COVID-19 Critical Care Staff Wellbeing Survey

Instructions

This is a survey to determine what the baseline is for staff wellbeing in the early phases of the COVID-19 pandemic and to record and research other factors of concern to staff working in a critical care setting in a hospital environment.

Completion of the survey is implied consent. You can stop this survey at any time and choose not to submit your response

All data collected is anonymous and data will be presented/published in an aggregated format at local/international forums.

Ethics approval for a waiver of full ethics review has been received from Children's Health Queensland, Human Research Ethics Committee, Australia.

Please answer the questions in this survey in relation to the past week. The survey should take less than 5 minutes.

1. What Country do you live in?	
Australia	
New-Zealand	
Other (please specify)	
We would like to determine changes over time in responses. If you would be happy to take this survey again, we ask you to prov your year of birth and last four digits of your mobile phone number so we can link your responses in the final analysis.	∕ide
2. Year of Birth (YYYY)	
3. What are the last four digits of your mobile phone number?	
COVID-19 Critical Care Staff Wellbeing Survey	
PART A	
1. What is your gender?	
Female	
Male	
Not specified	

2. V	Vhat is your age?
	20-29 years
\bigcirc	30-39 years
\bigcirc	40-49 years
\bigcirc	50-59 years
	60-65 years
\bigcirc	> 65 years
3. V	Which best describes your current living/home arrangements/circumstances? Choose only one Sole Occupant
	Flat/House Mate
	Partner
	Partner and Children/Dependants
	Children/Dependants
	Extended Family
	Other
4 V	Vhat is your highest level of education?
4. V	Bachelor's Degree
	Graduate Diploma/Certificate
	Master's degree
	Doctorate/PhD
	Other
5. C	ouring the COVID-19 pandemic what patients will you primarily work with? Select all that apply
	Adults
	Paediatrics
	Neonates
	Other (please specify)

6. V	Vhat area (critical care specialty) do you PREDOMINATELY work in?
	Intensive Care
	Emergency
	Theatres
	Anaesthetics
	High Dependency
\bigcirc	Other (please specify)
7. V	Vhat is your work role?
\bigcirc	Clinical Enrolled Nurse
	Clinical Registered Nurse
	Nursing Education
	Nurse Researcher
	Nurse Practitioner/Consultant
	Nursing Manager
	Nursing Student
	Medical Consultant/Staff Specialist
	Medical Registrar
	Medical Resident
	Medical Fellow
	Medical Student
	Physiotherapist
	Pharmacist
	Social Worker
	Dietitian
	Researcher
	Other (please specify)
8. V	Vhat is your current employment status? Full time
	Part time
	Casual

9. How many years CLINICAL experience?
<pre>< 1 year</pre>
1 to 2 years
3 to 5 years
6 to 10 years
11 to 15 years
16 to 20 years
> 20 years
10. How many years of CRITICAL CARE clinical experience do you have? Nil 1 to 2 years 3 to 5 years 6 to 10 years 11 to 15 years 16 to 20 years
> 20 years
11. What type of hospital do you work in?
Tertiary Metropolitan
Rural Private
Other (please specify)
Other (please specify)
COVID-19 Critical Care Staff Wellbeing Survey

PART B

* 1. Please read each statement and circle a number 0, 1, 2 or 3 which indicates *how much the statement applied to you over the past week*. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0 Did not apply to me at all

- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree or a good part of time
- 3 Applied to me very much or most of the time

	0	1	2	3
I found it hard to wind down	0			
I was aware of dryness of my mouth				
I couldn't seem to experience any positive feeling at all	0			
I experienced breathing difficulty (e.g. excessively rapid breathing breathlessness in the absence of physical exertion)				\bigcirc
I found it difficult to work up the initiative to do things	0			
I tended to over-react to situations				
I experienced trembling (e.g. in the hands)	0		0	\circ
I felt that I was using a lot of nervous energy	\bigcirc	\bigcirc		
I was worried about situations in which I might panic and make a fool of myself	0	0	0	
I felt that I had nothing to look forward to	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I found myself getting agitated		0	0	
I found it difficult to relax	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I felt down-hearted and blue				
I was intolerant of anything that kept me from getting on with what I was doing	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I felt I was close to panic		0	0	
I was unable to become enthusiastic about anything		\bigcirc	\bigcirc	\bigcirc
I felt I wasn't worth much as a person	0	0	0	
I felt that I was rather touchy		\bigcirc	\bigcirc	\bigcirc
I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)			0	0
I felt scared without any good reason	\bigcirc		\bigcirc	\bigcirc
I felt that life was meaningless				

COVID-19 Critical Care	Staff Wellbeing Survey
------------------------	------------------------

PART C

1. Where do you think your hospital is with the current pandemic? <i>Please select one only</i>
Pre (no COVID-19 patients)
Early phase (some/handful of COVID-19 patients)
Peak (overwhelmed/large numbers of COVID-19 patients)
Post (reducing burden of COVID-19 patients)
2. Have you had disaster preparedness (e.g. natural disasters, pandemics, etc.) training such as simulated rehearsal prior to COVID-19?
Yes
○ No
3. What is your MAIN SOURCE of information about COVID-19? <i>Please select only one</i>
Social Media/Websites
Traditional Media
Local Hospital Management
Health Authorities
Medical Literature
Other (please specify)
4. How much information about COVID-19 are you receiving?
None
Too little
Adequate
Comprehensive
Too much
5. Do you feel well supported in your work environment?
Not at all
Not really
Adequately
More than adequately
Very well

	What is your MAIN CONCERN about caring for patients suspected or confirmed with COVID-19? ase select one only
\bigcirc	Not clinically prepared
	Adequate/appropriate PPE
	Scarce resources
	Inadequate workforce
	Patient triage due to lack of beds and/or equipment
	Being required to self-isolate
	Transmission to friends/family/children
\bigcirc	Contracting COVID-19
\bigcirc	Responsibility for staff
\bigcirc	Being asked to work in an area that is not my expertise
\bigcirc	Other (please specify)
	What are your OTHER concerns about caring for patients suspected or confirmed with COVID-19?
	What are your OTHER concerns about caring for patients suspected or confirmed with COVID-19? ase tick all that apply. Not clinically prepared Adequate/appropriate PPE Scarce resources Inadequate workforce Patient triage due to lack of beds and/or equipment Being required to self-isolate Transmission to friends/family/children Contracting COVID-19 Responsibility for staff
	Adequate/appropriate PPE Scarce resources Inadequate workforce Patient triage due to lack of beds and/or equipment Being required to self-isolate Transmission to friends/family/children Contracting COVID-19
	Adequate/appropriate PPE Scarce resources Inadequate workforce Patient triage due to lack of beds and/or equipment Being required to self-isolate Transmission to friends/family/children Contracting COVID-19 Responsibility for staff
	Adequate/appropriate PPE Scarce resources Inadequate workforce Patient triage due to lack of beds and/or equipment Being required to self-isolate Transmission to friends/family/children Contracting COVID-19 Responsibility for staff Being asked to work in an area that is not my expertise

apply
Yes- Scope of practice different e.g. manage ventilated patients?
Yes- Requirement to manage a higher ratio of patients?
Yes- Supervise non-ICU staff redeployed to the ICU?
Yes- Take on a different role in ICU?
□ No
Other (please specify)
9. What essential training do you think is required for a pandemic response? <i>Please tick all that apply.</i>
Donning/Doffing PPE
Triage
Clinical supervision
ICU bed and staff surge plan
Hospital disaster plan
Simulated rehearsal
Managing the patients families expectations
Managing home/family obligations
Coping strategies and well-being
All of the above
Other (please specify)
10. My sleep has been negatively impacted during the COVID-19 pandemic?
Strongly disagree
Disagree
Neutral Neutral
Agree
Strongly agree

11. I am committed to coming to work in the hospital during the COVID-19 pandemic?
Strongly disagree
Disagree
Neutral
Agree
Strongly agree
12. I think I could grow personally and professionally as a result of COVID-19?
Strongly disagree
Disagree
Neutral
Agree
Strongly agree
13. What could assist your wellbeing during the COVID-19 crisis? <i>Please comment</i>

This is a very difficult time for everyone. If completing this survey has raised awareness of your own distress or made you concerned for your own wellbeing please reach out immediately. In the first instance talk to your line manager within your organisation. Most organisations will have a form of employment assistance that staff can access for free, please talk to your line manager about accessing this service. It is also timely to reflect when you last made an appointment with your own general practitioner (many are still seeing patients via telemedicine). Please prioritise your own wellbeing; your family, friends and patients will benefit most if you are well. Thank you