

COVID-19 and CRITICAL CARE STAFF WELLBEING SURVEY

PARTICIPANT INFORMATION

Background

COVID-19 (SARS-CoV-2) emerged in Wuhan, China, late in 2019 and rapidly spread to more than 170 countries, with over 700,000 thousand people infected (30th March 2020). The impact on ICU staff in disaster circumstances can be significant, with reports of fear, stigmatisation, isolation, and post-traumatic stress symptoms reported in prior pandemics such as MERS, SARS, and H1N1. Understanding the impact of the current pandemic on health care workers is important to develop strategies to alleviate unnecessary stress.

Objective

The primary objective of this survey is to determine the baseline for wellbeing and the other factors of concern for staff working in critical care settings in a hospital environment to improve disaster preparedness and understand concerns and educational needs. In addition, the finding will assist in the development of quality improvement activities in the future based on these findings that better prepare and support staff to promote their wellbeing for mass events and disaster. The survey will be sent out pre and post pandemic.

Method

An invitation to complete an online survey using Survey Monkey will be sent via existing critical care networks, social media platforms, management committee contacts and request for respondents to forward to their contacts. We will not capture a denominator but attempt to distribute this widely. Each participant will access the survey via a hyperlink. All data entered in to the survey platform will be non-identifiable. The survey is not expected to take more than 5 minutes to complete.

Sample

All staff working in the critical care environments (emergency departments, intensive care, high dependency units, anaesthetics and theatres will be invited to participate including nursing, medical, and allied health staff).

Data collection

This is a longitudinal study involving two survey rounds pre and post pandemic. Participants will be asked to reflect on the preceding week to complete the survey. To enable anonymous linking of responses, two questions will be asked (year of birth and last four digits of your mobile phone number) to enable repeat participants pre and post data to be analysed to determine changes over time.

Outcome

The findings from this survey will provide important insights into the factors that impact on staff during a pandemic. The findings from this survey will provide detailed information to enable new initiatives to prepare staff for a health disaster response that can be implemented early to ensure effective operational response and appropriate support for staff wellbeing. It is the first known study of its kind in Australia and potentially globally.

Ethical consideration

Ethics approval for a waiver of full ethics review has been received from Children’s Health Queensland, Human Research Ethics Committee. The survey will be conducted in accordance with the principles of ICH GCP and The NHMRC National Statement on Ethical Conduct in Human Research (2007). Any potential risks associated with conducting the survey are negligible. The survey will be collected in a non-identifiable format thus protecting the confidentiality of the individual responses from respondents. **Participation is voluntary. Completion of the online survey will constitute implied consent from the respondent.** Data will be presented/published in an aggregated format at local/international forums along with assisting in the planning for new initiatives and future studies.

Type of information collected

The survey consists of three sections 1. Demographics, 2. The internationally validated Depression, Anxiety and Stress Symptoms (DASS-21) assessment scale¹, and 3. Pandemic specific questions.

Data Analysis and Data Management

Data management and analysis will be undertaken by The George Institute for Global Health. The principal means of data collection and data processing will be via online data entry into Survey Monkey.

All anonymised electronic data collected by the study will be kept for a minimum of 7 years, or as otherwise required by regulatory authorities. The George Institute will be the data custodian and all electronic data will be stored and backed up on password-protected servers within the George Institute that is backed up every 24 hours.

Data analysis will involve descriptive statistics and test of association to explore potential associations between demographic characteristics, work environment factors and psychosocial experiences of participants throughout emerging and post pandemic phases.

Acknowledgment of contribution

The coordinating investigator from each network will be an author on the manuscript and all networks who will distribute the survey will be acknowledged in any presentations/publication of data.

Survey link

<https://www.surveymonkey.com/r/ICUWellnessCovid-19>

Please contact Dr Naomi Hammond nhammond@georgeinstitute.org.au if you have any concerns or require further information about this survey.

On behalf of

Dr Naomi Hammond, Dr Brett Abbenbroek, Ms Liz Crowe, Dr Rosalind Elliott, and A/Prof Anthony Delaney for the COVID-19 ICU Staff Wellbeing Investigators.

¹ Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.) Sydney: Psychology Foundation.