The Covid-19 crisis, mental health of healthcare workers and trade union actions

Survey results

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Deliverable 2.3 in the COMET project. This report can be downloaded from our website http://hsi.uva.nl/ under the section: https://aias-hsi.uva.nl/en/projects-a-z/comet/comet.html

Table of Contents

1. Introduction

The Covid-19 crisis has had a severe impact on the already strained mental health of healthcare workers [HCWs]. Trade unions, workers and hospitals need a better understanding what measures and initiatives can be effective to mitigate these effects, in order to avoid future pandemics putting hospitals and their workers under similar pressure, and to address the more structural mental health problems in the sector. The project COMET (COvid-19 crisis, MEntal health of healthcare workers and Trade union actions) analyses the role and contribution of industrial relations in mitigating the negative impact of the Covid-19 crisis on the mental health of healthcare workers, as well as in reducing structural mental health problems in the sector.

The work of healthcare workers in hospitals has always entailed serious mental health risks. Mental health risks encompass for instance risks in terms of depression, anxiety disorders and post-traumatic stress disorder. Occupation-specific factors affecting mental health risks include high workloads, substantial individual responsibilities, dealing with the suffering of patients and their relatives, and the threat of physical violence. The Covid-19 crisis has further increased mental health risks[1] among healthcare workers.

In this report, we outline the results of a survey conducted in the second half of 2023 among the health sector affiliates of the European Public Service Union (EPSU). This survey was held to gain more insight into the various responses by unions, workers and hospitals[2] aimed to prevent, ameliorate or treat mental health problems emerging during and after the Covid-19 crisis. Responses include those from collective bargaining, social dialogue and works councils or company unions.

In the next phase of the study, and building on the survey results, the project will further analyse the trade unions' experiences and responses to the Covid-19 pandemic in several European countries. Through interviews, the project collected in-depth information for better understanding the factors that determine the successes and the limitations of initiatives, measures and examples of good practices by the social partners in the hospital sector. Useful lessons in the context of future pandemics and crises will be identified. This qualitative part of the study will be outlined in a separate report, available for download on our project website, accessible at: https://aias-hsi.uva.nl/en/projects-a-z/comet/comet.html.

The report is organised as follows. In the next section, we will provide more information about the data collection. Section 3 presents the survey results about hospitals' and trade unions' actions in terms of identifying and monitoring mental health issues. Moving on to section 4, we delve into the findings on prevention, protection and care for the healthcare workers and their families. Section 5 addresses professional and organisational challenges, while section 6 examines the need for personal support at work during the pandemic. Section 7 reflects on the voice of healthcare workers. Lastly, in section 8, we provide a reflection on the implications of these findings, with a specific focus on trade unions.

[1] As noted by De Maeseneer et al (2021), and acknowledging the risk of generalisation, research tends to emphasise the mental *illness* aspect of mental health over the dimension related to mental *well-being* - a comment also reasonably applicable to the present study.

[2] While the hospitals are not involved in the project, we asked the ESPU affiliates to report on hospital initiatives.

2. Data collection

About the questionnaire

The survey was developed by researchers from AIAS-HSI. The project's literature review, as outlined by Tros et al. (2023), served as a crucial initial step. The draft questionnaire was discussed and refined with input from experts at EPSU and EPA. Before going into the field, the questionnaire was tested for functionality, content and clarity on a small group of test respondents (N= 8). The study was reviewed and given a favourable opinion from the Ethics Committee of Amsterdam Law School on 7/3/2023 (reference number FDR-131).

The survey consists of seven modules with questions about long-standing and new measures and good practices from hospitals and unions aimed to prevent, ameliorate or treat mental health problems. The seven modules are: identifying and monitoring mental health impact; responses from hospitals, unions and collective bargaining/social dialogue; overall evaluation of successful initiatives and underdeveloped areas; prolongation or initiation of measures since the crisis; the (potential) role for unions; background characteristics; contact questions and finalisation of the survey.

Potential responses were divided into various groups based on the preceding literature study (see Tros et al., 2023): protection; information, communication and training; organisational adaptations; support during work; care during infection; and voice. These groupings also correspond with the sources of anxiety among health care professionals as detailed in Shanafelt et al. (2020) (see also Table 1 below about the principal desires, concerns and components of response regarding several sources of anxiety and requests from healthcare workers during the pandemic). The measures in the closed questions are examples of possible good practices we encountered in the literature, but these lists are not based on some categorisation of best practices, nor are they exhaustive. However, the closed questions were partly intended to stimulate thoughts about good practice in a particular area. The final questionnaire is included as Annex A in this report.

Table 1 Sources of anxiety and requests from healthcare professionals during the pandemic

Request	Principal desire	Concerns	Key components of response
Hear me	Listen to and act on health care professionals' expert perspective and frontline experience and understand and address their concerns to the extent that organizations and leaders are able	Uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals and whether local physician expertise regarding infection control, critical care, emergency medicine, and mental health is being appropriately harnessed to develop organization-specific responses	Create an array of input and feedback channels (listening groups, email suggestion box, town halls, leaders visiting hospital units) and make certain that the voice of health care professionals is part of the decision-making process
Protect me	Reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to family members	Concern about access to appropriate personal protective equipment, taking home infection to family members, and not having rapid access to testing through occupational health if needed	Provide adequate personal protective equipment, rapid access to occupational health with efficient evaluation and testing if symptoms warrant, information and resources to avoid taking the infection home to family members, and accommodation to health care professionals at high risk because of age or health conditions
Prepare me	Provide the training and support that allows provision of high-quality care to patients	Concern about not being able to provide competent nursing/medical care if deployed to new area (eg, all nurses will have to be intensive care unit nurses) and about rapidly changing information/communication challenges	Provide rapid training to support a basic, critical knowledge base and appropriate backup and access to experts Clear and unambiguous communication must acknowledge that everyone is experiencing novel challenges and decisions, everyone needs to rely on each other in this time, individuals should ask for help when they need it, no one needs to make difficult decisions alone, and we are all in this together
Support me	Provide support that acknowledges human limitations in a time of extreme work hours, uncertainty, and intense exposure to critically ill patients	Need for support for personal and family needs as work hours and demands increase and schools and daycare closures occur	Provide support for physical needs, including access to healthy meals and hydration while working, lodging for individuals on rapid-cycle shifts who do not live in close proximity to the hospital, transportation assistance for sleep-deprived workers, and assistance with other tasks, and provide support for childcare needs Provide support for emotional and psychologic needs for all, including psychologic first aid deployed via webinars and delivered directly to each unit (topics may include dealing with anxiety and insomnia, practicing self-care, supporting each other, and support for moral distress), and provide individual support for those with greater distress
Care for me	Provide holistic support for the individual and their family should they need to be quarantined	Uncertainty that the organization will support/take care of personal or family needs if the health care professional develops infection	Provide lodging support for individuals living apart from their families, support for tangible needs (eg, food, childcare), check-ins and emotional support, and paid time off if quarantine is necessary

Source: Shanafelt et al., 2020, pp. 2134

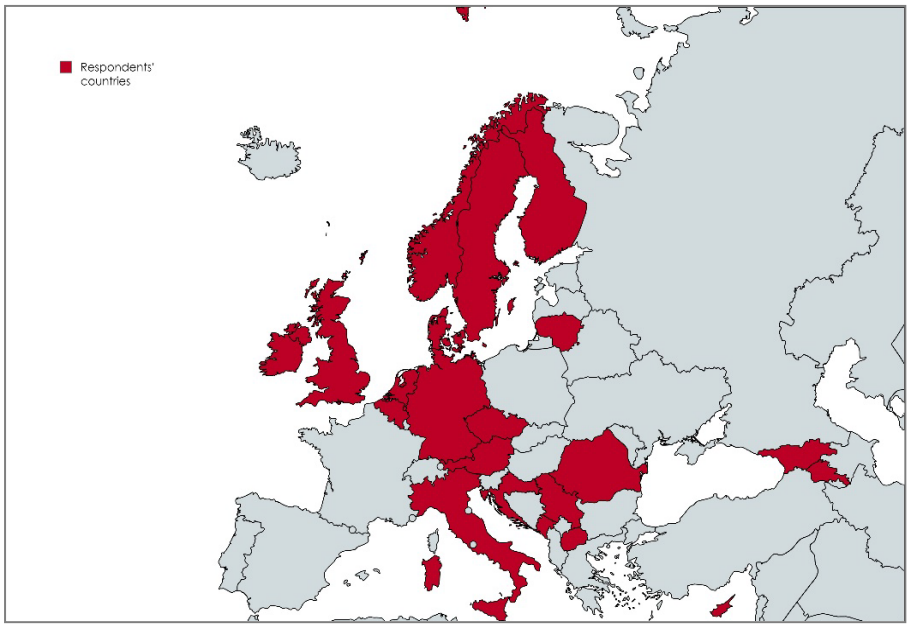
Fieldwork

EPSU distributed the survey among its member organisations (N=60). The survey was conducted in English. Language assistance was offered to respondents, who also had the option of responding in their preferred language. The fieldwork took place in the period July 2023 - February 2024 and a total of 23 affiliates filled out the complete questionnaire. Furthermore, 9 participants did not complete the entire questionnaire; however, they did offer responses to a significant proportion of the questionnaire and/or the open-ended questions. This report includes a total base of N=32 respondents.

Respondents are from various regions across Europe. Respondents who completed the full questionnaire, or a substantial part, are from the countries as depicted in Figure 1. A representative from Tajikistan also filled out the questionnaire, but this country is outside the map boundaries and therefore not depicted in Figure 1. The figure shows that the region of South-Western Europe in particular is missing.

Furthermore, the majority of respondents are from unions representing various workers in the hospital sector (i.e. not unions representing specific occupational groups). The respondents have indicated that their responses in the survey relate primarily to the 'public sector' or 'no sector in particular' (thus not primarily 'private sector'). The estimated share of hospital workers who are members of the respondents' trade union ranges from under 20% to over 60%.

Figure 1 Overview of countries where respondents come from
Tajikistan also participated but lies outside the map boundaries



3. Mental health risks

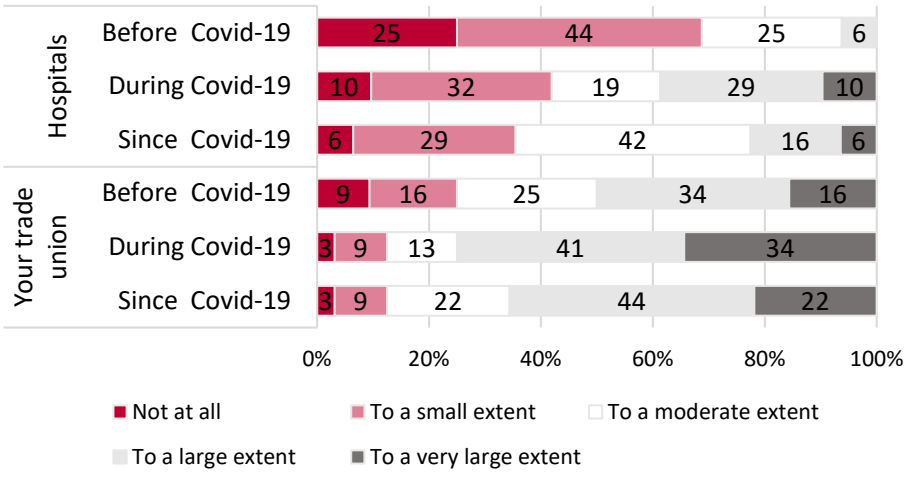
The work of healthcare workers in hospitals has always carried serious mental health risks. These relate to, among other aspects, high workloads, substantial individual responsibilities, dealing with the suffering of patients and their relatives, and the threat of physical violence. The Covid-19 crisis further augmented stress, emotional fatigue, anxiety, depression, burnouts and PTSD among healthcare workers.

Attention to mental health risks

One of the first questions we asked our respondents was "To what extent would you say there has been sufficient attention to mental health risks *within hospitals* in your country before, during and after the Covid-19 crisis?" ('1' not at all – '5' to a very large extent). The results are shown in the upper part of Figure 2. The majority of respondents indicated that before the Covid-19 crisis the attention for mental health risks within hospitals was limited; around 70 per cent indicated there was no attention 'at all' or 'to a small extent'. During the Covid-19 crisis the attention increased, and 39% indicated that attention to mental health risks by hospitals was quite extensive in that period. Following the onset of the Covid-19 crisis, a significant proportion of participants suggested that hospitals addressed mental health risks 'to a moderate extent'.

A similar question was posed about attention to mental health risks by trade unions. The exact question was "To what extent would you say *your trade union* has given sufficient attention to mental health risks of health workers before, during and after the Covid-19 crisis?" ('1' not at all – '5' to a very large extent). EPSU affiliates reported that attention to mental health risks among healthcare workers was already higher within their trade unions before the onset of the Covid-19 crisis: only about a quarter of the respondents indicated there was no attention, or to a small extent. During the Covid-19 crisis, but also since then, the mental health risks of healthcare workers has been able to count on considerable attention from the trade unions.

Figure 2 Attention to mental health risks (by hospitals and trade unions), N=32



Questions: *To what extent would you say there has been sufficient attention to mental health risks within hospitals in your country before, during and after the Covid-19 crisis?*
To what extent would you say your trade union has given sufficient attention to mental health risks of health workers before, during and after the Covid-19 crisis?

Source: COMET Survey 2023

4. Concerns about self and family: prevention, protection and care

A first source of mental health problems at the time of the Covid-19 pandemic lay in fear for one's own health and worries about **adequate protection** against contamination for healthcare workers' colleagues and families (Kisely et al., 2020; Shanafelt et al., 2020; De Maeseneer et al., 2021). Concerns included access to appropriate personal protective equipment, taking infections home to family members, and not having access to testing if needed.

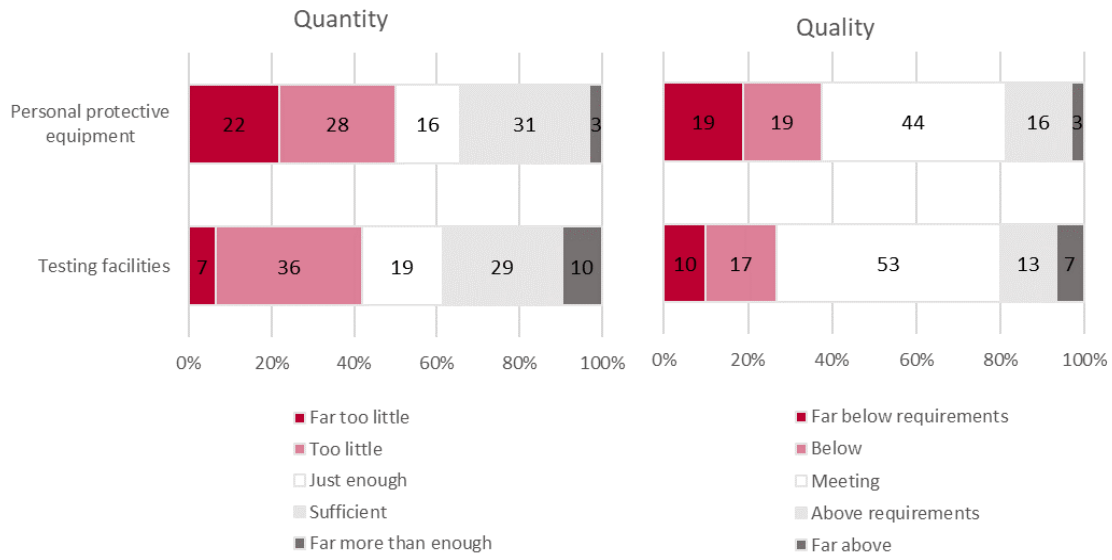
Protection against infection during Covid-19

The left panel in Figure 3 shows the answer to the question "in general, would you say there were sufficient personal protective equipment and testing facilities available for health care workers within hospitals in your country during the Covid-19 crisis?" – addressing the quantity of available protective equipment.

A large proportion of the respondents indicated that the quantity of personal protective equipment and testing facilities was not good enough: 50% indicated there was not enough personal protective equipment and 43% that there were not enough testing facilities available for health care workers within hospitals.

The right-hand panel in Figure 3 addresses the question "and would you say the quality of personal protective equipment and testing facilities for health care workers within hospitals met the requirements?". The majority of respondents indicated that the quality of the equipment and testing facilities met or was above the requirements. Nevertheless, 38% of the respondents also evaluated the quality of the protective equipment as below or far below the requirements.

Figure 3 Quantity and quality of personal protective equipment and testing facilities, N=32



Questions: *In general, would you say there were sufficient personal protective equipment and testing facilities available for health care workers within hospitals in your country during the Covid-19 crisis? (quantity, left)*
And would you say the quality of personal protective equipment and testing facilities for health care workers within hospitals met the requirements? (quality, right)

Source: COMET Survey 2023

Initiatives taken by hospitals to contribute to adequate protection

Information sessions for healthcare workers on risks and preventive measures, particularly when obligatory, seem to have had an ameliorating effect on mental health problems. In that light, we also asked the following question: "During the Covid-19 crisis, hospitals have organised information sessions for healthcare workers on risks and preventive measures. Do you know of a successful initiative in this area? And why do you consider this a successful initiative (e.g. because it was obligatory, had a certain frequency or a well-chosen location)?" In addition, we asked more generally whether respondents knew of good initiatives taken by hospitals that contributed to adequate protection of healthcare workers. Table 2 provides an overview of initiatives, and the reasons why respondents considered these initiatives successful.

Table 2 Initiatives to contribute to adequate protection for healthcare workers, hospitals

Country	Short description of the practice	Why a good practice or additional information
Austria	Training videos on how to use PPE (BHS Wien).	Simple and well suited for younger generations.
Belgium	At C.H.U. St Pierre Brussels information was provided to all health workers.	Everyone learns to put on personal protective items.
Belgium	Action against 1st minister; when she came to the hospital, workers turned their back when she passed.	It garnered significant media attention, and the government had to take measures for the well-being of healthcare workers
Cyprus	Education with lectures, video and protocols.	To inform the health workers.
Finland	Kanta-Häme Central Hospital organised open information events aimed at both staff and citizens. Thanks to openness, everyone had an up-to-date picture of the situation. The aim of openness was to reduce the burden on healthcare in a difficult infection situation. Citizens were ill a lot and workplaces had sick leaves due to the Covid virus.	Open sharing of information guided citizens seeking treatment. This reduced the burden on healthcare services. When the situational picture was the same for both patients and employees, it increased the employees' own faith in the future and that even difficult situations could be overcome.
Georgia	There were online meetings about this subject and a few also took place in TSMU the first clinic	
Germany	Regular information sessions at the University Hospital Heidelberg, with all leading and important groups for employees. After meetings there was the inter-clinical Crisis Team (regular 2 times a week, weekly).	Because relevant information was communicated very fast, directly. You had the possibility to ask the Crisis Team everything. After the meetings they sent an email to all employees with the important information and news. There was an extra website for all information about the pandemic.
Italy	In almost all healthcare facilities there was information on good practices and risks.	The involvement of workers is necessary for good prevention.
Serbia	In the institution of the University Clinical Centre of Serbia, all employees are informed on a daily basis about the recommended measures for behaviour in the time of Covid through the management system in the institution. For all binding measures, the employees were informed and signed a report that they were aware and that they would behave in accordance with the measures.	There is an epidemiology service that dealt with the protection of employees. Contacts in this service were available to employees at any time of the day.

Union involvement

About 63% of the respondents indicated that their union was involved in the provision of adequate protection - such as personal protective equipment, testing facilities or information sessions - for healthcare workers. The answers to the subsequent survey questions regarding the involvement of their union and any other commendable initiatives taken by the union contributing to the sufficient protection of healthcare workers are integrated into Table 3.

Table 3 Union involvement in the provision of adequate protection for healthcare workers

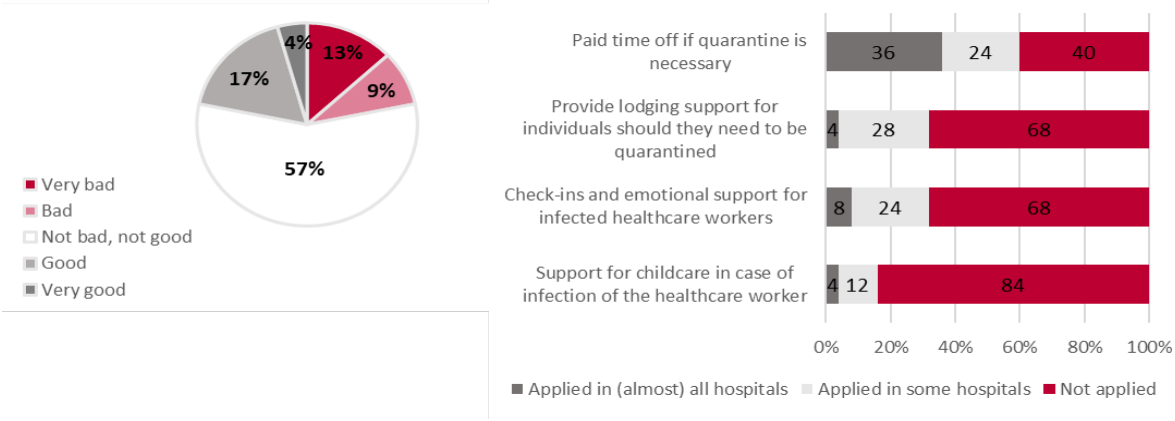
Country	Short description of the practice
Armenia	Material assistance.
Austria	Procurement of PPE from China (partner union).
Belgium	We did many emails to management and followed the material in the units and service through the syndicate delegates. We spoke up where there was a lack of protective material.
Cyprus	Provide uniforms, masks and face shield.
Czech Republic	Healthcare and social care union of the Czech Republic negotiated at the Ministry of Health.
Denmark	We put political pressure on decision makers, the Ministry of Health and the Danish Labour Inspectorate. We collaborated with scientists, made surveys and so on. From the start of the pandemic, access to adequate PPE was central to trade union concerns and demands. The pandemic has clearly resulted in greater awareness of the need to secure the supply of PPE. A newly formed government unit, the Danish Critical Supply Agency (Styrelsen for Forsyningssikkerhed) and regional and local governments now work together to ensure the security and supply of PPE and prevent future shortages (Danish Critical Supply Agency, 2022). Also paramedics/ambulance drivers fought hard to get the right kind of PPE.
Finland	We actively trained our members and provided information on various work-related matters. We actively interpreted the rapidly changing legislation and instructed the members about their rights and obligations during the Covid pandemic. Instructions were given regarding crisis and labour legislation, vaccinations, protective equipment and protection, occupational well-being and coping at work, etc.
Germany	Video conferences from early on as a communication platform to talk about experiences and good practice. People were isolated during lockdown, but especially in the healthcare sector it was necessary to get information.
Italy	Training, activation of control bodies, provision of national agreements. Use of smart working and ffp2 masks already at the beginning of the pandemic. Covid management protocols at national level for all work categories.
Netherlands	Conducting consultations with the Ministry of Health, Welfare and Sport.
Norway	A website highlighting Occupational Health and Safety requirements and workers' rights.
Romania	Protective equipment, information about Covid-19
Serbia	Our union was involved through the Committee for Occupational Safety and Health of the UKCS, whose chairman is a member of our union. We visited all parts of the institution in order to check the existence and use of protective equipment, maintenance of hygiene and application of recommended measures. We invited employees to get vaccinated and insisted on sufficient protection of personal protective equipment.
Sweden	Local representatives in the regions and Occupational Safety and Health representatives were informed and could propose ideas of how security and testing would be performed.

Sweden	In 2020, we were forced to wage a legal battle for members' right to use personal protective equipment against Covid within elderly care. https://library.fes.de/pdf-files/bueros/stockholm/17690.pdf
Tajikistan	From the first days of the pandemic, our union joined the fight to save the lives of medical workers. In this matter, we received support from the International Labor Organization. Informational work on the prevention of Covid-19 was carried out by national and regional trade unions, personal protective equipment was purchased at the expense of trade unions, and online seminars and conferences were held.
Unknown	We took the initiative to establish a Covid-19 risk assessment toolkit for use by any healthcare organisation. Ambiguous messages being put out through infection prevention and control guidance, not in line with health and safety legislation.

Care during infection

Another source of mental health problems arose from concerns about who would **take care** of the personal or family needs if the healthcare workers personally developed infection. Figure 4 shows the responses to the question "Overall, how would you say infected healthcare workers were taken care of in your country during the Covid-19 crisis?". The figure indicates that a majority of participants, specifically 57%, believed that healthcare workers were neither well nor poorly cared for during the Covid-19 crisis. Approximately 20% of respondents believed that healthcare workers were poorly or very poorly taken care of, while a comparable portion thought the care provided was good or very good.

Figure 4 Caring for infected health care workers, N=25



Questions: *Overall, how would you say infected healthcare workers were taken care of in your country during the Covid-19 crisis? (left)*
Do you know whether any of the following initiatives were applied during the Covid-19 pandemic with respect to caring for personal and family needs of hospital staff? (right)

Source: COMET Survey 2023

In follow-up survey questions, we asked respondents to elaborate on their answers or highlight positive practices implemented by hospitals or their unions. The answers indicated that a substantial number of participants perceived healthcare workers to have been treated on a par with the general population, categorising the care for healthcare workers as 'neither bad nor good.' Some respondents mentioned that specific initiatives were deemed unnecessary as they were already 'taken care of by the state.' Additionally, several participants in the intermediate category emphasised the aspect that 'at least workers received sick pay during quarantine.'

One of the more positive responses underlined the quality of the care in the country:

"Employees who are infected, depending on their state of health, are hospitalised or referred to home treatment with earnings as if they were working. They received all known and accepted medicines for the healing process free of charge. They had all the diagnostics available"

In contrast, respondents from other countries expressed more severe criticism. Those highlighting inadequate care for healthcare workers in their respective countries pointed out that only a few received compensation when infected with Covid-19, or that quarantine was prohibited until they were seriously ill. Additionally, some respondents highlighted the pressure for infected individuals, especially key workers, to return to work. A few also noted that healthcare workers were not contacted and did not receive any care during their illness.

We also presented respondents with the question "Do you know whether any of the following initiatives were applied during the Covid-19 pandemic with respect to caring for personal and family needs?" The items and outcomes are presented in the right panel of figure 4.

Consistent with the references made in response to the open question, the practice that was most applied in hospitals was to provide paid time off in case of necessary quarantine. Nevertheless, 40% of respondents also indicated that this approach appeared to be uncommon within hospitals in their country. Other initiatives, such as 'providing lodging support for individuals needing quarantine,' 'check-ins and emotional support for infected healthcare workers,' and 'support for childcare in case of a healthcare worker's infection,' seemed to be more of an exception than a standard practice in most hospitals and countries.

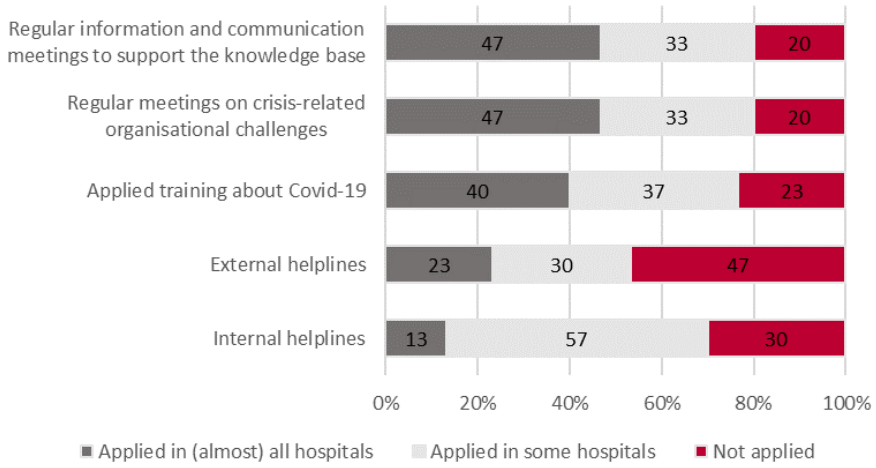
5. Professional and organisational challenges

Other sources of mental health problems during the Covid-19 pandemic came from the rapidly changing professional challenges and the related concerns from hospital workers to be able to provide competent care, as well as problems originating from the intensity of work. Organisational adaptations could reduce this intensity and introduce more balance to the demands put on workers and the control they experienced.

Professional challenges

Figure 5 illustrates the responses to the question "do you know whether any of the following initiatives were applied during the Covid-19 pandemic in hospitals in your country?".

Figure 5 Information and communication to address professional challenges (N=30)



Question: *Do you know whether any of the following initiatives were applied during the Covid-19 pandemic in hospitals in your country?*

Source: COMET Survey 2023

The findings show that 'regular information and communication meetings to support the knowledge base' and 'regular meetings on crisis-related organisational challenges' were widely implemented in hospitals during the pandemic; 20% of the respondents indicated this was not applied in hospitals in their respective countries. 'Applied training about Covid-19' (e.g. on infection prevention and control) was not carried out in 23% of the hospitals. 'Internal helplines' (ensuring that workers were not left to themselves, but had appropriate backup systems or systems that allowed workers to discuss new, difficult situations with colleagues) and 'external helplines' (i.e. workers knew how to contact (external) experts in case they needed access to specific expertise) were mentioned less frequently by the respondents. The open-ended question about good practices in hospitals (or departments/teams within hospitals) did not yield much additional detailed information on how hospitals addressed professional challenges. Some respondents underlined that they were supported by institutions such as ILO or WHO, or by national authorities coordinating activities in this domain.

Table 4 provides an overview of the initiatives taken by unions to ease concerns or contribute to adequate preparation of healthcare workers.

Table 4 Union involvement to ease concerns or contribute to adequate preparation of healthcare workers

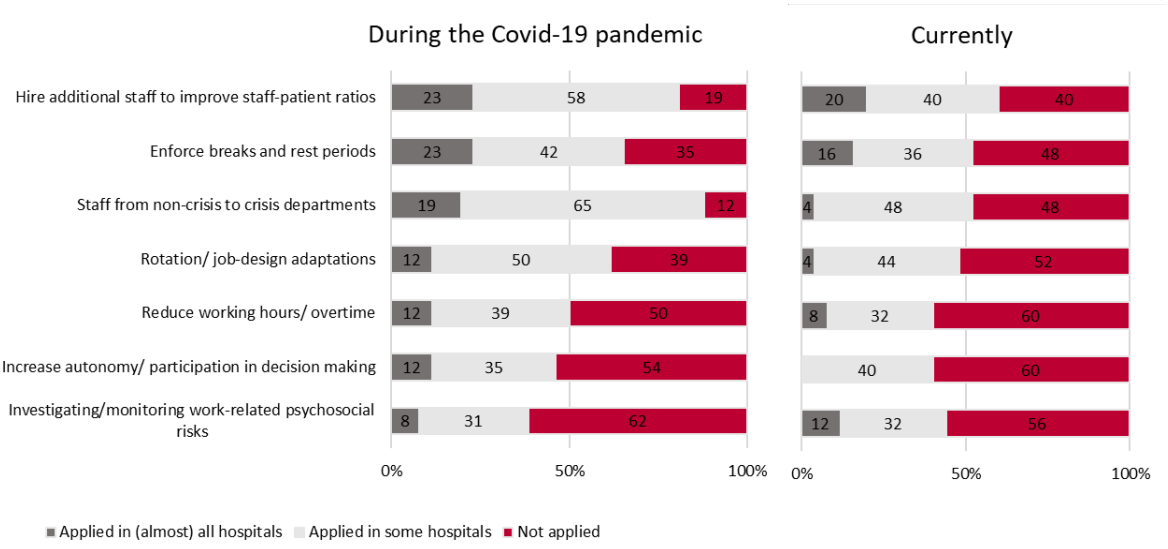
Country	Short description of the practice
Austria	Webinars with experts from the healthcare sector. This was free, low-threshold, up-to-date.
Czech Republic	The union constantly informed its members in sub-organizations through emails and online press conferences.
Denmark	Updated information on our website, helplines etc.
Germany	Online Meetings and Information about the changing laws for work times, about how to protect against infections or about vaccine standards.
Italy	We have done many online courses on risks and prevention. The workers felt involved and perceived the union's presence.
Norway	Website on Covid-19 issues.
Serbia	The union of employees in healthcare and social insurance of Serbia, through negotiations with the Government of Serbia, achieved that the employees working in the Covid system were rotated and that all those working in the Covid system received a 30% salary increase. Also, if employees got sick with Covid while on sick leave, they were paid as if they were working.
United Kingdom	Our government mandated Covid vaccinations. Was creating fear amongst health and social care workers. We managed through pressure to keep these voluntary. https://www.unison.org.uk/health-news/2022/01/mandatory-covid-vaccination-of-health-and-care-workers-england/

Organisational adaptations

The left pane of figure 6 shows the responses to the question “do you know whether any of the following initiatives were applied during the Covid-19 pandemic in hospitals in your country?” According to the respondents, the measures most frequently adopted during this period included 'employing additional staff to enhance staff-patient ratios’, 'enforcing breaks and rest periods’, 'shifting staff from non-crisis departments to crisis departments’, and 'implementing rotation between tasks with varying demands or other job-design adjustments’. Hospitals least commonly applied 'investigating or monitoring of work-related psychological risks' during the pandemic. The open-ended question concerning positive initiatives implemented by hospitals or unions to alleviate work intensity through organisational adjustments included examples in various areas where unions were involved during the pandemic. For instance, respondents cited achievements such as reaching agreements on working hours, engaging in collective bargaining for staff-to-patient ratios, and securing paid lunch breaks. However, the responses lacked specific details or descriptions of particular actions or initiatives.

Upon comparing the measures implemented during the Covid-19 pandemic (left panel in figure 6) with the current measures adopted by hospitals (right panel), the results reveal a significant decrease across all measures since then, with the sole exception of investigating/monitoring work-related psycho-social risks – a measure which seems to be applied more now than during the pandemic.

Figure 6 Organisational measures to address the intensity of work, during the Covid-19 pandemic and currently, N=26



Questions: *Do you know whether any of the following initiatives were applied by hospitals during the Covid-19 pandemic in your country? (left)*
Do you know whether any of the following initiatives are <u>currently</u> applied by hospitals in your country? (right)

Source: COMET Survey 2023

Good practices in identification and monitoring

Although we know that mental health problems among healthcare workers exist in general, and were put further to the test during the pandemic, we know little about whether individual workers with (severe) mental health problems were identified and monitored adequately (before, during and after the pandemic). According to Figure 6, this is not among the most commonly applied measures.

Therefore, we asked respondents if they knew of a good practice by hospitals (or departments/ teams within hospitals) to *identify or monitor* the mental health of their healthcare workers. The answers to the open questions are shown in Table 5[3].

Table 5 Good practices in identification and monitoring, hospitals

Country	Short description of the practice	New or long-standing measure
Austria	At BHS Wien they hold employee surveys, anonymously and regularly and directly with the employees of the hospital	Long-standing
Austria	The Psychological Service Centre [PSC] is integrated into the Wiener Gesundheitsverbund [WIGEV] and, in addition to monitoring mental health, also offers free advice for all employees in cooperation with external experts.	Long-standing, the offering is constantly being expanded
Cyprus	At Nicosia general hospital, the supervisor of each department evaluates and monitors the healthcare workers to identify the symptoms before and to prevent them.	Long-standing
Netherlands	Additional money was made available from the Sofokles labour market fund, so individual University's Medical Centres had additional measures available for psychological problems above and beyond the budget. Additional programs have been started here for extra guidance. There has been close contact within several Brabant hospitals for additional psychological support from mental health institutions (with a closed exchange).	These agreements were in addition to existing policies
Sweden	The hospital Södertälje sjukhus has used two methods for early detection of the risk of mental illness. The first method is a large, individual and anonymous screening. The second method is the use of "sensors". Sensors are employees who have volunteered and been trained, and who then have between five and ten colleagues to keep a little extra track of. Each week, the sensor will assess e.g. whether the group has the right balance between requirements and resources, and rate it on a ten-point scale. Through these methods, staff and managers become more aware of the risks and problems of mental illness. The methods cover all employees. They have low thresholds for seeking and getting help. Early detection is conducive to a faster recovery.	Unknown

We also asked whether (and if so how) the respondent's union identified or monitored the mental health of healthcare workers. The answers to the open questions are shown in Table 6.

[3] Some respondents offered responses more aligned with the 'support' or 'information' category rather than 'identification and monitoring.' These responses have been incorporated into the table that aligns most logically with their content.

Table 6 Good practices in identification and monitoring, unions

Country	Short description of the practice	New or longstanding measure
Czech Republic	The union constantly monitors the psyche of the employees through sub-organisations that pass information to the union leadership. The Union then devises procedures and tries to help.	Long-standing
Denmark	National and union surveys about Occupational Safety and Health/Mental Health. National data about nurses' mental health and collecting data in a big national survey for nurses every second year. Last time was 2023 with 8000 nurses responding.	Long-standing
Finland	We constantly hear our members' opinions and thoughts about coping in the workplace. We also participate in national workgroups dealing with mental health and occupational health, where we bring nurses' views to the fore. Here you can find more information about the Finnish Mental Health at Work Programme: https://stm.fi/en/mental-health-at-work-programme1.	Long-standing
Georgia	The trade union has meetings, talks and surveys with our workers very frequently.	Improved
Italy	We created a desk accessible to workers who were answered by professionals who deal with mental health. Totally free. The name of the project is 'Funzione Protettiva'.	Ongoing
Netherlands	Through projects via labour market funds. See for example: https://sofokles.nl/project/psychosociale-nazorg//. We as social partners can initiate this industry-oriented approach and raise it with individual institutions if we receive signals.	Long-standing
Norway	Various surveys; we need to have an overview of the actual situation and developments.	Improved
Sweden	We do member surveys to monitor the work environment for healthcare workers. We use data from our member surveys for advocacy to draw attention to the work environment and working conditions of our members. We try to influence public debate and political decisions by writing reports and press releases, organising seminars and so on.	Long-standing

6. Support during work

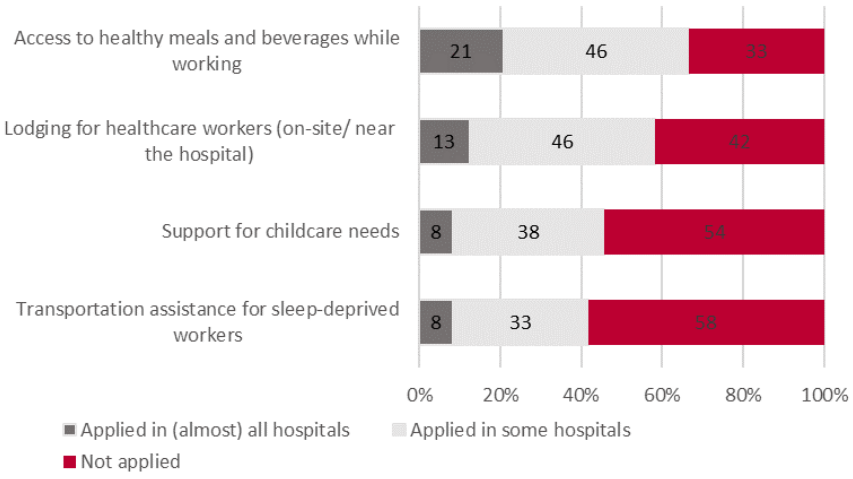
Another source of mental health problems during the Covid-19 pandemic originated from various needs for support. These needs could be divided into two broad categories: 1) support for personal and family needs (as both work hours and family needs increased, e.g. due to school and day-care closures) and 2) psychological and social support.

Support for personal and family needs

We asked respondents 'Do you know whether any of the following initiatives were applied during the Covid-19 pandemic with respect to the support for personal and family needs of hospital workers?', and presented them with items that could support them with their personal or family needs. During the pandemic, both working hours and family needs increased, e.g. due to school and day-care closures.

A majority of respondents indicated that 'all' or 'some' hospitals provided 'access to healthy meals and beverages while working', as well as 'lodging for healthcare workers (e.g. on site or near the hospital) (see Figure 7). 'Support for childcare needs' and 'transportation assistance for sleep-deprived workers' was less commonly available. The open-ended question concerning positive initiatives implemented by hospitals or unions to support the personal and family needs of healthcare workers during the pandemic mentioned several specific hospitals or actions in this area; an overview of the practices is included in Table 7.

Figure 7 Support for personal and family needs of hospital workers, N=24



Question: *Do you know whether any of the following initiatives were applied during the Covid-19 pandemic with respect to the support for personal and family needs of hospital workers?*

Source: COMET Survey 2023

Table 7 Initiatives to support healthcare workers with their personal or family needs, hospitals and unions

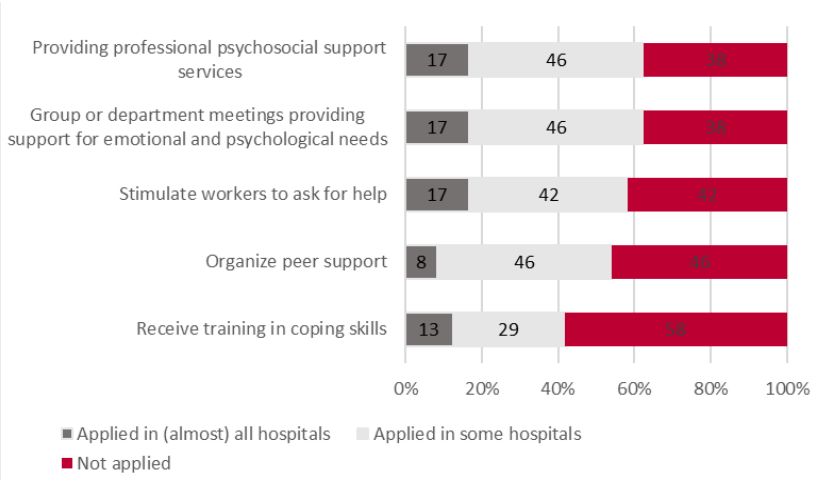
Country	Short description of the practice
Austria	At BHS Wien overnight accommodation and free meals were provided. Many colleagues were more afraid of taking the virus home with them than of becoming infected, especially at the beginning; this was very good for them.
Belgium	At CHU St Pierre Brussels they asked for childcare next to the hospital. It was a big problem for workers while the schools were closed.
Cyprus	Provision of apartments/ private owners to support healthcare workers at Paphos General Hospital.
Germany	University Hospital Berlin Charité had several measures; the Charité really wanted their employees to have no stress coming or getting to work.
Romania	Free accommodation near the hospital for medical staff.
Tajikistan	In almost all Covid hospitals this issue was supported.

Psychological and social support

In addition, we asked respondents 'do you know whether any of the following measures were applied during the Covid-19 pandemic with respect to psychological and social support of hospital workers?' These might include measures to prevent, ameliorate or treat mental health problems.

The findings in Figure 8 show that none of the suggested measures stands out in particular. Most suggested measures were applied in 'some' hospitals, such as 'providing professional psycho-social support services' or 'group or department meetings providing support for emotional and psychological needs'. There are however remarkably many concrete initiatives mentioned in the open-ended question related to psychological and social support implemented by hospitals or unions. These initiatives are included in table 8.

Figure 8 Psychological and social support of hospital workers, N=24



Question: *Do you know whether any of the following measures were applied during the Covid-19 pandemic with respect to psychological and social support of hospital workers?*

Source: COMET Survey 2023

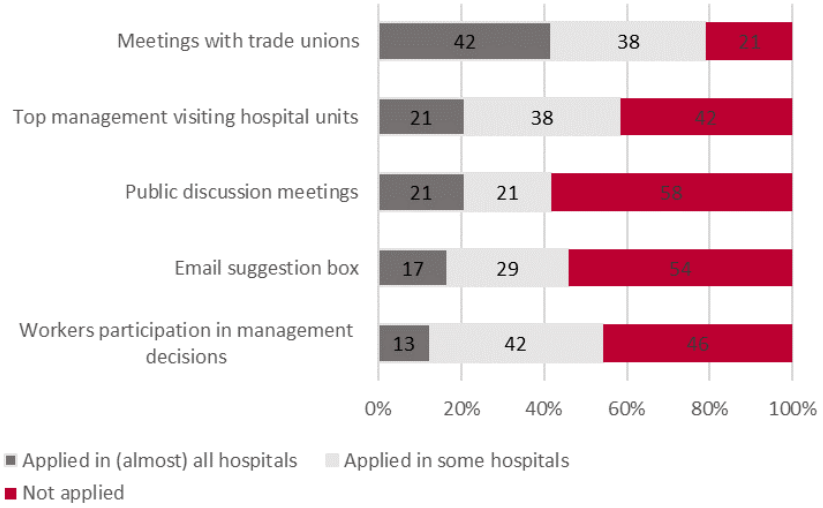
Table 8 Psychological and social support initiatives, hospitals and unions

Country	Hospital or union	Short description of the practice
Austria	AKH Wien	Legal right to psychological care, low threshold and external psychologists.
Belgium	C.H.U. St Pierre Brussel	Psychological aid for all workers, with direct telephone number and quickly appointment.
Czech Republic	Oblastní nemocnice Mladá Boleslav	A psycho-social intervention team was established at the hospital.
Denmark	Nykøbing Falster Hospital	A focus on strain psychology that had a big effect on such things as sick days, high emotional demand and mental health in general. A course in stress psychology as well as knowledge of one's own and others' reaction patterns to stress should give the employees at Nykøbing F. Hospital a better psychological working environment. Recently, the effort won the hospital the Working Environment Award in the mental working environment category: https://dsr.dk/fag-og-udvikling/sygeplejersken/arkiv/sygeplejersken-argang-2022-nr-7/nykoebing-f-vinder-pris-for-indsats-for-psykisk-arbejdsmiljoe/.
Finland	Finnish hospitals	During the corona period, Finnish hospitals established telephone emergency services for staff. It was possible to call the crisis phone if you felt overwhelmed or afraid. Hospitals increased information and staff were given question and answer sections, where information was quickly and easily available. Skype training was organised for the hospital staff to support coping. You could ask the head nurse anything and she gave a clear answer and instructions. The services of an occupational psychologist were offered through occupational health care. Occupational health and safety resources were increased. Employees were offered a snack and juice by the employer. Individuals and associations sent nurses lemonade and buns to the coffee rooms. At the national level, solidarity was shown to the nursing staff by lighting important buildings blue and organising clapping sessions outside hospitals. With this, the outsiders wanted to support the caregivers, coping in a difficult situation.
Germany	University Hospital Heidelberg	The hospital gives all employees the possibility to get psychological help. You can stay anonymous, in you want. You have the possibility to speak about the things in your life or at work and can get sessions to prevent a trauma. It was a special possibility during and after the Covid pandemic. The intensive care unit, which cared for Covid patients, got regular supervisions in Teams meetings to speak about the things that happened in their unit.
Italy	Fp Cgil (union)	Telephone help desk.
Serbia	Clinical centre of Serbia	We asked the employer to form teams for psychosocial support.
Sweden	Södersjukhuset	The hospital social workers were assigned to do debriefing with medical staff in the Covid units. It's a way of a broader use of the social workers' professional skills that helped and supported medical staff.
Tajikistan	Trade Union of Health and Social Protection Workers	During the peak of the pandemic, we introduced online consultations for psychological support for medical workers.

7. Healthcare worker's voice

A final source of mental health problems lay in concerns about not being heard and the uncertainty that the voice of healthcare workers was not part of the decision-making process. Also in this area we asked respondents whether they 'know whether any of the following initiatives were applied during the Covid-19 pandemic in your country?' The two initiatives that were most applied in 'all' or 'some' hospitals were 'meetings with trade unions' and 'top management visiting hospital units' (see Figure 9). Various specific initiatives that were taken by hospitals, unions, workers' representatives or others are summarised in Table 9.

Figure 9 Initiatives in the area of the healthcare worker's voice, N=24



Question: *Do you know whether any of the following initiatives were applied during the Covid-19 pandemic in your country?*

Source: COMET Survey 2023

Table 9 Initiatives in the area of the healthcare worker's voice, hospitals, unions workers representatives or other

Country	Hospital, union, workers' representatives or other	Short description of the practice
Austria	Offensive Gesundheit	Cooperation of all unions in the health sector, plus the Chamber of Labour and the Medical Association, lobbying together to improve working conditions. A joint campaign 'Es ist fünf nach 12!' received a lot of media attention
Cyprus	Union	Go to general hospitals to meet/ inform/ help healthcare workers, to encourage them to inform us of their problems and provide support.
Denmark	FOA (Union)	We worked 24/7 to exert political pressure and to influence guidelines and so on.

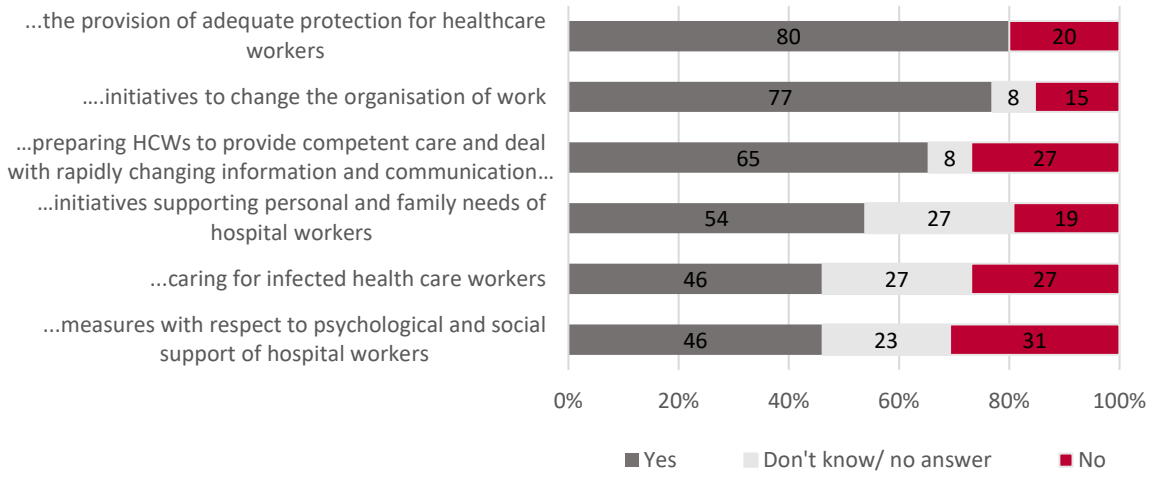
Finland	They (Union)	As a union, we actively communicated to the public about caregivers' coping, experiences and well-being. In Finland, resources were concentrated on medical care, and preventive health care visits were reduced. We made it clear that resources must be set aside for post-pandemic work to cover the medical debt. Kanta-Häme Central Hospital organised open information sessions led by the chief physician. These information events increased citizens' understanding of the healthcare situation and guided them in seeking treatment.
Finland	Workers' representatives	We organised weekly Teams meetings with workers' trustees. Through the trustees, we got information about the workplace situation and they were able to share the regional situation picture with other trustees across the country.
Romania	SANITAS Trade Union Federation	Protest pickets on street.
Serbia	Clinical Centre of Serbia and union	In the committee for safety and health at work in CCS, the majority are representatives of employees, i.e. trade unions, and we constantly monitored the number of infected people and proposed measures.

8. The role of trade unions

Trade unions' involvement during the Covid-19 pandemic

Figure 10 shows the type of initiatives in which the unions in this study were involved during the Covid-19 pandemic. Trade unions were most often involved in 'the provision of adequate protection for healthcare workers' and 'initiatives to change the organisation of work' and least likely to be involved in 'caring for infected health care workers' and 'measures with respect to psychological and social support of hospital workers'.

Figure 10 Trade union involvement in various types of initiatives, N=25



Question: *Was <u>your union</u> involved in initiatives with respect to ...?*

Source: COMET Survey 2023

Some respondents also mentioned initiatives or good practices that did not fit into one of the explicitly addressed categories, but which they wanted to share, such as in the area of **remuneration**. The remark from a Serbian respondent is different from the 'paid time off if quarantine is needed' (section 4) or the items mentioned under 'organisational measures to address the intensity of work' (section 5):

> *We materially supported our members and advocated for them to receive the so-called Covid supplement for salary increase from their employer in the long term* (Serbia).

Another long-term oriented initiative in the area of remuneration was the remark that the unions in Austria had been involved in various online petitions for increased funding for healthcare (stating that 'clapping is not enough').

A UK respondent mentioned various initiatives that **focused on specific groups or minorities** that have increased mental health risks. While not all of these initiatives seemed to be directly tied to the Covid-19 pandemic, they were generally aimed at addressing mental health concerns for specific groups or minorities:

- *Belfast Health and Social Care Trust co-developed with trade union colleagues a virtual Domestic and Sexual Violence and Abuse Support Toolkit. The one stop resource provides support and information on violence and abuse, aims to raise awareness of violence and abuse, and assure staff that it is safe to raise concerns in the workplace. It tackles a very challenging issue and provides support for people with an issue that impacts greatly on mental health;*
- *HS Wide. NHS England/ Addressing the impact of Covid-19 on Black workers in the NHS. There was evidence of disproportionate mortality and morbidity amongst black, Asian and minority ethnic (BAME) people, including our NHS staff, who have contracted Covid-19. It is critical that we understand which groups are most at risk, so we can take concerted action to protect them.*
- *Birmingham Women's and Children's NHS Trust worked with trade union representatives to develop and launch an innovative policy offering additional paid leave to parents who lose their babies - the first of its kind in the NHS and UK public sector. 82% female workforce. Pregnancy loss has a serious impact on individuals and can lead to long term absence and mental health conditions, including PTSD. The trust wanted to tackle the taboo of talking about a baby dying, and their trade unions wanted to support their members and work in partnership to shine a light on this hidden grief.*

In Denmark, the union was involved in the provision of research articles in collaboration with the University of Copenhagen (e.g. Nabe-Nielsen et al, 2021; Pelling, 2021).

Lessons from the Covid-19 pandemic

Table 10 contains respondents' responses to the open-ended question about initiatives they perceived as particularly effective in tackling mental health issues among healthcare workers during a crisis like the Covid-19 pandemic, as well as those they believed were lacking in development.

The initiatives that are considered successful were quite diverse, though seemed mainly concentrated in the areas of adequate protection, information and taking action to improve working conditions. The aspects that were considered underdeveloped seemed to have in common that they addressed the lack of attention to the individual, the human being versus a strong focus on 'production'. Another prevalent theme revolved around 'organisational challenges,' signifying that issues such as pressure,

understaffing, and underpayment existed before the pandemic. The outbreak exacerbated these challenges, transforming them into an uncontrollable ordeal.

Table 10 'Successful' and 'underdeveloped' measures in addressing mental health problems of healthcare workers in a crisis situation such as the Covid-19 pandemic

Country	Successful	Underdeveloped
Austria	Protest movement and demonstration to improve working conditions.	Co-determination, working hours (not enough free time).
Cyprus	The education of the healthcare workers in order to encourage and provide information for their safety.	
Denmark	Political pressure - continued political pressure - but because the focus and "battle" about PPE were so hard - it could be difficult.	When the healthcare sector is under pressure BEFORE an epidemic (not robust enough) - it is harder - and because the pressure has been so hard during the epidemic the system is really suffering now - after the epidemic.
Finland	Open information, telephone support, support received from supervisors, occupational healthcare and the trade union.	Job resourcing and salary. Before the pandemic, public healthcare processes had already been developed for a long time based on productivity and efficiency thinking. In a pandemic situation, resources were so scarce that they did not meet the healthcare needs of the pandemic period. Nurses must be paid substantial compensation for the work they do for the common good.
Georgia	The questionnaires and online meetings which discussed many important details.	
Germany	Mental health support readily available.	Including healthcare workers in decision making and crisis meetings.
Netherlands	Good protective equipment, involving professionals at all levels in crisis response, psycho-social aftercare. Compensation for loss of income (compensation for personal contribution, compensation for additional costs that are not reimbursed by the health insurer, compensation for disability).	Too much focus on production, too little on the workload of the individual employee.
Norway		Low levels of consciousness and knowledge of the implications of relational work and emotional risk factors in the systematic OH&S work.
Romania	Monthly discussions at the level of health and social services units.	All else.
Tajikistan	Online outreach work.	This was a big problem both during the pandemic and in the post-pandemic period, that is now. There is burnout among medical workers, post-Covid complications, the post-Covid syndrome which needs to be rehabilitated.

Unknown	Raising awareness of the issue and joining forces with other unions and healthcare professions.	Support and understanding of the psychological impact.

Since the latest lockdowns, the situation for most healthcare workers has returned more or less to pre-Covid normality. However, new pandemics may emerge in the future as well. Therefore, we also asked whether respondents knew of measures that had been prolonged, improved or initiated *since* the crisis by hospitals and unions. The answers to these open-ended questions are included in Table 11.

Table 11 Measures that had been prolonged, improved or initiated by hospitals and unions

Country	Measures prolonged, improved or initiated by hospitals
Cyprus	Open new departments, new rules for visitors (like wear mask and new hours for visiting) and education for healthcare workers
Denmark	In DK we have established a Robustheds (Robustness) commission and they have presented a long list of suggestions to make a better future healthcare system - right now we are negotiating these ideas with the government. Read more here: https://sum.dk/publikationer-sundhed/2023/september/robusthedskommissionens-anbefalinger
Finland	Hospitals' emergency plans were updated but no extra resources were added.
Georgia	Hospitals had meetings with their workers very frequently and every suggestion has been taken into consideration and taken care of.
Germany	Covid is considered a work-related illness.
Italy	The use of filtering face masks remained mandatory for workers and visitors. Greater organisational attention to the health and safety of workers.
Netherlands	No, everything has now been phased out again. Unfortunately, we have not learned from the opportunities that the Covid crisis offered us when it comes to carrying out work in the sector. Administrative regulatory burden is back, interchangeability of functions is complicated, we are back in the mode before the Covid crisis.
Romania	Unfortunately no.
Tajikistan	There is caution, preventive work is still being carried out. Sanitary and hygiene measures. Improving working conditions for medical workers.
Unknown	Support hubs were established, but this varied across the country and in some areas was poorly published with poor uptake, whilst in other areas uptake was good with positive results.
Country	**Measures prolonged, improved or initiated by unions**
Austria	Webinars, online tools, member recruitment at a distance and more contact with companies through more creative forms of protest. Implementation of a crisis team and better communication with the community. Better collaboration in the union through the implementation of online tools. More focus on healthcare issues; Digitalisation; as a result, the health workers have gained more self-confidence and have also learned to protest.
Italy	The pandemic has brought about the use of video conferences as an innovation.
Montenegro	Public announcements, improvement of safety at work and creation of work plans for crisis situations.

Netherlands	Income decline due to agreements in collective labour agreements about compensation; more agreements about personal safety; more attention to sustainable employability; occupational health and safety catalogue receives more attention.
Norway	Crisis preparedness has become a main topic in the political debates that NNO (Norwegian Nurses Organisation) participates in e.g. the lack of acute care nurses and preparedness in rural areas.
Unknown	Continue to lobby for greater awareness and for initiatives to be put in place for the longer term, not just for a financial year.

Finally, we asked 'what would you say is the main lesson we should have learned from the Covid-19 pandemic?' The answers to this question are included in Table 12. Several of the answers in both Table 11 and table 12 show that, in various countries, representatives indicated that in their country not many lessons had been learned from the Covid-19 pandemic. Some (but not all) illustrative quotes are:

- "*No, everything has now been phased out again. Unfortunately, we have not learned from the opportunities that the Covid crisis offered us when it comes to carrying out work in the sector. Administrative regulatory burden is back, interchangeability of functions is complicated, we are back in the mode before the Covid crisis*" (representative Netherlands, table 11).
- "*That we were not prepared - and still are not. Allocation of resources and planning must be a responsibility of the national government, not the local governments or hospitals alone*" (representative Norway, table 12).
- "*Prevention must be a central theme and cannot be adequately developed during an emergency. It is an organisational process that needs investment and people*" (representative Italy, table 12).
- *"Swedish healthcare and elderly care was in crisis before the Covid-19 pandemic. There is a shortage of trained care workers. Pandemic planning was inadequate. Although some improvements have been introduced in the course of the pandemic, municipalities and regions will need additional tax funding to finance growing care needs and improve the work environment. The elderly care sector is underfunded, understaffed and the Swedish population is ageing. The elderly care sector needs to be prioritised politically and to be given the opportunity to raise standards"* (representative Sweden, table 12).

Table 12 Main lessons we should have learned from the Covid-19 pandemic

Country	Short description of the practice
Austria	Scientific communication, central purchasing in the EU, reserves for the healthcare system, state control of the healthcare system and better monitoring of the available units.
Cyprus	To be more careful in order of infections (hand hygiene).
Denmark	That the pandemic shows us how fragile the healthcare sector is - and there will be more pandemics - so we need to prepare more for this and remember that OS&H and health are closely connected.
Finland	This situation may occur again sooner than we can think about.
Germany	Healthcare for the people not for profit!!
Italy	Prevention must be a central theme and cannot be adequately developed during an emergency. It is an organisational process that needs investment and people.
Montenegro	We need better organisation in crisis situations.
Netherlands	That it could happen again and that we have to be ready for it.

Norway	That we were not prepared - and still are not. Allocation of resources and planning must be a responsibility of the national government, not the local governments or hospitals alone.
Romania	Appropriate protective equipment
Sweden	Swedish healthcare and elderly care was in crisis before the Covid-19 pandemic. There is a shortage of trained care workers. Pandemic planning was inadequate. Although some improvements have been introduced in the course of the pandemic, municipalities and regions will need additional tax funding to finance growing care needs and improve the work environment. The elderly care sector is underfunded, understaffed and the Swedish population is ageing. The elderly care sector needs to be prioritised politically and to be given the opportunity to raise standards.
Tajikistan	The Covid-19 pandemic showed that the medical service of no country (even the richest countries) was ready. It is necessary to increase funding for healthcare. Take measures to provide social and economic protection to medical workers.
Unknown	Align health and safety law with infection prevention and control guidance, ensure preparedness is effective and monitored and a precautionary approach is taken to prevent ill health occurring.

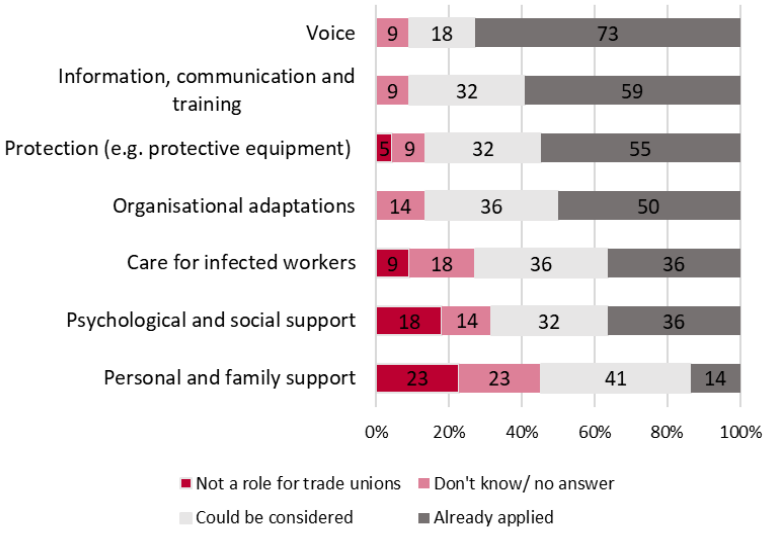
What roles do unions see for themselves?

In the preceding sections, we explored different domains where unions have been involved amid the Covid-19 pandemic, albeit to different extents and with distinct emphases across countries. As one of the concluding questions, we asked 'do you see a role for trade unions in addressing various types of initiatives in crisis situations to address mental health issues of healthcare workers? - Please indicate for all of the following initiatives whether you consider these 'not a role for unions', they 'could be considered' in potential future pandemics to be taken up by unions or were 'already applied during the Covid-19 pandemic by unions'. The results are presented in Figure 11.

The findings show that representatives mostly saw a role for trade unions in the areas of 'voice' (e.g. work consultation practices or organising public discussion meetings), 'information, communication and training' (related to professional challenges in providing good care during pandemics), 'protection' (e.g. protective equipment), and 'organisational adaptations' (e.g. enforcing breaks and rest periods, supporting the hiring of extra staff, job design, organisational risk assessment in mental health).

Trade union representatives were less likely to regard 'personal and family support' (e.g. organising access to healthy meals and beverages, transportation or child care facilities), 'psychological and social support' (e.g. webinars providing support for emotional and psychological needs for all (for instance on dealing with anxiety and insomnia)) or 'care for infected workers' (e.g. provide lodging support for infected healthcare workers or paid time off if quarantine was necessary) as roles for trade unions.

Figure 11 Role for trade unions in addressing various types of initiatives, N=22



Question: *Do you see a role for trade unions in addressing various types of initiatives in crisis situations to address mental health issues of healthcare workers?*

Please indicate for all of the following initiatives whether you consider these 'not a role for unions', they 'could be considered' in potential future pandemics to be taken up by unions or were 'already applied during the Covid-19 pandemic by unions'

Source: COMET Survey 2023

9. Conclusion and discussion

In conclusion, the Covid-19 pandemic significantly impacted the mental health of healthcare workers (HCWs), putting further strain on an already stressed workforce. The relatively high mental health risk of healthcare workers is influenced by occupation-specific factors such as high workloads, substantial individual responsibilities, dealing with the suffering of patients and their relatives, and the threat of physical violence. The Covid-19 crisis only intensified these mental health risks, including stress, emotional fatigue, anxiety, depression, burnout, and post-traumatic stress disorder.

The project COMET aims to analyse the role of industrial relations in mitigating the negative impact of the crisis on healthcare workers' mental health and reducing structural mental health problems in the sector. The findings from the survey conducted among the health sector affiliates of the European Public Service Union (EPSU) have shed light on various measures and initiatives adopted by hospitals, trade unions and collective bargaining or social dialogue to address mental health issues during and after the pandemic. The survey addressed initiatives in the area of the identifying and monitoring mental health, as well as measures for prevention, protection, and care for healthcare workers and their families. It also explored professional and organisational challenges and the provision of personal support at work. Additionally, the survey explored the voice of healthcare workers and the role of trade unions in addressing mental health issues.

The survey results indicate that there was limited attention to mental health risks within hospitals before the Covid-19 crisis. However, during the crisis, there was a noticeable increase in attention and efforts made by hospitals to address mental health risks. Although attention surged during the crisis, there is now a challenge in sustaining this awareness and maintaining efforts to address mental health risks within the sector. Trade unions, on the other hand, seem to have been more proactive in addressing mental health risks even before the pandemic, with a greater focus on healthcare workers' well-being.

Identifying and monitoring mental health issues were found to be challenging during the pandemic, with limited knowledge about whether individual workers with mental health problems were being adequately identified and monitored. However, some hospitals and unions implemented good practices in this area, such as regular employee surveys and psychosocial services, aimed at early detection and prevention of mental health issues.

When it comes to prevention, protection and care for healthcare workers and their families, hospitals made efforts to provide personal protective equipment (PPE) and testing facilities. The availability and quality of personal protective equipment and testing facilities varied among hospitals, with some reporting insufficient quantity, whilst quality was generally assessed as better. Moreover, various countries implemented initiatives such as information sessions on risks and preventive measures, training and providing support for personal and family needs (such as access to healthy meals and lodging for healthcare workers). However, there is potential for more consistent and broader adoption of these practices in the event of a new health crisis.

Professional and organisational challenges were addressed through measures such as information and communication meetings, regular meetings on crisis-related organisational challenges and organisational adaptations. Trade unions were involved in initiatives to change the organisation of work and provide support during the pandemic. However, there is still a need to address issues related to workload, understaffing and underpayment. These challenges predated the Covid-19 pandemic, were aggravated by it, and have persisted beyond its duration.

Supporting healthcare workers while at work and addressing their personal and family needs have been recognised as crucial factors in mitigating mental health problems. Some hospitals made efforts to provide access to healthy meals and beverages, lodging for healthcare workers, professional psycho-social support services, transportation assistance for sleep-deprived workers and support for childcare needs. Some unions played their part in supporting personal and family needs and providing psychological and social support, albeit to a lesser extent.

The survey findings also highlighted the importance of healthcare workers' voices and participation in decision-making processes during the pandemic. Initiatives such as meetings with trade unions and top management visiting hospital units were implemented, but more could be done to ensure that healthcare workers' concerns and perspectives were heard and considered in general as well as in the event of a new crisis.

This study makes several significant contributions to the current body of literature. Firstly, it explores the viewpoint of union representatives regarding the mental health risks faced by healthcare workers, as well as their potential strategies for mitigation. This perspective is often overlooked in comparison to research focusing directly on the mental well-being of healthcare workers or on organisational and hospital policies that have an impact on mental health. Gaining an understanding of how unions contribute to addressing these issues offers valuable insights, especially in anticipation of a potential new pandemic. In addition, many respondents provided thorough responses to the open-ended questions, enabling the delineation of a broad spectrum of potential initiatives. Another contribution of the study is its coverage of unions' perspectives and practices across various European countries and welfare state models. This international scope is crucial as it sheds light on whether attitudes and actions of unions towards mental health risks among healthcare workers are predominantly national phenomena or are prevalent across European trade unions. It also highlights opportunities for mutual learning and exchange among unions across Europe.

However, it is important to acknowledge that the study lacked representation from all European countries, with omissions including countries like France and Spain. Another limitation lies in relying on perceptions and self-reported behaviour of union representatives regarding mental health issues. Moreover, not all representatives provided equally detailed responses. Consequently, the results should be interpreted analytically and cannot be generalised statistically. Due to these limitations, we also refrained from presenting results based on European regions.

Looking forward, the main lessons that can be learned from the Covid-19 pandemic include the need for better preparedness in the healthcare sector, increased funding for healthcare, improved organisation and allocation of resources, and a focus on prevention and support for healthcare workers. Some respondents expressed dissatisfaction with the lack of lessons learned and the need for improvements in various areas. Trade unions have a significant role to play in addressing mental health issues in future crises, perhaps particularly in areas such as protection, information and communication, organisational adaptations and giving voice to healthcare workers. However, there is also a need for continuous improvement and development of initiatives in areas such as personal and family support, psychological and social support and care for infected workers. The pandemic has revealed the fragility of the healthcare sector and the importance of addressing mental health issues in a comprehensive and proactive manner. COMET’s qualitative study, based on in-depth interviews, will go further into these issues of the lessons learned and the need and opportunities for improving mental health policies for healthcare workers.

Overall, this study based on survey findings provides valuable insights into the initiatives and measures taken by hospitals and trade unions to address mental health issues among healthcare workers during the Covid-19 pandemic. These findings can inform future strategies and policies aimed at mitigating the negative impact of crises on healthcare workers' mental health and improving overall well-being in the sector.

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Survey Flow

Standard: Informed Consent (1 Question)
Standard: BLOCK A. MENTAL HEALTH IMPACT (6 Questions)
Standard: BLOCK B. RESPONSES IN THE AREA: PROTECTION AGAINST INFECTION (6 Questions)
Standard: BLOCK C. RESPONSES IN THE AREA: INFORMATION, COMMUNICATION AND TRAINING (5 Questions)
Standard: BLOCK D. RESPONSES IN THE AREA: ORGANISATIONAL ADAPTATIONS (4 Questions)
Standard: BLOCK E. RESPONSES IN THE AREA: SUPPORT DURING WORK (6 Questions)
Standard: BLOCK F. RESPONSES IN THE AREA: CARE DURING INFECTION (5 Questions)
Standard: BLOCK G. RESPONSES IN THE AREA: VOICE (3 Questions)
Standard: BLOCK H. OTHER RESPONSES (1 Question)
Standard: BLOCK I. EVALUATION (2 Questions)
Standard: BLOCK J. SINCE THE CRISIS (4 Questions)
Standard: BLOCK K. ROLE FOR UNIONS (2 Questions)
Standard: BLOCK L. BACKGROUND CHARACTERISTICS (3 Questions)
Standard: BLOCK M. FINALISATION OF THE SURVEY (4 Questions)

Informed consent (at the start of the online survey)

Q0

Welcome to this survey!

We are interested in understanding the various responses by unions, other workers' organisations and hospitals aimed to prevent, soften or treat mental health problems emerging during and after the Covid-19 crisis. For this study, you will be presented with information and questions on

- Identifying and monitoring mental health problems among health care workers;
- Responses during and after the Covid-19 crisis;
- The role, or potential role, of unions
- Good practices that were developed during and after the pandemic.

The survey should take you around 20-25 minutes to complete and is conducted in English. If you experience severe difficulties in expressing yourself in English, you can answer in your mother tongue or contact Adam Rogalewski from EPSU for support at arogalewski@epsu.org. The Principal Investigator of this study, Maarten Keune, can be contacted at m.j.keune@uva.nl.

Participation is entirely voluntary. You have the right to withdraw at any time during the research for any reason. The research data will be stored for a period of at least ten years. This is in case future scientists want to know more about this research. The University of Amsterdam (UvA) is committed to protecting your privacy. The University of Amsterdam has a privacy statement, which can be read here.

By clicking the button below, you acknowledge:

- Your participation in the study is voluntary
- You are 18 years of age or older
- You give permission to process coded data
- You give permission for storing the research data for a period of at least ten years
- You are aware that you may choose to terminate your participation at any time for any reason

  ○ I consent, begin the survey
  ○ I do not consent, I do not wish to participate

Skip To: End of Survey If Q0 = 2

End of Block: Informed Consent

Start of Block: BLOCK A. MENTAL HEALTH IMPACT

COMET* Survey

* Covid-19 crisis, mental health of healthcare workers and trade union actions

Question #	Topics
A1-A2	Identifying and monitoring mental health impact, good practices
B1-H1	Responses by hospitals, unions and collective bargaining/ social dialogue aimed to prevent, soften or treat mental health problems during the Covid-19 crisis, quality of the responses, good practices. - Protection (B1-B4) - Information, communication and training (C1-C4) - Organisational adaptations (D1-D3) - Support during work (E1-E6) - Care during infection (F1-F4) - Voice (G1-G3) - Other responses (H1)
I1-I2	Evaluation
J1-J3	Since the crisis. Were measures prolonged or initiated after the crisis? Do you know of any measures taken for a potential new crisis situation?
K1-K2	(Potential) role for unions
L1-L4	Background characteristics
M1-M2	Finalisation of the survey

A. MENTAL HEALTH IMPACT

*The work of healthcare workers in hospitals has always had serious **mental health risks**. These are related to, among others, high workloads, substantial individual responsibilities, dealing with the suffering of patients and their relatives, and the threat of physical violence. The Covid-19 crisis further increased emotional fatigue, anxiety, depression, burnouts and post-traumatic stress disorder among healthcare workers.*

Press >> to go to the questions

1. a. To what extent would you say there has been sufficient attention to mental health risks <u>within hospitals</u> in your country before, during and after the Covid-19 crisis?

	Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent	Don't know/ no answer
a. Before the crisis	O1	O2	O3	O4	O5	O-99
b. During the crisis	O1	O2	O3	O4	O5	O-99
c. Since the crisis	O1	O2	O3	O4	O5	O-99

*We know little about whether **individual workers** with (severe) mental health problems have been **identified and monitored** adequately before, during and after the pandemic*

b. Do you know of any good practice by <u>hospitals</u> (or departments/ teams within hospitals) which <u>identify or monitor</u> the mental health of their health care workers? *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question*

- *The name of the hospital and/or department: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Is it a new or longstanding measure: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

2. a. To what extent would you say <u>your trade union</u> has given sufficient attention to mental health risks of health workers before, during and after the Covid-19 crisis?

	Not at all	To a small extent	To a moderate extent	To a large extent	To a very large extent	Don't know/ no answer
a. Before the crisis	O1	O2	O3	O4	O5	O-99
b. During the crisis	O1	O2	O3	O4	O5	O-99
c. Since the crisis	O1	O2	O3	O4	O5	O-99

b. Does <u>your union identify or monitor</u> the mental health of health care workers? If yes, how? *Please provide as much detail as possible. You do not have to fill out all the fields. If your union does not, please press >> to go the next question*

- *A short description of the practice: ….*
- *Do you consider it a good practice: ….*
- *Is it a new, improved or longstanding measure: ….*
- *Do you know of a contact person whom we could ask more about the practice: ….*
- *Other relevant information: ….*

Text *In the following we have distinguished **6 types of initiatives** (protection against infection; information, communication and training; organisational adaptations; support during work; care during infection and voice). We will introduce the 6 types of initiatives separately and then ask several questions.*

Press >> to go the next question

B. RESPONSES IN THE AREA: PROTECTION AGAINST INFECTION

*A first source of mental health problems during the Covid-19 pandemic came from concerns about **adequate protection** against infection.*

1. a. In general, would you say there were sufficient personal protective equipment and testing facilities available for <u>health care workers within hospitals</u> in your country during the Covid-19 crisis?

	Far too little	Too little	Just enough	Sufficient	Far more than enough	Don't know/ no answer
a. Personal protective equipment	O1	O2	O3	O4	O5	O-99
b. Testing facilities	O1	O2	O3	O4	O5	O-99

b. And would you say <u>the quality</u> of personal protective equipment and testing facilities for <u>health care workers within hospitals</u> met the requirements?

	Far below requirements	Below requirements	Meeting requirements	Above requirements	Far above requirements	Don't know/ no answer
a. Personal protective equipment	O1	O2	O3	O4	O5	O-99
b. Testing facilities	O1	O2	O3	O4	O5	O-99

2. During the Covid-19 crisis, hospitals have organised information sessions for healthcare workers on risks and preventive measures. Do you know of a <u>successful initiative</u> in this area? And why do you consider this a successful initiative (e.g. because it was obligatory, had a certain frequency or a well-chosen location)? *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for one good practice, so if you know several good practices, please choose one.*

- *The name of the hospital/ department: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

O-99 Don't know/ no answer

3. a. Was <u>your union</u> involved in the provision of adequate protection* for healthcare workers?

** Such as personal protective equipment, testing facilities or information sessions*

O1 Yes
O0 No
O-99 Don't know

If B3a=1

b. How was your union involved? *Please provide as much detail as possible. You do not have to fill out all the fields. If you do not know, please press >> to go the next question*

- *A short description: ….*
- *Do you know of a contact person whom we could ask more: ….*
- *Other relevant information: ….*

4. Do you know of any (other) good initiative (taken by hospitals or your union) that has contributed to adequate protection of healthcare workers? *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question*

- *The name of the hospital/ department/ union: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

C. RESPONSES IN THE AREA: INFORMATION, COMMUNICATION AND TRAINING

A second source of mental health problems during the Covid-19 pandemic came from the rapidly changing professional challenges and the related concerns from hospital workers to be able to ***provide competent care****.*

1. Do you know whether any of the following initiatives were applied during the Covid-19 pandemic <u>in hospitals in your country</u>?

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
a. Regular information and communication meetings to support the knowledge base of hospital workers	O2	O1	O0	O-99
b. Regular meetings on crisis-related organisational challenges	O2	O1	O0	O-99
c. Applied training about Covid-19 (e.g. on infection prevention and control)	O2	O1	O0	O-99
d. Internal helplines: ensuring that workers are not left to themselves, but have appropriate backup systems or systems that allow workers to discuss new, difficult situations with colleagues	O2	O1	O0	O-99
e. External helplines: workers know how to contact (external) experts in case they need access to specific expertise	O2	O1	O0	O-99

2. Do you know of any concrete good practice by <u>hospitals</u> (or departments/ teams within hospitals) which prepared their staff adequately for the rapidly changing challenges during the Covid-19 pandemic? *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question*

- *The name of the hospital and/or department: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

3. Was <u>your union</u> involved in preparing healthcare workers to provide competent care and deal with rapidly changing information and communication challenges?

O1 Yes

O0 No
O-99 Don't know

4. Do you know of any good initiative <u>taken by your union</u> that has eased concerns or contributed to adequate preparation of healthcare workers? *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question*

- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

D. RESPONSES IN THE AREA: ORGANISATIONAL ADAPTATIONS

A third source of mental health problems during the Covid-19 pandemic originated from the intensity of work. ***Organisational adaptations*** *could reduce this intensity and bring more balance in the demands put on workers and the control they experience.*

1. a. Do you know whether any of the following initiatives were applied <u>by hospitals during the Covid-19 pandemic</u> in your country?

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
a. Reduce working hours/ overtime	O2	O1	O0	O-99
b. Enforce breaks and rest periods	O2	O1	O0	O-99
c. Increasing autonomy or participation in decision making over working time and/or task assignment	O2	O1	O0	O-99
d. Rotation between tasks with higher and lower demands or other job-design adaptations	O2	O1	O0	O-99
e. Hire additional staff to improve staff-patient ratios	O2	O1	O0	O-99
f. Change staff from non-crisis departments to crisis departments	O2	O1	O0	O-99
g. Investigating/monitoring work-related psychosocial risks	O2	O1	O0	O-99

b. Do you know whether any of the following initiatives are <u>currently</u> applied by hospitals in your country?

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
a. Reduce working hours/ overtime	O2	O1	O0	O-99
b. Enforce breaks and rest periods	O2	O1	O0	O-99
c. Increasing autonomy or participation in decision making over working time and/or task assignment	O2	O1	O0	O-99
d. Rotation between tasks with higher and lower demands or other job-design adaptations	O2	O1	O0	O-99
e. Hire additional staff to improve staff-patient ratios	O2	O1	O0	O-99
f. Investigating/monitoring work-related psychosocial risks	O2	O1	O0	O-99

2. Was <u>your union</u> involved in initiatives to change the organisation of work?

O1 Yes
O0 No
O-99 Don't know

3. **Do you know of a good initiative <u>taken by hospitals or your union</u> that has relieved the intensity of work through organisational adaptations?** *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good initiative, so if you know several good initiatives, please choose one. If you do not know of any good initiative, please press >> to go the next question*

- *The name of the hospital/ department/ union: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

E. RESPONSES IN THE AREA: SUPPORT DURING WORK

*A fourth source of mental health problems during the Covid-19 pandemic originates from various needs for **support.***

1. **Do you know whether any of the following initiatives were applied during the Covid-19 pandemic with respect to the support <u>for personal and family needs</u> of hospital workers?** *During the pandemic both work hours and family needs increased, e.g. due to school and day-care closures*

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
	O2	O1	O0	O-99
a. Access to healthy meals and beverages while working	O2	O1	O0	O-99
b. Transportation assistance for sleep-deprived workers	O2	O1	O0	O-99
c. Lodging for healthcare workers (on-site/ near the hospital)	O2	O1	O0	O-99
d. Support for childcare needs	O2	O1	O0	O-99

2. **Was <u>your union</u> involved in initiatives supporting personal and family needs of hospital workers?**

O1 Yes
O0 No
O-99 Don't know

3. **Do you know of a good practice initiated <u>by hospitals or your union</u> that have supported the personal and family needs of healthcare workers during the pandemic?** *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question.*

- *The name of the hospital/ department/ union: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

4. Do you know whether any of the following measures were applied during the Covid-19 pandemic with respect to <u>psychological and social support</u> of hospital workers? *To prevent, soften or treat mental health problems*

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
a. Group or department meetings (in-person or online) providing support for emotional and psychological needs (for instance on dealing with anxiety and insomnia, practising self-care, supporting each other)	O2	O1	O0	O-99
b. Organize peer support	O2	O1	O0	O-99
c. Providing professional psychosocial support services for individuals with mental health problems	O2	O1	O0	O-99
d. Receive training in coping skills	O2	O1	O0	O-99
e. Stimulate workers to ask for help in case of (emerging) mental health problems	O2	O1	O0	O-99

5. Was <u>your union</u> involved in measures with respect to psychological and social support of hospital workers?

O1 Yes
O0 No
O-99 Don't know

6. Do you know of any good practice initiated <u>by hospitals or your union</u> with respect to psychological and social support for healthcare workers during the Covid-19 pandemic? *Please provide as much detail as possible. You do not have to fill out all the fields.*
There is room for 1 good practice, so if you know several good practices, please choose one.
If you do not know of any good practice, please press >> to go the next question..

- *The name of the hospital/ department/ union: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

F. RESPONSES IN THE AREA: CARE DURING INFECTION

*A fifth source of mental health problems arises from concerns about who will **take care** of the person or family needs if the healthcare workers develops infection him- or herself.*

1. Do you know whether any of the following initiatives were applied during the Covid-19 pandemic with respect to caring for personal and family needs of hospital staff?

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
a. Provide lodging support for individuals should they need to be quarantined	O2	O1	O0	O-99
b. Support for childcare in case of infection of the healthcare worker	O2	O1	O0	O-99
c. Check-ins and emotional support for infected healthcare workers	O2	O1	O0	O-99
d. Paid time off if quarantine is necessary	O2	O1	O0	O-99

2. a. Overall, how would you say <u>infected</u> health care workers were taken care of in your country during the Covid-19 crisis?

- ○1 Very bad
- ○2 Bad
- ○3 Not bad, not good
- ○4 Good
- ○5 Very good

b. Could you elaborate on your answer?

If you don't know, please press >> to go the next question.

……..…….……..

3. Was <u>your union</u> involved in initiatives with respect to caring for infected health care workers?

- ○1 Yes
- ○0 No
- ○-99 Don't know

4. Do you know of any good practice initiated <u>by hospitals or your union</u> with respect to caring for infected healthcare workers? *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question.*

- *The name of the hospital/ department/ union: ….*
- *A short description of the practice: ….*
- *Why you consider it a good practice: ….*
- *Do you know of a contact person whom we could ask more about the initiative: ….*
- *Other relevant information: ….*

G. RESPONSES IN THE AREA: VOICE

*A sixth source of mental health problems lies in concerns about **not being heard** and the uncertainty that the voice of healthcare workers is not part of the decision-making process.*

1. Do you know whether any of the following initiatives were applied during the Covid-19 pandemic in your country?

	Applied in (almost) all hospitals	Applied in some hospitals	Not applied	Don't know/ no answer
a. Email suggestion box	○2	○1	○0	○-99
b. Public discussion meetings	○2	○1	○0	○-99
c. Top management visiting hospital units	○2	○1	○0	○-99
d. Workers participation in management decisions	○2	○1	○0	○-99
e. Meetings with trade unions	○2	○1	○0	○-99

2. **Do you know of a good initiative <u>taken by hospitals or your union</u> that has strengthened the healthcare workers' voice during the Covid-19 pandemic?** *Please provide as much detail as possible. You do not have to fill out all the fields. There is room for 1 good practice, so if you know several good practices, please choose one. If you do not know of any good practice, please press >> to go the next question.*

   - *The name of the hospital/ department/ union: ….*
   - *A short description of the practice: ….*
   - *Why you consider it a good practice: ….*
   - *Do you know of a contact person whom we could ask more about the initiative: ….*
   - *Other relevant information: ….*

3. **Do you know of a good initiative <u>taken by workers' representatives</u> in hospitals (such as works councils) that has strengthened the healthcare workers' voice during the Covid-19 pandemic?**
   <similar to previous>

H. OTHER RESPONSES

In the previous sections we have discussed various initiatives taken during the pandemic to prevent, soften or treat mental health problems of healthcare workers (in the areas protection; information, communication and training; support during work; care during infection; voice and organisational adaptations).

1. **Do you know of <u>other</u> initiatives or good practices that have not been mentioned or did not fit into one of the previous categories that you would like to share? These can be either workers', workers representatives', hospitals' or unions' initiatives.**
   Please provide as much detail as possible. If you do not know of any other initiative or good practice, please press >> to go the next question.

I. EVALUATION

1. **Overall, which types of initiatives would you consider <u>particularly successful</u> in addressing mental health problems of healthcare workers in a crisis situation such as the Covid-19 pandemic?**
   If you don't know, please press >> to go the next question

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2. **Overall, what areas do you think are <u>underdeveloped</u> in addressing mental health problems of healthcare workers in a crisis situation such as the Covid-19 pandemic?**
   If you don't know, please press >> to go the next question

---

J. SINCE THE CRISIS

Since the latest lockdowns the situation for most healthcare workers has returned more or less to pre-Covid normality. However, new pandemics may emerge in the future as well.

1. **a. Do you know of measures that were prolonged, improved or initiated SINCE the crisis <u>by hospitals?</u>** *These measures could be aimed at the prevention and reduction of mental health risks in case of a future pandemic, but also reducing these risks in general. Please provide as much details as possible*
   If you don't know of any measure, please press >> to go the next question.

---

   b. What do you consider to be the <u>most important</u> changes?
   If you don't know, please press >> to go the next question.

---

2. **Do you know of measures that were prolonged, improved or initiated SINCE the crisis <u>by unions?</u>** *These measures could be aimed at the prevention and reduction of mental health risks in case of a future pandemic, but also reducing these risks in general. Please provide as much details as possible*
   If you don't know of any measure, please press >> to go the next question.

---

3. **What would you say is the <u>main lesson</u> we should have learned from the Covid-19 pandemic?**
   If you don't know, please press >> to go the next question.

K. ROLE FOR UNIONS

1. **Do you see a <u>role for trade unions</u> in addressing various types of initiatives in crisis situations to address mental health issues of healthcare workers?**
   Please indicate for all of the following initiatives whether you consider these 'not a role for unions', they 'could be considered' in potential future pandemics to be taken up by unions or were 'already applied during the Covid-19 pandemic by unions'

	Not a role for trade unions	Could be considered	Already applied	Don't know/ no answer
a. Protection (e.g. protective equipment)	☐0	☐1	☐2	☐-99
b. Information, communication and training related to professional challenges in providing good care during pandemics	☐0	☐1	☐2	☐-99
c. Organisational adaptations (e.g. enforce breaks and rest periods, support hiring of extra staff, job design, organisational risk-assessment in mental health)	☐0	☐1	☐2	☐-99
d. Personal and family support (e.g. organise access to healthy meals and beverages, transportation or child care facilities)	☐0	☐1	☐2	☐-99

e. Psychological and social support (e.g. webinars providing support for emotional and psychological needs for all (for instance on dealing with anxiety and insomnia))	☐0	☐1	☐2	☐-99
f. Care for infected workers (e.g. provide lodging support for infected health care workers or paid time off if quarantine is necessary)	☐0	☐1	☐2	☐-99
g. Voice (e.g. work consultation practices or organise public discussion meetings)	☐0	☐1	☐2	☐-99

2. How important are the following instruments <u>for trade unions</u> to address crisis-related mental health issues in hospitals?

	Not very important	Somewhat important	Moderately important	Important	Very important	Don't know/ no answer
a. Collective bargaining and social dialogue at the sectoral level - for all hospitals in the country	O1	O2	O3	O4	O5	O-99
b. Collective bargaining and social dialogue, directly with hospitals	O1	O2	O3	O4	O5	O-99
c. Supporting and cooperating with trade union representatives that work in hospitals (shop stewards etc.)	O1	O2	O3	O4	O5	O-99
d. Supporting and cooperating with other workers' representatives in hospitals such as works councils	O1	O2	O3	O4	O5	O-99
e. Industrial action (strikes, protest, etc.)	O1	O2	O3	O4	O5	O-99

L. BACKGROUND CHARACTERISTICS

1. Could you give an estimate of the share of hospital workers who are members of your trade union? *A rough estimate is okay*

- O1 0-10%
- O2 10-20%
- O3 20-40%
- O4 40-60%
- O5 60% or more

2. In which <u>country</u> is your trade union based?

If you don't want to answer, please press >> to go the next question.

---

3. Does your union represent all kinds of workers in the hospital sector, or specific occupational groups?

- O1 All kinds of workers (general union)
- O2 Specific for nurses (occupational union)
- O3 Specific for physicians (occupational union)
- O4 Specific occupational union for other categories of workers (occupational union)
- O5 None of the above

4. a. Do your responses in this survey relate primarily to the public sector, primarily to the private sector (for-profit or non-profit) or not to any sector in particular?

- O1 Mainly public sector
- O2 Mainly private non-profit sector
- O3 Mainly private for-profit sector
- O4 No sector in particular

b. Would you say there are significant differences between sectors in your country? If so, can you briefly comment on this?
If you don't know, please press >> to go the next question.

M. FINALISATION OF THE SURVEY

1. a. If we have any further questions on any of the good practices you have mentioned, is it okay to contact you?

- O0 No
- O1 Yes (contact details will be asked in next question)

Display This Question:
If QM1a = 1

b. Please provide contact information below

Name:	……
Email:	……
Name union:	……

2. Are you interested in receiving the results of this research?

- O0 Not interested
- O1 Yes, please send it to me

Display This Question:
If QM2a = 2

QM2b **Please provide contact information below**
If you want us to use the same contact information as provided in the previous question, you can leave these blank (press then >> to go the next question).

- ○ Name: (1) _____
- ○ Email: (2) _____

This is the end of the questionnaire.
Many thanks for your help in completing this questionnaire.