

Confidential

Page 1

Future Proofing Frontline Healthcare Workers in Times of Pandemic and Other Crises

Explanatory Statement

You are invited to take part in this study. Please read this statement before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to visit our website: <https://www.covid-19-frontline.com.au>

What does the research involve?

The aim of the study is to explore the social, work and mental health effects experienced by frontline health workers during the COVID-19 pandemic and beyond. We aim to examine factors that promote good mental health and risk factors that contribute to poorer mental health.

Participating in this study will involve completing an online questionnaire, which has been piloted and shown to take approximately 15-20 minutes. These questions will include information about you and your work, what you do to stay healthy, and the impact the COVID-19 pandemic has had on your health and wellbeing, your social situation, and your work.

Why were you chosen for this research?

You have been invited to participate in this study because you are a 'frontline health worker'. In this study frontline health workers are defined as medical, nursing, or allied health professionals, clinical scientists/physiologists/technicians, healthcare students or clerical staff working in hospitals, primary care, the community, private practice or paramedicine.

You have been invited via your Head of Department/Director of Training/manager, your professional association, a colleague or friend, or by advertisement of this study.

You do NOT need to have worked with patients with COVID-19 to take part. We would like to hear from both people who have and who have not worked with people with COVID-19.

Consenting to participate in this project and withdrawing from the research

Participation in this study is voluntary. It is your decision whether to participate. If at any stage, you feel uncomfortable or you feel the questions are too personal, you may stop completing the survey and close it. As this study is an anonymous survey once you submit any answers withdrawal of data will not be possible.

Possible benefits and risks to participate

There are unlikely to be any immediate direct benefits from participating in the study, other than reflecting on your current mental health and wellbeing. Participating in this study will provide data that will help us understand the supports that frontline healthcare workers need and want when confronted with a crisis situation like COVID-19. This information is important for supporting health workers during futures crises.

We do not anticipate that there are immediate risks to you; but we acknowledge that reflecting on the impact of COVID-19 may arouse feelings of disquiet or distress. If this is the case, we encourage you to seek support and we have provided advice and links on our website and at the conclusion of the survey.

Confidentiality

The survey is anonymous and confidential. At no point in the study will we be asking your name, date of birth or address. Your survey results will not be considered individually, instead the results from all the participants will be combined for analysis to provide overall trends when data are presented

Storage of Data

05.09.2020 10:07

projectredcap.org



Data will be collected through a Melbourne Health account on REDcap, which is password protected. 2 It will only be accessible by the researchers involved in the study. Data will be kept for 5 years and then destroyed via deletion of electronic files when no longer needed.

Results

Once the study is complete, a summary of the findings will be posted on our website. Interim analyses (after 2 months) of our research will also be made available on the study website.

Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the Manager, Melbourne Health Human Research Ethics Committee, Ph: 03 93428530; or email: research@mh.org.au

CONSENT

I have read the explanatory statement. I am a health care worker. I am over 18 years of age and I agree to participate.

Confidential

Page 3

PART A - Demographics and Home Life

Survey Progress

How old are you?

20-30
 31-40
 41-50
 50-64
 65-70
 71+

What is your gender?

Male
 Female
 Non-binary
 Prefer not to say

How many people, including yourself live in your household? _____

How many people aged 65 years or older live in your house? _____

How many children (under 16 years) live in your house? _____

Since the COVID-19 pandemic started, have you had to actively manage home schooling responsibilities?

Yes
 No
 Not Applicable

Do you have any caring responsibilities (such as for children, older adults or others) that have impacted your ability to work during the pandemic?

Yes
 No
 Not Applicable

Confidential

Page 4

PART B - Professional Background and Work Arrangements

Survey Progress

Which state do you work in?

- South Australia
- Victoria
- ACT
- New South Wales
- Northern Territory
- Queensland
- Tasmania
- Western Australia

Please tick your places of work (select all that apply)?

- Public hospital
- Private hospital
- Other
- Community

If other, please specify

Where is the main location of your clinical work?

- Metropolitan area
- Regional area
- Remote area

What is your profession or work background?

- Senior Medical Staff
- General Practitioner
- Junior Medical Staff
- Nursing
- Allied Health
- Clinical Scientist/Physiologist/Technician
- Student - Medical, Nursing, Allied Health
- Clerical or Administrative Staff
- Paramedic
- Other

Please specify Allied Health profession

- Physiotherapist
- Occupational Therapist
- Speech Pathologist
- Social Worker
- Psychologist
- Technician
- Medical Scientist
- Other

If other, please specify

If other, please specify

How many years have you worked in your profession since graduation?

- 0-5 years
- 6-10 years
- 11-15 years
- More than 15 years

Confidential

Page 5

How many years have you worked in your current role?

0-5 years
 6-10 years
 11-15 years
 More than 15 years

What health course are you studying?

Allied Health
 Applied Medical Science
 Medicine
 Nursing
 Paramedicine

As a student what year are you in for your healthcare course?

1st Year
 2nd Year
 3rd Year
 4th Year or more

Which frontline area do you work with? If you work on an inpatient ward, please select the department below that is most associated with your ward.

Emergency Department
 Intensive Care Unit
 Respiratory Medicine
 General Medicine
 Infectious Diseases
 Other Medical Specialty Area
 Surgical Specialty Area
 Anaesthetics /Perioperative Care
 Hospital Aged Care
 Palliative Care
 Primary Care or Community
 Paramedic
 Other

If other, please specify

Do you CURRENTLY work in direct contact with COVID-19 patients?

Yes
 No

Do you ANTICIPATE that you may have to work in direct contact with COVID-19 patients if numbers increase in your state?

Yes
 No

Have you received training to care for patients with COVID-19? (please select all that apply)

Yes - regarding caring for patients with COVID-19
 Yes - regarding the use of personal protective equipment (PPE)
 Yes - other
 No

If other, please specify

| | very unconfident 1 | 2 | 3 | neutral 4 | 5 | 6 | very confident 7 | N/A |
|--|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|
| How confident do you feel to care for patients with COVID-19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 6

How confident do you feel using PPE when coming into contact with patients with COVID-19

Do you feel you need more training related to COVID-19 or using PPE?

 Yes
 No

not worried
at all 1

2

3

neutral 4

5

6

very
worried 7

How worried are you about the possibility of your role leading to transmission of COVID-19 to your family?

Confidential

Page 7

PART C - Work and Finances: Impact of COVID-19 Pandemic

Survey Progress

We would like to know if your working arrangements have changed due to the COVID-19 pandemic:

BEFORE the COVID-19 pandemic what was your employment status?

Full time
 Part time
 Casual
 Other

If other, please specify _____

CURRENTLY what is your employment status?

Full time
 Part time
 Casual
 Other

If other, please specify _____

Have your paid or unpaid hours spent working changed? This includes work carried out in the hospital or from home. Please select all that apply

Increased paid hours
 Increased unpaid hours
 Decreased hours (paid or unpaid)
 No change

Have you been redeployed to a new area of work (i.e. change in the department you work in)?

Yes
 No

| | very unconfident 1 | 2 | 3 | neutral 4 | 5 | 6 | very confident 7 |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How confident do you feel working in your new area? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Has your role at work changed?

Yes
 No

| | very unconfident 1 | 2 | 3 | neutral 4 | 5 | 6 | very confident 7 |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How confident do you feel working in your new role? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Has your household income altered due to COVID-19?

Increased
 Decreased
 No change

As a result of COVID-19 do you have concerns or worries about your household income?

Yes
 No

Confidential

Page 8

PART D - Exposure to COVID-19

Survey Progress

In the last week, please estimate how many patients with CONFIRMED COVID-19 you have encountered

- None
 1-5
 6-10
 11-20
 21-50
 51-100
 >100
 Don't know

In the last week, please estimate how many patients with SUSPECTED COVID-19 you have encountered?

- None
 1-5
 6-10
 11-20
 21-50
 51-100
 >100
 Don't know

Have you ever been tested for COVID-19?

- Yes
 No

How many COVID-19 tests have you had since the pandemic started?

Have you ever had a positive test for COVID-19?

- Yes
 No
 Prefer not to say
 Result not known yet

Have you ever been quarantined (i.e. furloughed) due to significant exposure to someone with COVID-19?

- Yes
 No

Do you have close friends or relatives (in Australia or overseas) who have contracted COVID-19?

- Yes
 No

Confidential

Page 9

Survey Progress**How true do you believe the following statements are:**

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| The community is worried that health workers will spread the virus to others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The community is generally appreciative of health workers during this time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I contract COVID-19, colleagues will question whether I took sufficient precautions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Has the COVID-19 pandemic had an impact on your relationships with family, friends and work colleagues? (please select all that apply)

- I have a closer or stronger relationship with my partner
- I have a closer or stronger relationship with my children/parents/family
- I have a closer or stronger relationship with my friends
- I have a closer or stronger relationship with my work colleagues
- I have a worse relationship with my partner
- I have a worse relationship with my children/parents/family
- I have a worse relationship with my friends
- I have a worse relationship with my work colleagues
- No effect on relationships

Confidential

Page 10

PART E - Relaxing and Staying Healthy

Survey Progress

Generally do you consider that your physical health is:

- Excellent
 Good
 Fair
 Poor

Do you have underlying health conditions that you believe increase your risk of becoming unwell with COVID-19?

- Yes
 No

Do you use digital apps to track your PHYSICAL health activities (e.g. exercise, diet, other health measures)?

- Yes
 No

PRIOR to the COVID-19 pandemic have you ever been diagnosed with depression, anxiety, or another mental health condition?

- Yes
 No
 Prefer not to say

SINCE the COVID-19 pandemic started, do you believe that you have experienced any of the following? (please select all that apply)

- Anxiety
 Burn out
 Depression
 Post-traumatic stress disorder
 Other mental health problem
 None of the above
 Prefer not to say

Since the COVID-19 pandemic started, what activities have you undertaken to manage any possible MENTAL HEALTH issues such as stress, anxiety or depression? (please select all that apply)

- Maintained exercise
 Increased exercise
 Yoga, meditation or similar
 Maintained or increased social interaction with family and friends
 Used an app (e.g. Smiling mind, Headspace or other)
 Increased alcohol use
 Other strategy
 None of the above

If other, please specify

If you have used or are currently using an App for stress or to support mental health, which app did you use?

Was the App useful?

- Yes
 No
 Not Applicable

Are you still using the App?

- Yes
 No
 Not Applicable

Since the COVID-19 pandemic started, have you sought help from any of the following sources for stress, anxiety, depression or another mental health issue? (please select all that apply)

- Doctor or psychologist
 Employee support program at my place of work
 Professional support program outside of work
 None of the above
 Other

Confidential

Page 11

Please specify

What do you think would help you most in dealing with stress, anxieties, and other mental health issues (including burnout) related to the COVID-19 pandemic?

Confidential

Page 12

PART F - My healthcare organisation and organisational changes during COVID-19

Survey Progress

Please answer these questions for the healthcare organisation where you mainly work

The communications I have received so far about workplace changes due to COVID-19 have been useful and timely

- Strongly agree
 - Somewhat agree
 - Neither agree nor disagree
 - Somewhat disagree
 - Strongly disagree
-

How well has your healthcare organisation supported your wellbeing and mental health during the COVID-19 pandemic? For example providing new resources e.g. Apps, telephone support lines etc

- Very well supported
 - Somewhat supported
 - Neither supported or unsupported
 - Somewhat unsupported
 - Very unsupported
-

What did you find to be the main challenges that you faced during the COVID-19 pandemic?

What strategies might be helpful to assist frontline healthcare workers during future crisis events like pandemics, disasters etc?

Confidential

Page 13

Survey Progress**The following questions ask about the provision of health care during the COVID-19 pandemic:**

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| I am worried that some patients will not receive the care they need due to scarcity of resources. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Having to wear PPE means that I cannot properly provide the care to patients with suspected or confirmed COVID-19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If I have to go into quarantine, I am letting down my co-workers who are already overworked and stressed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Excluding close family from the bedside of patients with COVID-19 goes against my values as a healthcare worker | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 14

PART G - Measuring wellbeing, resilience, and coping

Survey Progress

The next section asks about your feelings, thoughts, and responses to the COVID-19 pandemic using well validated scales.

Confidential

Page 15

Survey Progress**The next 2 questions consider resilience
(Connor-Davidson Resilience Scale- the CD-RISC-2)**

| | Not true at all | Rarely true | Sometimes true | Often true | True nearly all the time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| I am able to adapt when changes occur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I tend to bounce back after illness, injury, or other hardships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 16

Survey Progress**Over the past TWO WEEKS, how often you have been bothered by the following?
(Generalized Anxiety Disorder - GAD-7)**

| | Not at all | Several days | More than half the days | Nearly every day |
|---|-----------------------|-----------------------|-------------------------|-----------------------|
| Feeling nervous, anxious, or on edge | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not being able to stop or control worrying | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Worrying too much about different things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble relaxing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being so restless that it is hard to sit still | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Becoming easily annoyed or irritable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling afraid as if something awful might happen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 17

Survey Progress**Over the past TWO WEEKS, how often you have been bothered by the following?
(Patient Health Questionnaire - PHQ-9)**

| | Not at all | Several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| Little interest or pleasure in doing things? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling down, depressed, or hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble falling or staying asleep, or sleeping too much? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling tired or having little energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Poor appetite or overeating? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling bad about yourself - or that you are a failure or have let yourself or your family down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble concentrating on things, such as reading the newspaper or watching television? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moving or speaking so slowly that other people could have noticed? Or been so fidgety or restless that you have been moving a lot more than usual? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thoughts that you would be better off dead, or thoughts of hurting yourself in some way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 18

Survey Progress**Over the last TWO weeks, how has the COVID-19 pandemic impacted your everyday thinking?
(Impact of Event Scale - IES-6)**

| | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I thought about it when I didn't mean to | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other things kept making me think about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I was aware that I still had a lot of feelings about it, but I didn't deal with them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I tried not to think about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt watchful or on guard | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had trouble concentrating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 19

Survey Progress

**For each statement, mark the box that most accurately reflects your response:
(Abbreviated Maslach Burnout Inventory)**

| | Every day | A few times a week | Once a week | A few times a month | Once a month or less | A few times a year | Never |
|--|-----------------------|-----------------------|-----------------------|------------------------|----------------------------|-----------------------|-----------------------|
| I deal very effectively with the problems of my patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel I treat some patients as if they were impersonal objects | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel emotionally drained from my work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel fatigued when I get up in the morning and have to face another day on the job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I've become more callous towards people since I took this job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel I'm positively influencing other people's lives through my work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Working with people all day is really a strain for me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't really care what happens to some patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel exhilarated after working closely with my patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Confidential

Page 20

Survey Progress

Is there is anything else that you would like to tell us about the impact of the COVID-19 pandemic or regarding supports that you feel are useful for well-being?
