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Reply: Hearing the voices of Australian frontline healthcare workers during the COVID-19 pandemic

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Reply: Hearing the voices of Australian frontline healthcare workers during the COVID-19 pandemic

From the Authors:

We thank Marcellin et al. for their correspondence regarding our paper 'COVID-19 infection and the broader impacts of the pandemic on healthcare workers'. We welcome the opportunity to respond to their comments.

We appear to share common ground with Marcellin et al., particularly in recognizing the importance of prioritizing healthcare workers' voices in order to improve healthcare systems' preparedness for future crises. Our recent book, *Experiences of Health Workers in the COVID-19 pandemic: In Their Own Words*, draws on over 9000 Australian healthcare workers' responses to a survey examining the psychological, occupational and social impact of the COVID-19 pandemic.¹ The book shares healthcare workers' insights on what we can learn from the pandemic to strengthen our health system responses and preparedness for future crises.

We also recognize the importance of adopting a holistic approach to well-being, and agree that measuring and integrating quality of working life is important for designing meaningful support strategies for healthcare workers in future crises. In a previous paper that we published from the Australian COVID-19 Frontline Health Workers Study (ACFHWS), we argued that the pandemic both highlighted and magnified existing occupational health and safety issues that have serious implications for job satisfaction, health workforce retention and, ultimately, patient care.² Furthermore, many frontline healthcare workers reported moral distress related to resource scarcity and wearing personal protective equipment impacting patient care, exclusion of family going against their values and fear of letting co-workers down if they were infected. These factors were associated with experiencing poor mental health and occupational burnout. Feeling appreciated by the community was identified as a protective factor against these risks.³

Qualitative content analyses from the ACFHWS survey highlighted key issues regarding workplace safety and risk, uncertainty and upheaval at work and at home and the lack of crisis preparedness, which affected health professionals universally across disciplines and areas of work.⁴ These findings align with Marcellin et al.'s comments that 'a broader reflection needs to be pursued to build long-term responses

that consider healthcare workers quality of working life, experiences, needs and expectations'.

The next phase of our research programme, 'Future-Proofing the Frontline', aims to develop strategies to support frontline healthcare workers and leaders in times of crises. To achieve this, we will endeavour to understand the experiences of managers and leaders who have been responsible for supporting the frontline healthcare workforce during the COVID-19 pandemic. We will also work with frontline healthcare workers to co-design occupational supports that they value and will use.


Moving forward, it is essential that we listen to and learn from the voices of frontline healthcare workers in order to ensure that their needs are addressed and prioritized in future crises.

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CONFLICT OF INTEREST

None declared.

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