective memory: loss of community as mediator

As CfC proceeded CCNs increasingly reformulated the collective memory as moods towards CfC hardened and the nurses experienced ever more demanding work situations. This aligns with Bartlett's (1995) contention that collective memory is not preserved in the group but reformed by the group over time. CfC was initially recognized by the professional group of CCNs as having a community-based orientation (Wood and Skeggs 2020) and while many CCNs appreciated the public's support, the event's elongation inspired reconsideration primarily premised on questioning the public's authenticity to the event's original purpose. The contention was that CfC shifted in the collective memory of CCNs from a celebration of 'key' workers into a public showpiece (Day et al. 2022). While Plas spoke of boosting health and social care workers, many CCNs considered it provided a boost for the clappers. This revolved around accusations that public engagement was about saving face, socializing with neighbours or grandstanding. For example, CCN34 who we noted earlier was brought to tears through public appreciation contended that 'as it got towards the end it just felt like people were now trying to do it to show off, how amazing are we, because we're clapping for them' [CCN34].

Phase two of the interviews some 9 months later reflected the solidification of the collective memory of antipathy towards CfC. This primarily centred around contrasting the Thursday clapping with media reports (and their own experiences) of the public engaging in duplicitous behaviours by breaking Covid rules: 'the amount of my neighbours that had visitors and there were droves of visitors. And I got really frustrated, because I'm like you all just stood and clapped for me all summer, what are you doing?' (CCN9, Phase 2).

Many similar reactions involved rules concerned with decreasing risks around the spread of a virulent, potentially fatal virus that through ongoing patient admissions would also worsen the working lives of the CCNs. This led one nurse to comment that 'as a one-off, it was lovely but when it started to become every week, we all felt like people were clapping for us and were stabbing us in the back. So no, I'm quite happy that's gone personally' (CCN32: P2). On this, CCNs powerfully refracted the public's behaviour through an accusatory discourse. For example, one recounted experiencing people breaching guidelines and rules: The injustice felt by CCNs was typically presented antithetically: there was a public attitude through CfC that contrasted with behavioural disrespect vis-à-vis regulations on social distancing which potentially undermined suppressing the virus and nurses trying to save lives. CCN41, for instance, angrily explained: 'there's a Whatsapp group on the street [where I live] and it's like, 'would anybody like to have wine on the drive', you know, they're talking and they're all getting closer and I'm just watching them going, will you stop it'. It is here that we see a fracture in the aforementioned mediational tool of 'community' that was initially translating positive reactions by the CCNs but had now revealed hypocrisy that the nurses (due to their own experiences) were hypersensitive towards.

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During the P3 interviews (in which we never asked questions about CfC, assuming it to be an issue long past) the negative collective memory of CfC had intensified further with a perceived lack of public responsibility (for following rules) and even abuse from patients and families. The pandemic necessitated social distancing and so CCNs communication with families was by telephone or online platforms. For instance, CCN6 (P3) reflected (over a year after the first interview in which she called CfC 'a wonderful gesture') that 'we started off COVID and we were getting claps, now it's just like nurses are 'bitches' because you won't let me see my person [as wards were closed to visitors]'. Even as the situation relaxed through 2021 nurses were impacted by patients' relatives because of social distancing rules that were required to be followed. Clapping acted as a marker for a period of public support, before members of the public according to the CCNs returned to a pre-COVID norm as indicated by two stark examples from the third phase of interviews:

> I think the amount of abuse that we're getting from patients and relatives throughout the hospital every single day about why we have to make them wear a mask or gel their hands or are not allowed to come in for more than an hour… the level of abuse that we're having to tolerate from the general public, and they were the ones that were clapping. (CCN7 P3)

> I mean we get punched and kicked and spat on regularly, you know, so it's not what [the public] think it is on the telly (CCN41 P3)

As anticipated by the CCNs, abuse had returned and even intensified so the response by CCNs to the public's behaviour continued to be constructed through the reformulation of a collective memory (Bartlett 1995). By Phase 4 of the interviews, 3 years later, any sense of community had been lost with the collective memory of the clap being positioned at best as 'empty' (CCN34 P4, CCN28 P4) and at worse 'a massive sarcastic joke' (CCN21 P4). By this stage, the Phase 1 positivity had been transformed into a range of now solidified and lingering negative memories of this once appreciative ritual.

Later and lingering collective memories: mobilized as resistance

By the later phases of the study, nurses also drew on their collective memory of CfC to frame their anger at stagnating salaries and the lack of a 2020 pay rise especially given the vast majority of other public sector workers received them. One nurse described the disappointment with the lack of recognition through material means as 'a kick in the teeth' (CCN41 P3). The government's unwillingness to sanction a pay rise was also juxtaposed by many with prominent government ministers clapping them on Thursday evenings.

A shift in how the appreciative act of clapping was utilized by CCNs (from an appreciative act to one of resistance became evident within the study as it progressed. e.g., during P3 in September/October 2021 CCNs' comments evoked memories of CfC in contrast to the materiality of pay:

> Well, everyone kept saying about these claps, like, 'Oh well, they'll pay our wages in claps' and it was all a big, oh, let's get everybody on board, the NHS is fantastic. And now we're just dog shit again, basically (laughs)' (CCN020, P3)

> Claps don't pay my bills. You can take your claps and shove them where the sun doesn't shine. (CCN28 P3)

Ultimately the nurses' response was encapsulated in claims about a lack of resources and recognition that sedimented across our interviews. CfC, an initiative the majority initially supported as an emotionally uplifting experience or at least recognized as an authentic public address transmogrified into an event that signified and amplified the perennial problems with working in an under-resourced service, where CCNs worked beyond capacity and thought they were undervalued. There was an overwhelming sense of history repeating itself, with the profession yet again being underappreciated particularly in terms of pay and working conditions (Bennett et al. 2020). As CCN2 lamented in one of the final phase 4 interviews in direct reference to what she called 'the clap for carer's rubbish': 'Do you know what I've got? I've got a Fucking badge. I got a badge that says 'NHS hero, 2021–2022', and that's all I got'. There was a real sense of betrayal and anger from the nurses at this stage of the study that had germinated and grew in response to the original well-meaning instances of cultural appreciation through CfC. This only serves to underline the unexpected consequences of appreciation directed at professionals in what began as a community driven attempt to show gratitude became a launchpad for crystallizing and even intensifying CCNs dissatisfaction and anger with their current working conditions (Stokes-Parish et al. 2023). The evolution of CfC from a positively received act into a collective memory of anger and a platform for resistance is captured in a highly gestural comment which captures the

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immense shift that took place in the minds of nurses over the course of the pandemic:

> And I really wish that the Executive would just pay nurses. Just pay for Band 5 [nurses], retain their staff, treat us with respect, give us some training, make us feel valued. Because the claps have now become the finger. And that's really what it is. [P3 CCN6]

Discussion

We set out to answer our research question: How do professionals collectively remember and respond to cultural appreciation directed at their work and how does this evolve over time? Our study shows that CCNs actively construct and then reconstruct the meaning of CfC by establishing and drawing upon collective memory. In what follows we explain how our findings make three contributions comprised of: (i) a longitudinal exploration of collective memory of a profession in regard to public appreciation; (ii) a new concept of *professional collective memory* that can help us to understand the role that memory plays in shaping a profession's view of itself in relation to society; (iii) the unintended consequences of collective professional memory on the professions especially, in this case, on how they pursue things like better pay and working conditions.

Establishing and evolving collective professional memory

Our study provides a rich empirical example of the role that collective memory plays in recalling and reframing memories of the past within a profession that have significant implications for the present. We showed how CfC as a ritual played a substantial role as a mediating cultural tool in helping the nurses to make sense of (and even justify) their involvement in an ongoing work situation during a global pandemic that was both incredibly stressful, confusing and even frightening (Middleton and Brown 2007). Our findings empirically support the idea put forward by Wertsch (2007: 63) that collective memory is often used for the development of 'hero narratives' within groups. In this particular case, initially the praise of nurses bolstered their sense of belonging to a celebrated group, providing a firm foundation or grounding at a time when it was needed most, allowing division to be overlooked and group cohesion to form. However, as time passed and negative sentiment our data showed what we (expanding on Wertsch 2007) might call 'antihero narratives' in the collective memory of the profession.

Interestingly, the establishment of both positive and negative narratives by drawing upon what we call professional collective memory only served later to intensify the sense of betrayal by the public and the government. That is, the movement from the clap to the finger. For instance, as CCNs moved from Phase 1 to Phase 2/3 of the interviews, a shift from positive to negative memories became clear and this was, perhaps, unsurprising given the cumulative toll that the pandemic had upon their morale and well-being (Griffin et al. 2024). However, more interestingly perhaps, a gradual shift across the phases of the interviews from the 'I' and 'Me' towards the more regular use of 'We' and 'Our' suggests that nurses increasingly began to draw on a reformulated collective memory. This led to a reformulation of a range of emotions felt by individual nurses in phase 1 'I think it was nice' or 'it brought me to [happy] tears' to 'we all felt like people were clapping for us' or 'we get punched and spat on regularly' or '*Everyone* [on the ward] hated that clapping with a passion'. This captures the evolution kind of distributed collective memory that Wertsch (2007) describes in his work where there is an ongoing negotiation and transformation of memory within small groups through the mediation of a cultural tool—in this case community—as it captures the struggle to give meaning to an event (the pandemic) that was highly confusing for this group of professionals (Wertsch 1998).

Our study thus highlights the dangers of overt praise targeted at specific professions (particularly during times of crisis) and supports much of the literature which argues against the usefulness of 'hero narratives' within sectors such as nursing (Hales and Tyler 2022). Stokes-Parish et al. (2023), for example, qualitatively report on the negative perceptions of CCNs on a 'hero/angel' media narrative constructed during the pandemic. This, and similar prepandemic studies (see MacDonald et al. 2018), not only capture the negative attitude of nurses towards such narratives (it devalues their hard work and professionalism) but also leaves them vulnerable to being used as 'political pawns', with stories of heroism being used to bury stories about underfunding and poor staffing. Thus, our findings help us to understand that well-meaning praise directed at professions, in the form of cultural tools such as weekly rituals in the form of CfC, risk not only being misinterpreted but also having the counter-productive effect over time in their collective memory of providing a platform for even more intense dissatisfaction, anger and, in turn, resistance.

Bodnar's (1992) suggestion that remembering is an ongoing struggle between 'official' culture and 'vernacular' culture's collective memory of an event seems to be especially relevant here. Our findings suggest that the

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CCNs own vernacular collective memory of CfC as a form of appreciation differ wildly from the official culture's collective memory of this same ritual and that this gap grows over time. Our data contributed a rare insight into the breakdown of a cultural tool acting as mediator (community, in this case) which played an essential role in establishing early positive professional collective memories of CfC, but later weakened (through things like breaches of social distancing rules) making it easier for CCNs to reformulate the message. This is important as we show that cultural appreciation of a profession can be interpreted and repurposed in different ways by different groups and this difference can grow significantly over time. As Wertsch (2007: 650) suggests 'conflict and negotiation occur in the social and political sphere…and are carried out in the service of providing a usable past that serves some identity project'. Thus, the experience of CCNs showed how a profession can, over time, use forms of appreciation by drawing on a collective professional memory to formulate a deeper sense of unity and perhaps even to protect itself from the harrowing events that they had experienced (Griffin et al. 2024).

Mobilizing collective professional memory

Our study also demonstrates the productive ends of collective professional memory and we have contributed such an example here, reflecting how nurses gradually developed a counter-narrative about the government's hypocritical support for CfC *and* its underfunding of the NHS. CCNs directly drew upon CfC as a way of resisting the derisory pay increase offers in the latter parts of the pandemic, drawing on the original praise and their response to it so to build a strong argument which was, in turn, widely supported by the public. Thus, we have shown how collective memory can be drawn upon by a professional audience as a capacity in this way, as a resource of resistance. In doing this, the study empirically reflects that recognition of professional audiences as active participants is central to a more complete understanding of collective memory in work settings, helping us to avoid privileging the speaker and message (Edwards 2018). Our audience—the CCNs—witnessed and heard a message delivered by the public and politicians and, in turn as an active audience, spoke to what they saw and heard about their profession. Whilst a more traditional study on CfC might have demonstrated a heartwarming appreciation of a profession by the public our study, by incorporating the audience, provided a more rounded and critical consideration of this topic. In doing so, through listening to the audience of workers' response to this praise, it has contributed a more complete understanding of the cultural appreciation of a profession, expanding our knowledge of the subject whilst laying the groundwork for future studies on other professions.

Our findings help to show how a group of professionals develop collective memory and how it can be used to resist and challenge dominant narratives and discourses about them. For instance, from a positive perspective, many of the CCNs in the early stages of the study seemed to use the emotions generated from the CfC as a means of increasing their resilience during a time of crisis. It helped to remind them that they had public support, and they drew upon collective memory to continue within their extremely demanding profession. Through collective memories around the allocation of resources highlighted insufficient funding for the health service and its workers to meet and reward the added demands resulting from the pandemic. Each of these capacities employed by the nurses provides us with an insight that the profession of critical care (and perhaps nursing more generally) feels woefully undervalued in society and taken for granted (Wood and Skeggs 2020). More radically perhaps, it points towards a sense of betrayal of the profession during the pandemic and a sense of being taken advantage of with little more than a clap (and a metaphorical finger) to show for it. CCNs, as an active audience, therefore, became speakers advancing a diverse rhetorically infused rejoinder to the experience of appreciation informing us about deep-seated perspectives they had about their own and society's view of their profession.

Unintended consequences for the professions

One of the potential dangers of collective memory in the context of our study is the conflation of the characteristics of cultural appreciation (i.e. the sociocultural features of CfC) and the subsequent political and organizational outcomes. However, whilst we wish to avoid any simplistic cause and effect narrative, we do believe our findings can provide tentative lessons to leaders in their efforts to create and endorse authentic forms of appreciation (White 2014). If appreciation aimed at a profession does not reflect or is not backed up by other organizational actions (especially around material conditions such as pay), it runs the danger of having the opposite effect to that intended. Indeed, even where there is initial alignment of an appreciating public and a grateful albeit stressed profession of nurses our study shows that when directed at mass

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occupational audiences how this is remembered over time is likely to be complex, varied and multilayered. Indeed, this corresponds with Argyris's (1998) critique of 'employee of the month' awards that not only wear off over time but can be quickly appropriated to resist and challenge management authority. Whilst well-intentioned (as was also the case with CfC), an appreciative act is highly changeable and transformable once it is out there in the wider world being interpreted and re-interpreted over time. This insight is likely to have resonance with a wide range of professions who experience various levels or types of appreciation, but who are left wondering whether their broader circumstances have been improved at all. In taking audiences more seriously within the study of cultural appreciation of professions, scholars can begin to more acutely understand the ways that individuals and groups can develop capacities which can appropriately respond to challenges that they face.

The deeper understanding of collective memory of what Hales and Tyler (2022) refer to as a 'gratitude rhetoric' also has lessons for those within professions targeted. This might be that workers are trained better to deal with the psychological effects of appreciation (or perceived lack of appreciation) which might involve in some instances resilience but also opportunities to talk through these perceptions with colleagues in view of resolving them or simply just relieving built up tension. Nevertheless, as each instance of appreciation and experience of appreciation by professions is likely to be highly contextual, the study reflects that as organizational scholars there is much research to be done to investigate other professions and areas of work. Given the unique and public nature of CfC (and the pandemic more broadly) it might also be difficult to isolate other examples of widespread appreciation of professions although possible examples include the recent emergence of National Teacher Appreciation Day (June 18th) and recognition of emergency services as first responders at the annual *Pride of Britain Awards*. In some instances, it might also be difficult to convince workers to talk so candidly over time about their experiences as an audience of this in practice. It might be necessary, therefore, to create inclusive spaces in which audiences feel safe to remember and respond in ways that might help them to understand their profession and shape how it is viewed in the future.

Conclusion

In exploring CfC—a nationwide, appreciative ritual directed at professionals—we have explored the phenomenon of collective memory through a unique lens. Specifically, by focusing on the longitudinal audience reception of this praise, our study has explored how praise is received by an audience of professionals, and how this evolves over time within the collective memory of a group of workers (CCNs), providing a rich empirical study that is sorely needed in our field. Importantly, it has shown how a deeper understanding of appreciation (and the composition of this) can help us to understand otherwise overlooked components of collective memory that are central in helping workers to frame and re-frame perspectives. In doing so we have explained how appreciation are received by audiences as they fashion and refashion gratitude directed at them to deliver an appropriate response. This has ultimately helped us to show how professions can use in unexpected ways to resist and challenge dominant narratives and discourses about them in their efforts to instigate change such as better pay or working conditions.

The limitations of our study are two-fold. Firstly, we have used data from a particular profession within a profession—critical care nursing—so it is possible to question the generalizability to other professions' experience of praise. This is particularly the case, perhaps, because this profession in the UK—and our self-selected sample by extension—is overwhelmingly female and white (Brown et al. 2014). Future research might consider over time how other, more diverse, professional audiences receive and work through collective memories about appreciation directed at their work. Secondly, critical care is a profession that was highly affected by the pandemic and interviews were conducted during a time of crisis with nurses who were stressed, particularly by the third phase of the project. This may have shaped their attitudes towards CfC and all things related to the pandemic. It would, however, be difficult to study collective memories of appreciation without some heightened emotions but it might be fruitful to study a profession outside of such a radical period like a pandemic.

In conclusion, our study shows how the collective memory of a profession, critical care nursing, receive, and work through appreciation directed at their work. Our results reflect a diverse range of receptions from this audience, that whilst positive at first slowly devolved into feelings of negativity centred around a feeling of betrayal captured by the notion of metaphorically being shown the 'finger' by two key groups. This appeared through an accusatory and judgemental exasperation with the public's pandemic behaviours and government's hypocritical stance of praising nurses

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whilst being unwilling to reward them appropriately for their work. In studying reception and response to CfC, the study has shown how an audience can radically reshape the purpose of appreciation directed towards them in unexpected ways, aiding resistance and a capacity to push back against what is readily expected from them. In doing so, it provides a deeper understanding of how other professions might draw upon collective memory, helping a range of actors to be more sensitive to the unintended consequences of its deployment in society.

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