Emotional impact of COVID-19 preparations on metro and regional cancer workforces in Queensland Australia: “We are all in this together”

NA Roberts, B Chan, ES Ahern, HM Gasper, G Kennedy, BGM Hughes, D Wyld, MA Eastgate, Z Lwin

Royal Brisbane and Women’s Hospital
Sunshine Coast University Hospital
Correspondence: natasha.roberts@health.qld.gov.au

Background:
Australia achieved a “flattening of the curve” after COVID-19 was declared a pandemic. We explored the emotional impact of COVID-19 on our cancer care workforce during the preparedness phase.

Methods:
- Two large centers: one metropolitan, one regional
- Survey initially pilot tested
- Survey distributed two-weekly by email
- Participants included medical, nursing, allied health, ancillary (eg. Food Services) and administration staff
- These results are a qualitative analysis of staff reflections in open-text responses
- 4 investigators independently analyzed responses using the Framework Method (Gale et al., 2013)
- Rigor was achieved using multiple-cross coding, memos, dataset review, member-checking

Ref: Gale et al. (2013). BMC Medical Research Methodology 13:117

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Results:
117 metro and 59 regional staff participated. Participants included medical, nursing, allied health, administration and ancillary staff across cancer inpatient and outpatient areas.

Themes included:

- **Strategies for protection**
  - Self-isolation; Using PPE; Protecting patients, families & each other
  - “I come home to two children and I’m petrified about spreading something”
  - “...patients want to see us in PPE, they are feeling highly anxious, unprepared and vulnerable”

- **Navigating rules and keeping up**
  - Compliance; Exceptions; Conflict; Complex decision fatigue
  - “…overwhelmed with information overload, can’t find exact info needed…”
  - “I’ve done a record number ARP (‘Acute Resuscitation Plans’) and made lots of incurable patients NFR (‘Not For Resuscitation’)”

- **Tempered optimism**
  - This is grief; Strategies for coping; Pride in one’s place
  - “Sometimes you long for the opportunity to be human”
  - “I feel like our country is navigating this...well. I have trust in their decisions and follow guidelines..”

Conclusions and future directions:
Staff sensed that they were supported and prepared, despite the rapid response to the COVID-19 pandemic. Their primary concern was the wellbeing of their communities, both in cancer care and their personal lives, with the greatest struggles coming from the perception that they could not adequately care for all those they felt responsible for.

This study is ongoing.

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