# Report: Experiences during COVID-19

August 2020

CLIMATE AND HEALTH ALLIANCE

# Snapshot

In April 2020 the Climate and Health Alliance released a survey to investigate the experiences of healthcare professionals (including medical, nursing, allied health and students) during the Covid-19 pandemic. This survey also sought to understand the values of healthcare professionals during this time and some of the support requirements of healthcare professionals now and into the future. We had 100 people respond to our survey from vast health backgrounds.

From this piece we learned that:

**57%**

of respondents reported they had experienced role changes, redeployment or job loss

**46%**

reported they felt stressed and/or emotional and psychological difficulties throughout the pandemic

**44%**

called for a greater investment into health services

**36%**

wanted to see that society learned from this pandemic to improve climate resilience

## ABOUT THE SURVEY

The survey was conducted between April and June 2020 and was open to all individuals. They survey comprised a series of open and closed ended questions. All open-ended questions were optional and thus participants could skip these questions if they did not wish to answer. Open ended answers were then downloaded from survey monkey and analysed using Nvivo software. Responses were grouped together under subthemes. These subthemes then formed the predominating topics that will be discussed in this report.

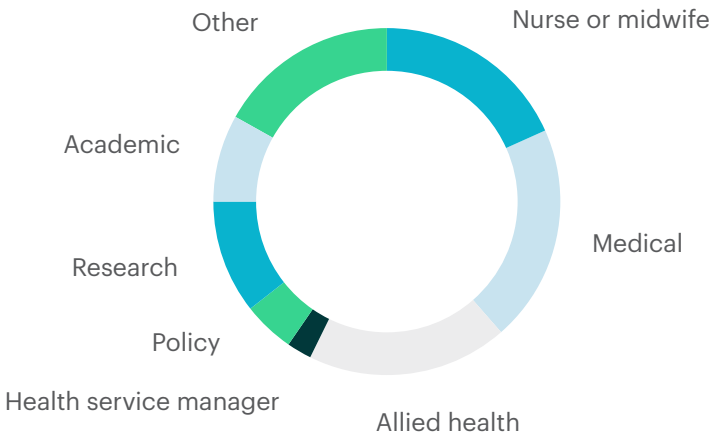
# Findings

## 1. Respondent information

100 respondents Australia wide completed this survey between April and June 2020; 91% were a health or medical professionals or were completing study in this filed. The majority of respondents comprised medical professionals (20%), followed by nurses and midwives (18%).

### WHAT IS YOUR PROFESSIONAL PRACTICE?

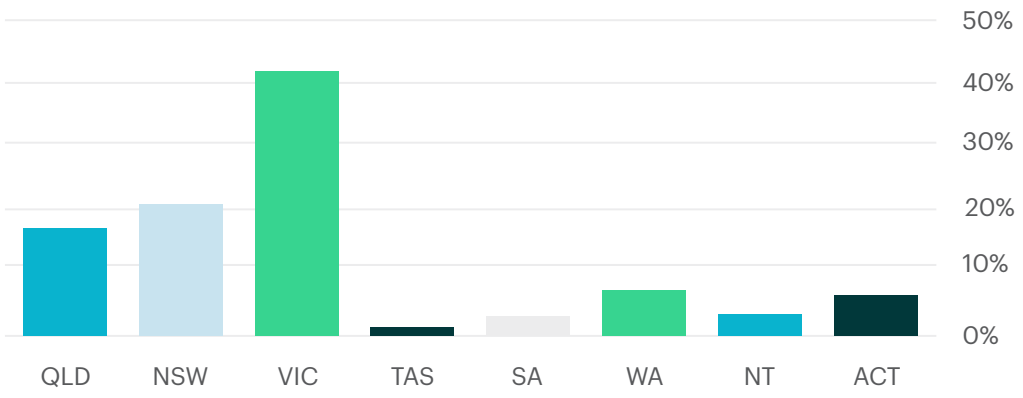
Answered: 99 / Skipped: 1




### WHAT STATE OR TERRITORY ARE YOU BASED IN?

We had respondents from all states and territories, with the majority from Victoria.

Answered: 100 / Skipped: 0



## 2. Understanding the changes experienced by healthcare professionals during Covid-19

Identifying the changes and adaptations that affected health care workers and students, provides vital context for understanding their values during the pandemic. The most common changes that respondents experienced during the pandemic included 1) environmental shifts and adaptations, 2) interruptions to systems/ medical care of patients and, 3) role changes and/or loss of employment.

### 2.1 ENVIRONMENTAL SHIFTS AND ADAPTATIONS

Respondents explained that during Covid-19, organisations were required to restructure and reorganise according to government directives (including the stay-at-home directive). These changes included moving to online workspaces. For healthcare professionals, this often meant conducting telehealth services, zoom meetings and online teaching. Though in many cases these shifts were met with pragmatic optimism, some participants felt uncertain during the initial phases of initiating telehealth services: **"The initial uncertainty about MBS limitations for telehealth consultations was very stressful. This was exacerbated by having to adapt to providing consultations in an online environment"** R93. One participant, R79 felt that these changes were **"more reactive than proactive"**.

### 2.2 INTERRUPTIONS AND ADAPTATIONS TO SYSTEMS AND MEDICAL CARE OF PATIENTS

Respondents reported a range of interruptions to health services. In particular the cessation of research and elective surgeries, barriers to training and learning, inability to travel to rural and remote communities (including Aboriginal communities) and hospital visitor restrictions. These impacted on certain patient groups resulting from **"restrictions on which clients I can see due to lock downs"** R72.

### 2.3 ROLE CHANGES

Organisational restructures, along with environmental shifts and adaptations meant that 57% of respondents experienced role ranges, redeployment or job loss. In particular, the work flow changes were discussed by 25 people. For some, work had slowed down due to planned projects being put on hold, reduced hospital or clinic presentations or partner organisations (such as schools) being closed – impacting on the ability to conduct health promotion activities. Conversely, in some cases workload increased. In this instant, it was often because they were working on the Covid-19 response for their organisation, which was the case for 59% of respondents. This undertaking was referred to as a **"huge workload in planning and preparation"** R8.

Others were impacted by visitor restrictions, which meant they had to fulfil additional duties to their normal patient care activities:

> **"I work in aged care. Due to communal living in aged care, residents and staff are at increased risk of contracting Covid-19. This increases stress of staff, residents and family members of residents. Staff workloads increase as families are now not able to safely access facilities to provide support without putting everyone there at risk. Staff also become responsible for providing emotional support to residents and their families. This increases already high workloads" R68**

8% of respondents reported they or their close family member had experienced job loss and 6% reported they were redeployed to new work areas.

### 2.4 THE EMOTIONAL AND PSYCHOLOGICAL IMPACTS OF COVID-19

As a result of changes imposed by the pandemic, 46% of respondents reported they felt stressed and/or emotional and psychological difficulties.

> **"Like many of my colleagues I have an extra sense of anxiety going to work that was not there before. So many new protocols. Harrowing to see what our overseas colleagues have been through. Terrifying that we might face that." [R24]**

**"Burnt out. Stressed. Disheartened" [R38]**

**"I'm struggling with my mental health but doing what I can to manage. I understand how important isolation is, but it doesn't stop it being difficult" [R29]**

**"I'm exhausted." [R35]**

**"Noticing more stress among my colleagues and myself, tension headaches and health issues" [R52]**

In several cases, emotional stressors could have been mitigated through support for healthcare professionals as they adapted to the changes:

**"I received no assistance to setup remote work station – I'm not talking about financial assistance, just asking if I had sufficient equipment and tools" [R36]**

Recognising and responding to healthcare worker stress will be an essential consideration for future planning and crisis responsiveness.

## 3. Values of healthcare professionals during Covid-19

The most commonly reported values across the five open ended survey questions included (in no particular order): 1) Preventing further spread of Covid-19 2) Responding to the secondary effects of Covid-19 2) Health service preparedness and resilience and 4) Committing to climate action.

### 3.1 PREVENTING FURTHER SPREAD OF COVID-19

The Covid-19 response was mentioned 86 times across survey responses. Many respondents were content with the management of the pandemic. 34% were concerned that there would be a future spread of Covid-19, with additional fears that they would 'bring the virus home' from the hospital and pass onto loved ones. Community complacency was highlighted as a threat to containment, and as such there was support for strict surveillance, ample testing and maintaining border closures and stay-at-home restrictions for as long as required. Furthermore, the role of public health messaging and advocacy was highlighted as being vital in promoting Covid-10 eradication: **"Overall it has been very good. It is crucial to include patients, health consumers and the community more in planning the overall response and in shaping targeted communication"** [R22]

Respondents of this survey represented vast health contexts, not limited to the acute care setting. As such, these professionals thus provided insight into the populations they believed would be most impacted by the effects of Covid-19. Respondents feared that not suboptimal strategies were in place to prevent the spread of Covid-19 in areas that would be most impacted by the disease:

**"Create improved surveillance for COVID in known at-risk communities and groups - nursing homes, prisons, immigration detention centres, community-based asylum seekers, international students, grey nomads, back-packers and traveller groups without a fixed address, homeless. Indigenous and Pacifica communities, especially in urban and regional areas that are low-income and facing marginal employment need support that trains key people in communities to help with dissemination of key messages around COVID and future novel infectious disease"** [R83].

As such, it was recognised by respondents that leaders needed to consult community stakeholders in developing strategies for disease prevention, and developing health promotion material that would most accurately meet the learning needs of vulnerable populations.

### 3.2 RESPONDING TO THE SECONDARY EFFECTS OF COVID-19

Due to their experience working with vulnerable populations, health care professionals were not solely distracted by the immediate damage imposed by the virus. Instead they alerted us to consider the secondary effects of Covid-19 and the ability for communities to respond to these threats.

Economic instability, job losses, financial uncertainty, supporting workers/small businesses and re-

establishing and supporting Australian manufacturing industries was discussed by 38% of respondents. Academic staff were particularly concerned by insufficient support of universities - predominantly in failing to support international students, and a complete cessation of data collection in research activities during the stay-at-home directive. There is a genuine fear among this group that universities will suffer gravely from Covid-19: **"The Federal government has not provided enough support to the University sector. We need further financial support to ensure that our sector continues."** [R27]

The events of Covid-19 elucidated the inequalities that predominate in Australian society. Respondents were concerned that these divides would be further exacerbated, and that failure to address these divides would result in long term consequences. Key priorities that were identified included: improving access to health services (including community and sub-acute); planning for and responding to threats of increasing rates of family violence and mental illness; and providing income support for those impacted by workplace closures.

> **"I'm not sure but if business are advised to close and we remain in lockdown the economy may take many more months to recover and this will put a spike in crime, suicide and mental health problems and domestic violence" [R57]**

### 3.3 HEALTH SERVICE PREPAREDNESS AND RESILIENCE

89% of survey respondents discussed health service preparedness and resilience during the Covid-19 pandemic. Of these responses, 44% called for a greater investment into health services, 44% had recommendations about improvements to the current Covid-19 response and 36% wanted to see that society learned from this pandemic. Though the Covid-19 response was praised by many respondents, they believed that the pandemic had dominated over non-acute health services, including primary healthcare (mental health inclusive), community care, health promotion activities (including disease prevention) and health research.

Our survey respondents wanted to see that we used the events of Covid-19 as a lesson to shape future policy:

> **"Hospitals urgently need policies, funding, performance indicators and awareness-raising to be delivered so that practical action can be implemented and communities better understand the roles we could all play (similar to their role in COVID-19)." [R13]**

As such, health service preparedness and resilience was concerning for participants. In particular, respondents felt that emergency responsiveness was lacking; and disaster preparation needed strengthening **"I would recommend robust emergency preparedness for our health services"** [R77]. They also called for securing resources, strengthening food systems and a thorough analysis of data to comprehensively examine the widespread effects of Covid-19.

### 3.4 COMMITMENT TO CLIMATE ACTION

Though health care professionals solemnly acknowledged the distressing impact of Covid-19 on various populations, they also wholeheartedly valued the role the pandemic has had in exhibiting Australia's capacity to recognise and respond to global challenges. Participants reflected that Covid-19 was **"demonstrable proof that entire systems can change very quickly with broad level population support"**. [R92]

Respondents thus wanted leaders to recognise the value in committing to climate action:

> **"Given Covid-19 has led to falling carbon emissions and less pollution globally, it would be wonderful if globally nations could work together to continue this trend" [R91]**

Healthcare professionals were concerned that Covid-19 would distract leaders from action on climate change. It was widely acknowledged by respondents, that Covid-19 had dominated over other global issues, and thus public attention towards climate change related health risk was extenuated. As such, respondents called for the government to resist Covid-19 tunnel vision and to act: **"We are listening to the science on Covid, why aren't we listening to the science on climate change?"** [R87].

Respondents suggested that organisations leading the movement to reverse the impacts of climate change should be cautious when approaching climate change advocacy during this time: **"Health Care**

**Workers are under a lot of strain at the moment and don't need any more, even if it is with good intent. You will burn them easily."** [R24].

Some respondents believed that advocacy should be ignored entirely however:

> **"The longest fire season in living memory taught us that despite the push back, talking about climate change risks during a time of crisis is necessary. Likewise talking about the environmental risks to health that are exacerbated by the human caused impacts of climate change, is important to build awareness and understanding not just of communicable infectious disease but of all the impacts on health from global warming." [R77]**

Key opportunities for advocacy that were identified in this survey included:

- Focussing on shared root causes
- Communicating that climate action is a necessary and responsible response to a pandemic
- Capitalising on the community reconnecting with (and craving) nature.
- Reiterating that Covid-19 has shown us what our world could look like with targeted action (Ie. improved air quality)
- The value and trustworthiness of healthcare professionals
- The importance of community minded action.

> **"We don't want to say that COVID was a wonderful thing because the decrease in industrial activity is driving down emissions. BUT it is a great time to think about how things can be done differently - working from home more, austerity measures (reduce/reuse), reduced energy dependency" [R19]**


HOPE
#rainbowtrail

# Conclusion

Overwhelmingly this has been a challenging time for healthcare professionals whom have largely been responsible for implementing the changes during the Covid-19 pandemic. And indeed, there is little certainty about future spread of Covid-19 and other infectious disease. Our CAHA network have highlighted that short-sightedness risks failing to address the bigger picture issues that have led to (and will result from) Covid-19. They believed it was vital to consider the secondary impacts of the virus; including the impact of containment measures on determinants of health for vulnerable communities. They called for strong leadership and innovative thinking during the strategic planning. They also wanted to see that data from this pandemic was considered judiciously; and that we learn from our successes and shortcomings during this response.

Lastly, despite the emotional and psychological challenges that have burdened healthcare workers during this time, they remain focussed and optimistic about building climate resilience across the healthcare sector.

> **"We must hold onto hope as we know change can be possible, globally... quickly." [R94]**

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