

An Exploratory Study and Thematic Analysis of Responses to Understand the Perspectives and the Level of Support Offered to Healthcare Workers During the Pandemic in Ireland

Bhuvan Israni

Assistant Lecturer at Dublin Business School and Technological University Dublin
Department of Psychology
Dublin, Ireland

© Author(s). This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>

Abstract

The COVID-19 pandemic has placed exceptional demands on the healthcare workforce around the world (Vindrola-Padros et al., 2020). The aim of this study was to undertake an exploration of the experiences of healthcare workers (HCWs) who worked during the pandemic and their views about the support they were offered during the pandemic in Dublin, Ireland. Understanding the experiences of HCWs can help identify gaps in healthcare systems and inform efforts to strengthen them.

This primary qualitative study was conducted using semi-structured interviews with six healthcare professionals. Participants were recruited via snowballing sampling technique and included nurses and healthcare assistants. The interview discussion guide consisted of questions on COVID-19-related challenges such as the demands at the workplace, the level of stress and uncertainty to HCWs, availability and quality of personal protective equipment (PPE) and the support as well as coping strategies they received, from the management to handle the pandemic.

Braun and Clarke's (2021) reflexive thematic analysis generated two themes with eight sub-themes. The two major themes were emotional exhaustion and inconsistent guidelines. The findings from the study indicated that healthcare workers were practising and carrying out duties outside their usual roles and reported very high levels of stress and anxiety. The second theme discusses the lack of consistency, which leads to a number of challenges for HCWs while implementing standardised practices. Understanding the perspectives of healthcare workers would facilitate the hospital administrations as well as managements in Ireland to proactively support healthcare providers during future pandemics by ensuring access to mental health programs, standardising communication and developing plans that

will address equipment and supply availability. In addition to this, HCWs are key stakeholders in public health responses to pandemics, and their experiences can inform policies and guidelines related to infection prevention and control, vaccination and other public health interventions, as well as contribute to the development of evidence-based strategies to address pandemics.

Keywords: COVID-19, healthcare workers, reflexive thematic analysis and snowball sampling

Introduction

COVID-19, an infectious disease caused by a rapidly spreading coronavirus, surfaced as a global public health emergency in the early months (January to March) of 2020. The COVID-19 pandemic has put health systems worldwide under pressure and tested their resilience (Agrawal et al., 2022). The World Health Organization (WHO) acknowledges the health workforce as one of the six building blocks of health systems (World Health Organization, 2007). Healthcare workers (HCWs) play a crucial role in a health system's capacity to address external shocks such as outbreaks, and these frontline responders are frequently the most profoundly affected by such shocks (Hanefeld et al., 2018). A thorough comprehension of the impact of the pandemic on healthcare workers (HCWs) is essential for crafting effective interventions to provide support to this group.

The initial case of SARS-CoV-2 in the Republic of Ireland (ROI) was recorded on 29 February 2020, and the first confirmed death occurred on 11 March 2020. Between March 27 and May 31, 2020, the Irish population was requested to undergo a lockdown aimed at 'flattening the curve' of COVID-19 infections (O'leary et al., 2021). Understanding the experiences of healthcare workers (HCWs) and their views about support during the COVID-19 pandemic is crucial in improving hospital resources across Ireland. A systematic review of the literature conducted in April 2020 indicated that a significant number of healthcare workers (HCWs) encountered disruptions in mood and sleep patterns during the COVID-19 outbreak (Pappa et al., 2020). This literature review by Pappa et al. (2020) emphasises the importance of developing strategies to alleviate mental health risks and adapting interventions in the context of a pandemic. Subsequently, interventions supporting HCWs would strengthen the health system's resilience and therefore, a detailed understanding of how pandemics affect healthcare workers (HCWs) is needed to develop effective interventions to support this group (Curtin et al., 2022).

Early during the pandemic, in April 2020, several countries reported high percentages of HCWs infected by SARS-CoV-2 (Chirico et al., 2020). There were over 5,000 HCWs in Ireland affected by the pandemic. A rapid review of the initial pandemic response in Ireland revealed that Ireland was in a state of poor preparedness prior to the COVID-19 pandemic (O'leary et al., 2021). Contributing factors were the lack of understanding about virus transmission, coupled with unpreparedness in the healthcare organisation, including insufficient Personal Protective Equipment (PPE) and a shortage of Infection Prevention and Control (IPC) training (Chou et al., 2020; Hoernke et al., 2021).

Extensive coverage has delved into the multifaceted aspects of the crisis, from the impact on economies to the strain on healthcare systems (Catania et al., 2021). However, amid the broader narrative, the experiences of healthcare workers (HCWs) often warrant closer examination, considering their pivotal role in managing the crisis (Duvendack and Sonne, 2021). Reports have concluded that HCWs caring for COVID-19 patients had an increased risk of stress and burnout as well as mental health problems, including depression, anxiety, insomnia (Pappa et al., 2020) and post-traumatic stress disorder (Raudenská et al., 2020; Miguel-Puga et al., 2020). However, there is insufficient knowledge about how HCWs perceived their work situation and their work culture during the pandemic. Studies based on survey data have attributed mental health problems in HCWs dealing with COVID-19 and HCWs had a constant fear of getting infected, fear of being a carrier and spreading the disease to others (El-Hage et al., 2020), stigmatisation (Taylor et al., 2020) and work overload (Tan et al., 2020). In the extant literature base, there are very few interviews and exploratory studies which are undertaken with HCWs to explore their experiences of working during the early phase of the pandemic, thereby shedding light on the challenges they faced while working during the pandemic. There is a scarcity of literature in the area which had focused explicitly on nurses' and healthcare assistants' experiences and the challenges that they faced while working in emergency care in Ireland (Hoernke et al., 2021; Tan et al., 2020; Catania et al., 2020). In addition to this, the study can offer a contextual understanding of the challenges unique to the Irish healthcare system. Subsequently, this qualitative exploratory study draws lessons for the Irish government that could facilitate policy development and implementation, aiding in preparation for future healthcare emergencies.

According to Chemali et al. (2022), several quantitative studies have been conducted with HCWs. Most of these reviews used psychological scale measures to provide a quantifiable assessment of the well-being of HCWs (De Brier et al., 2020). There is a plethora of qualitative studies, but there is a dearth of qualitative studies in this field, specifically in Ireland. Therefore, this study will add value by examining the complex experiences of HCWs, specifically nurses and healthcare assistants during COVID-19 working within an Irish context. The novelty of the study is that understanding HCWs' experiences via semi-structured interviews can reveal nuanced aspects of their professional lives, shedding light on issues that may not be apparent through quantitative numeric data alone.

This qualitative study aims to address the gap by analysing HCWs' experiences and perceptions of general practice and changes made to it during the COVID-19 pandemic. It explores their views about support in terms of education and training. The research also aims to reveal gaps or shortcomings in the support that was offered to healthcare workers. This may involve recognising challenges such as inadequate resources, insufficient mental health support, communication breakdowns, or gaps in training and preparation for crises. Addressing these gaps can help healthcare institutions and policymakers improve their response strategies for future crises. For example, increasing resource allocation, enhancing mental health services, strengthening support systems, improving communication channels and providing additional training programs can be part of the efforts to address identified weaknesses. The process involves a continuous cycle of assessment, intervention and improvement. By taking these steps, healthcare institutions and

policymakers work towards creating an environment where healthcare workers are better equipped, both practically and emotionally, to handle the challenges of future crises, ultimately leading to a more resilient and well-supported healthcare workforce. A conceptual model has been created (Figure 1), which discusses the primary constructs of the study and explains the importance of carrying out the primary qualitative research study.

A number of questions regarding the health system's preparedness in Ireland remain to be addressed. For example, a recent study by McNicholas et al. (2020) stated that the perceived lack of government support and the public's unrealistic expectations contributed to the issues faced by HCWs in Ireland. These include the increasing number of medical errors and patient safety incidents, the lack of staff retention and the psychological issues that resulted from these. Ali et al. (2020) claimed that policies that involved the redeployment and restructuring of staff were prioritised during the first wave of COVID-19 and although national guidance was given for the staff members to work in different settings, the information was limited. Studies have shown that a poor willingness to report for work during a pandemic is caused by various factors, such as the lack of training and knowledge, preparation, provisions for personal protective equipment (PPE), vaccines, crisis counselling and family preparedness with social support (Almaghrabi et al., 2020; Houghton et al., 2020). These are some reasons why HCWs were unwilling to come to work, which include but are not limited to insufficient training and lack of preparation, which might contribute to fear and uncertainty among healthcare workers, affecting their willingness to actively participate in pandemic response efforts.

The rationale of conducting the study is that it responds to a void in the literature, reporting an interview-based qualitative study that seeks to characterise the challenges faced by those working in mental health settings during the first wave of the COVID-19 pandemic in 2020. Exploring the level of support offered during the pandemic is essential for identifying gaps and areas of improvement. By hearing directly from healthcare workers, the study aims to pinpoint specific challenges they face and assess the effectiveness of support mechanisms in place. The findings from this study can contribute valuable insights to inform policies and practices related to healthcare worker support during pandemics (Baldwin and George, 2021). Understanding perspectives and needs can aid in the development of targeted interventions and strategies to enhance the well-being of healthcare professionals (Vindrola-Padros et al., 2020). In this context, the main aim of this research study was first to identify the factors and the key challenges which were affecting HCWs' psychological well-being during the COVID-19 pandemic. This was followed by analysing the various forms of support that HCWs received or lacked during the pandemic, such as a lack of adequate training and support from the leaders. This study analyses the challenges with respect to emotional support, access to mental health resources, availability of personal protective equipment (PPE), government assistance and the efficiency of care delivery. The goal was to comprehensively understand the extent to which HCWs were supported in various aspects and identify any gaps or deficiencies in the support systems they encountered during the challenging circumstances of the pandemic. Finally, the study explored the organisational policies and practices and how the policies influenced the support available to healthcare workers in Ireland. In addition to this, the study aims to contribute to the extant literature on healthcare workers' well-being and support

during crises, with a focus on the Irish context, thus providing a basis for future research and evidence-based interventions such as providing training on stress management, resilience and coping strategies to equip healthcare professionals with the tools to navigate challenging situations and promoting a supportive work culture which values the mental and emotional well-being of the healthcare workers.

The framework depicted in Figure 1 serves as a conceptual model, offering a foundation for the study. The central focus of this conceptual model revolves around comprehending the diverse impact of the COVID-19 pandemic on the well-being and functioning of healthcare workers (HCWs) in Ireland. Initially, it elucidates the primary challenges encountered by HCWs during the pandemic, followed by an exploration of the needs and support required by HCWs in such critical times. Subsequently, it delves into the psychological stressors experienced by healthcare workers while also examining the deficiencies in support, including insufficient government response, a lack of personal protective equipment (PPE) and delays in the delivery of care. The third aspect considers the pandemic's effects on education and training levels, encompassing issues such as inadequate training and communication. To address and gain insights into these challenges, a primary qualitative study was conducted with HCWs in Ireland, utilizing a methodology that involved one-to-one semi-structured interviews.

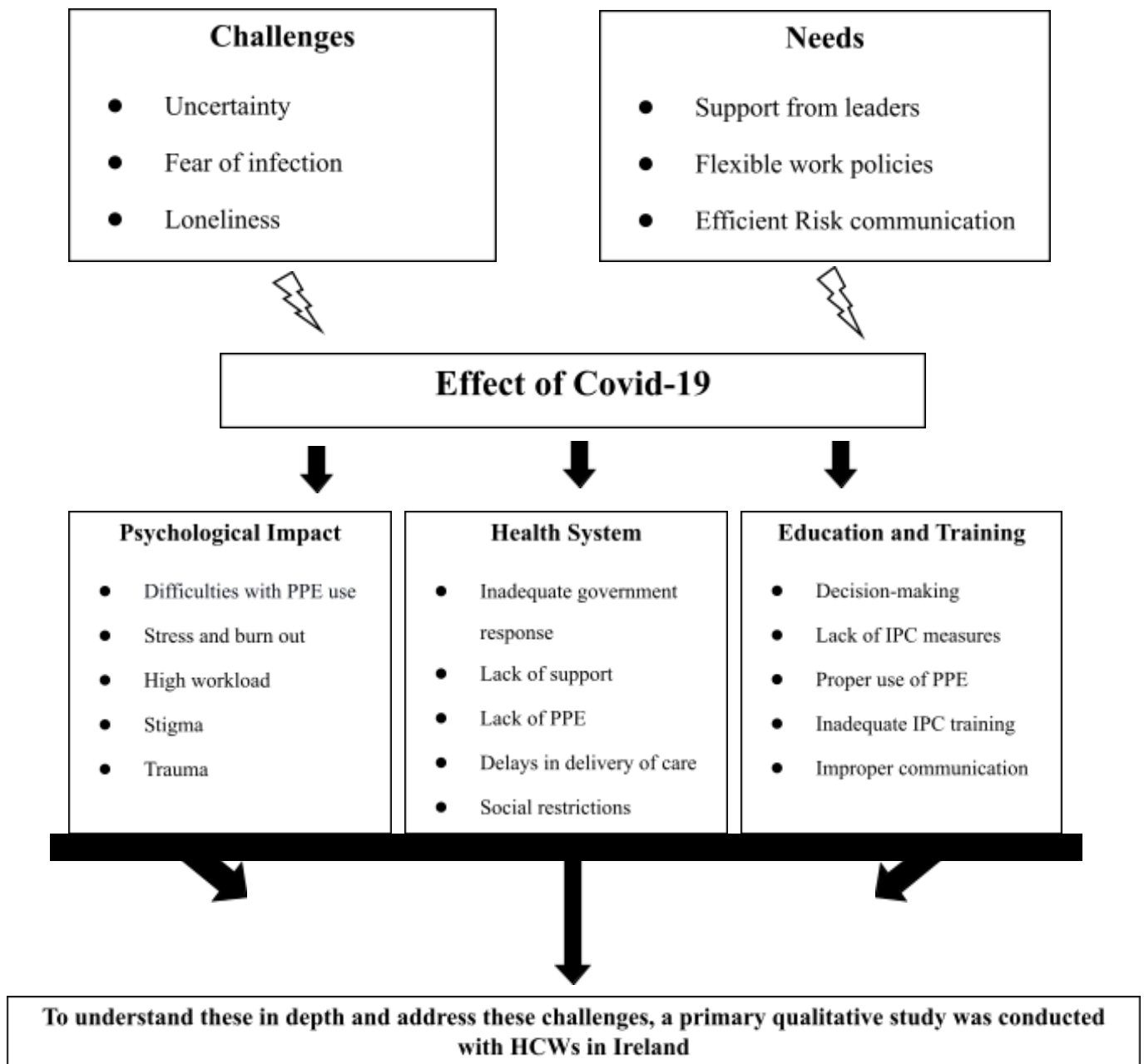


Figure 1: Conceptual Model

Drawing from this, the following are the research questions of the study:

1. What were the key challenges and the factors situated within the work culture which affected the HCW's psychological well-being during the pandemic in Ireland?
2. How do healthcare workers in Ireland perceive the effectiveness of the support systems in place during the pandemic, and what factors influence their perspectives on the adequacy of support?
3. To what extent do organisational policies and practices play a role in shaping the support available to healthcare workers in Ireland during the pandemic, and how do these factors impact the overall well-being of the healthcare workforce?

Method

Qualitative study allows for a detailed description of HCWs' experiences in their own words (Kim et al., 2017; Sandelowski, 2000). Nurses and healthcare assistants who provided care in Dublin's different healthcare settings during the COVID-19 pandemic participated in this study. This primary study focused on assessing the experiences of HCWs and their views about the support offered to them during COVID-19. Given the complex and multifaceted nature of the impact of the pandemic on healthcare workers, the qualitative exploratory study design with semi-structured interviews provided a rich source of information, allowing participants to express their experiences, feelings and opinions in their own words. Semi-structured interviews offer a balance between structure and flexibility. The use of Braun and Clarke's (2021) reflexive thematic analysis necessitates a certain level of structure to ensure that key themes are explored, but the semi-structured format allowed for flexibility in questioning. The exploratory nature of the study, along with this method, allowed for a deeper exploration of the topic, setting the stage for more targeted and informed research in the future (Swaraj, 2019).

Sample

Six participants were selected from 2 hospitals for the semi-structured interviews through the snowball sampling technique. Table 1 displays the demographic profile of the participants, outlining their age, department, job title and tenure within the organisation.

Table 1: Demographic Profile

	Age	Department	Job Title	Service Years
Participant 1	46	Elderly Care	Senior Nurse	23
Participant 2	42	Elderly Care	Healthcare Assistant	15
Participant 3	38	ICU	Staff Nurse	8
Participant 4	35	Palliative	Staff Nurse	8
Participant 5	32	Acute Medical Assessment Unit	Healthcare Assistant	6

Participant 6	28	Acute Medical Assessment Unit	Staff Nurse	5
----------------------	----	-------------------------------	-------------	---

Data Collection

Qualitative interviewing is a practice that has the potential to probe deeply into the private lives of the respondents with the intention of placing their accounts in the public arena. The one-to-one semi-structured interviews were conducted in person from January 2023 to March 2023, and these were scheduled at the convenience of the participants. An exploratory semi-structured interview guide was developed and had probing questions to extract rich information during the interviews. The inclusion criteria for participant selection were based on the requirement that individuals must be full-time healthcare workers (HCWs) in a hospital and must have actively served during the outbreak of the pandemic. Prior to the interviews, a Participant Information Sheet (PIS) was given to all 6 participants. A comprehensive email with attached consent forms and PIS were sent, an informed consent form was signed by all the participants and all the participants were told the purpose of the study. Within the consent form, participants were requested to grant permission for the recording of the interview by using a digital voice recorder and the subsequent use of the collected data for publication. Participants were assured that their responses were confidential. Participants were informed about their right to withdraw their participation at any stage of the interview, and seven days after, all the participants were mailed a copy of their interview transcript. Participants were informed that if they did not communicate their decision to withdraw within seven days, the researcher would assume that participants would remain part of this study and all the responses would be stored. To minimize the likelihood of identifying any participant during the research, each participant underwent anonymisation before the interview. A distinct identifier was assigned to each individual prior to the interview, and only this identifier was utilized in subsequent data processing and analysis. All transcripts and contact details of the participants were encrypted and stored on a password-protected system in accordance with the data protection policy (DBS, 2023). Information collected on audio recorders was safely stored on a password-protected cloud system. Storing such information was done for no longer than five years following the completion of the research study.

Confidentiality, informed consent, briefing, debriefing of all the participants and a consideration of the consequences of participating in the study were taken as ethical rules of thumb (Given, 2012). Throughout the course of this research study, utmost care and attention were dedicated to upholding the rigorous ethical standards.

Each interview lasted for 30 to 40 minutes and the interviews were recorded by using a digital voice recorder. Initially, rapport-building questions were asked of all the participants, and this was followed by the main questions from the semi-structured interview guide. All the interviews were transcribed by using NVivo software for data analysis. The researcher made detailed field notes on participants' behaviours, facial expressions, tones and other factors. After each interview, the researcher wrote memos about anything she considered notable and their feelings during the

interview; these notes were used as supplementary data during the analysis. All interviews were audio-recorded with the participant's consent. The researcher confirmed the accuracy of the transcribed data by comparing each transcription with the associated audio recording in its entirety. Data collection was terminated when it was determined that theoretical saturation had occurred or information power had been achieved (Braun and Clarke, 2021).

Research Paradigm

American philosopher Thomas Kuhn (1997) first used the word paradigm in the field of research to mean a philosophical way of thinking. The word has its aetiology in Greek, where it means pattern (Kuhn, 1997, p.10). According to Mackenzie (2017) in research, the term paradigm is used to describe a researcher's 'worldview'. This worldview is the perspective, or school of thought, or thinking, or set of shared beliefs, that informs the meaning or interpretation of research data (Denzin and Lincoln, 2011; Lewis et al., 2015).

Epistemology refers to assumptions about knowledge, what constitutes acceptable, valid and legitimate knowledge, and how researchers communicate knowledge to others (Burrell and Morgan, 2017). In this study, the researcher adopted a constructivist epistemological position, recognizing that knowledge about healthcare workers' perspectives and the level of support during the pandemic is subjective and socially constructed. It is acknowledged that the diverse and multiple realities that exist among healthcare professionals and the research design and analysis methods reflect a commitment to capturing the nuanced nature of their experiences. Through qualitative methods and thematic analysis, the researcher aimed to uncover and interpret the meaning embedded in the rich narratives provided by healthcare workers, understanding that their perspectives contribute to the construction of knowledge in this specific context.

Data Analysis and Findings

The researcher, after careful consideration, opted for thematic analysis and then further refined this choice by opting for reflexive thematic analysis (RTA) given by Braun and Clarke (2021). The choice of RTA for thematic analysis was deliberate, considering various approaches such as coding reliability and codebook thematic analysis (Braun and Clarke, 2021). RTA was selected for its capacity to incorporate reflexivity and creativity during the analysis of transcripts, as well as in the formation of themes and sub-themes.

RTA was the choice of the researcher because, unlike Boyatzis (1998), who viewed reflexivity, subjectivity and creativity as threats to knowledge production. Braun and Clarke (2021) viewed reflexivity, subjectivity and creativity as assets to knowledge production. The researcher has acknowledged her reflexivity in the next section.

Researcher's Positionality

I was born in a Hindu family in New Delhi, India. I grew up in a family where compassion and service were core values, and my parents ingrained in me the significance of contributing positively to the world. From a young age, I exhibited an

innate curiosity and a desire to understand the world around me. My passion for helping others led me to pursue a career in special needs teaching. Embarking on this venture, I relocated from India to Ireland and commenced teaching special needs children in Ireland. While teaching, I got familiar with the healthcare system in Ireland. As a full-time PhD student, I am always interested in exploring new things and experiences, which led me to this study. I hold profound admiration for healthcare workers who tirelessly devoted themselves, disregarding their own well-being, to save others during the pandemic. I was intrigued by the stories of nurses and support staff who dedicated their lives to caring for others, so I decided to delve deeper into this aspect of the healthcare sector. This study allowed me to explore and document the diverse and often challenging experiences of healthcare professionals. I spoke with healthcare workers and compassionate nurses who formed deep connections with patients and their families, offering solace during their most vulnerable moments. By this study, I would like to highlight the struggles and triumphs of those who dedicated their lives to healing others. Through this research and by shedding light on the difficulties healthcare workers encountered during the pandemic, my aim is to contribute to the formulation of policies and guidelines with respect to public health interventions. This research study focuses on addressing key questions related to the psychological well-being of healthcare workers (HCWs) in Ireland during the pandemic. I aim to explore the challenges within the work culture affecting HCWs, assess the effectiveness of support systems and analyze how organizational policies impact the overall well-being of the healthcare workforce, contributing valuable insights for informed policymaking.

I, as a researcher, acknowledge the inherent influence of my background and beliefs on this research project. To mitigate potential bias, I diligently maintained a reflective journal throughout the study, documenting my journey using a combination of theory, empirical insights and personal reflection. While presenting the findings of this study, I have earnestly endeavoured to provide a comprehensive and unbiased account of HCW's key challenges and experiences during the pandemic. Remaining neutral and objective, I have portrayed their responses faithfully in my analysis and report writing by fully acknowledging the support they received during the pandemic. While recognising the importance of reflexivity in research, I want to assure my readers that I have made a genuine effort to uphold the trustworthiness, transparency and credibility of my research.

Coding and Analytical Themes

Each transcript was critically analysed after the interviews using Braun and Clarke's (2021) reflexive thematic analysis. The researcher followed the six phases of reflexive thematic analysis, as mentioned by Braun and Clarke (2021), starting from phase 1, which was familiarisation with the transcripts and making notes up to phase 6, which was writing up the report. NVivo software was used to generate nodes, memos and annotations. Several rounds of inductive coding were completed. Firstly, semantic codes were obtained, which were then followed by deriving the latent codes from the transcripts. These codes were then summarised and arranged in order to generate analytical themes and sub-themes, which were then reviewed and linked to the research's aims and research questions. The analytical themes and sub-themes that were discovered in the data are presented below as a thematic map (Figure 2). This thematic map was developed by using the NVivo software.

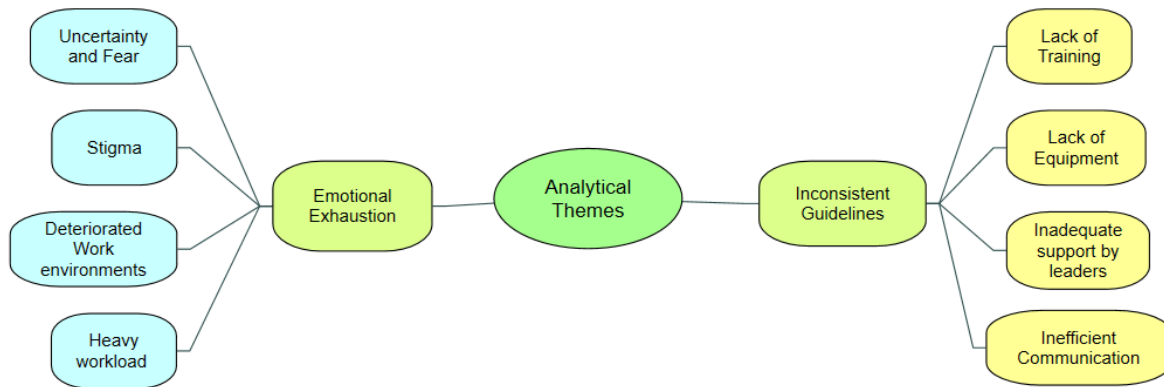


Figure 2: Thematic Map

The following section discusses each of the analytical themes along with the sub-themes. In addition to this, the section also explains how each theme answered the study’s aims and research questions.

Theme 1: Emotional Exhaustion

The first research question was to identify the various factors and challenges affecting healthcare workers’ psychological well-being during the COVID-19 pandemic. People working in the healthcare sector are trained to think and act steadily in any medical emergency (Chong et al., 2004). Regardless of that training, participants mentioned that they had to cope with different psychological challenges, including but not limited to high levels of stress, fear of passing the virus to their loved ones, anxiety, a feeling of uncertainty and insomnia. Analytical theme one, which is emotional exhaustion, discusses this and answers the first and the second research questions which are about the key challenges affecting HCW’s psychological well-being and the HCWs assessment of how effective the existing support systems were during the pandemic. This theme entails four sub-themes, namely: uncertainty and fear; stigma, deteriorated work environment and heavy workloads.

Sub-theme 1.1: Uncertainty and Fear

According to Cullen et al. (2020), particularly those working in public health, primary care, emergency service and intensive care are at risk of developing psychological symptoms. Participants explained that they experienced a range of challenging emotions and psychological difficulties which impacted their mental health in various ways. In particular, nurses highlighted that they experienced a range of negative emotions, including anxiety, fear, shock and stress, when they learned that they would be working in the COVID ward;

“When the management said that our ward will be a COVID ward, I felt fear, anxiety, panic and uncertainty.” (Participant 2)

Yet another participant said that they had experienced very high levels of stress;

“Stress was an understatement of how we felt during the pandemic.” (Participant 3)

HCWs had great fear that they might pass on the virus to their family members and their children. This was expressed by all the participants and is discussed in the following two quotations:

“For many, this fear stemmed not from contracting COVID-19 but from concern for passing it on to their loved ones.” (Participant 2)

“I couldn’t explain how I felt that time. It was really depressing. I have small kids, and I was so afraid that they would get the virus.” (Participant 5)

It’s not uncommon for family members to worry about the safety and well-being of their loved ones working in high-risk environments (WHO, 2020). Healthcare workers were frequently confronted with the need to establish effective communication with their families in order to handle these worries and provide them with reassurance. This is discussed in the following quote:

“You will also be demoralised by the view of society and even my loved ones. During the initial stage of COVID-19, some of my friends and family members called and texted me. Some wished me well and sent me good luck, but a few discouraged me, you know... saying that the virus was killing everybody. They were asking, ‘do you want to kill yourself?’ It took me a great task to convince them that I was not going there to kill myself but to save lives, and someone has to do the job.” (Participant 6)

The experiences shared by nurses, particularly the expressions of fear, anxiety, panic and uncertainty upon learning about their assignment to the COVID ward, provide valuable insights into the key challenges and factors embedded within the work culture that significantly impacted healthcare workers’ psychological well-being during the pandemic in Ireland.

Sub-theme 1.2: Stigma

During the COVID-19 outbreak, being a healthcare worker meant being a carrier of the virus, leading to unusual behaviour towards nurses and healthcare assistants. The social stigma was a major challenge. Several participants expressed that they experienced stigma, which they felt originated not just from the general population but also from their co-workers. This is explained in the following quotations:

“Well, it was very uncomfortable when people knew that I am a healthcare worker and they look at me like I was infected... treated me as if I am the virus.” (Participant 4)

Yet another participant said that co-workers felt sacred and preferred to stay away from them.

“I remember I was having my lunch break in the staff lounge, and one of my colleagues said, “Don’t come near her... she works in the COVID ward. Yeah that was awkward and frustrating.” (Participant 2)

Some participants expressed that this stigma led to emotional distress and increased their need to gain support. This is illustrated in the following quote:

"We must educate people to understand that we are human beings and need their support. And if everybody runs away from us, it will traumatise us. We are doing something honourable, and we expect people to appreciate what we are doing and not stigmatise us." (Participant 5)

These emotional responses and distress underscore the profound psychological effects of workplace environment on healthcare professionals, contributing to a deeper understanding of the complex interplay between work culture and psychological well-being.

Sub-theme 1.3: Deteriorated Work Environments

Some participants expressed that the PPE and other IPC made the working environment worse and was an obstacle during patient care;

"It's challenging working with face shields and sometimes respirators... I can't see well, and it gets foggy... and you know, I have been stressed in a different way than I usually do... It was giving me a headache and dizziness... I can't insert an intravenous cannula because I can't see anything, and the face shield is in the way." (Participant 3)

Another participant reported that it was very exhausting to handle patients who wouldn't listen and cooperate with them;

"Another source of pressure for us nurses was dealing with patients unwilling to cooperate. It's physically, mentally and emotionally draining when you are doing your best not to get the virus and not to pass the virus to other people, but there are also people not willing to follow the safety instructions." (Participant 4)

Fear that the Infection Prevention and Control (IPC) measures were inadequate to protect from infection was a concern for most participants. The participants described that at the beginning of the pandemic, everyone, including experts, was uncertain about what was adequate IPC and PPE. This uncertainty was described as very frustrating. Several of the participants expressed fear that the low quality PPEs would not be sufficient to protect them from infection;

"When we ran out of FFP3 masks, we received products of minor quality. It felt very uncertain if those PPE or masks were enough to protect us from the virus." (Participant 1)

The deteriorating work environment, characterized by increased stressors and challenging conditions, directly contributes to understanding the complex interplay between work culture and the psychological well-being of healthcare workers thereby linking this overarching theme and sub-theme to research questions one and two.

Sub-theme 1.4: Heavy workload

Due to the pandemic, health workers faced heavy workload pressure, besides the increased total health expenditures (Shoja et al., 2020). The most immediate consequence of the pandemic described by participants was the increased workload

which impacted their psychosocial well-being. They cited increased hours and weekend shifts, additional time taken to manage PPE, increased paperwork as frequent sources of stress;

"The night shift starts at 8:00 pm. I got a phone call from the night nurse manager around 7:30 pm to come in and work since the healthcare assistant that was supposed to work that night received a message that she tested positive. That was supposed to be my day off, so I was getting ready to go to bed. But as soon as I got the phone call, I got ready and went to work. This has happened often." (Participant 2)

Yet another participant said that:

"The amount of work which we were expected to do was so much and it was so mentally as well as emotionally exhausting." (Participant 4)

The identified theme of a heavy workload provides valuable insights into the role of organisational policies and practices in shaping the support available to healthcare workers in Ireland during the pandemic. This sub-theme is linked to research question 3 and illustrates that the impact of workload on healthcare professionals is a critical factor in understanding the effectiveness and adequacy of organisational support. The demands placed on healthcare workers directly relate to the policies and practices implemented by organisations. Therefore, the extent to which organisational strategies address or exacerbate the challenges posed by a heavy workload significantly influences the overall well-being of the healthcare workforce.

Theme 2: Inconsistent Guidelines

Participants expressed frustration about the government's handling and changing advice throughout the pandemic. In particular, participants talked about confusing guidance from management and the government regarding PPE or distancing procedures at work and the speed at which the guidelines changed.

"There was so much contradicting information for a while. We had new infection control routines every other hour, and different managers would tell us different guidelines. Like moving residents to different rooms... it's also physically and mentally draining. Of course, that caused irritation." (Participant 3)

HCWs consistently reported changes in how they practice during the COVID-19 pandemic. These changes, sometimes made very quickly by hospital administration, were generally viewed as a response to the contagious nature of COVID-19 and ranged from being transferred to a different unit in the hospital, adjusting delivery of care and dealing with increased emotional demands. Analytical theme two, which is inconsistent guidelines, discusses this and entails four sub-themes, namely: lack of training, lack of equipment, inadequate support by leaders and lack of adequate communication. This theme is directly linked and answers the third RQ which is the extent to which organisational policies and practices contribute to shaping the available support for healthcare workers in Ireland during the pandemic, and the perceived impact of these factors on the overall well-being of the HCWs.

Sub-theme 2.1: Lack of Training

Nurses, healthcare assistants and other healthcare providers reported receiving little to no training about caring for patients diagnosed with COVID-19, and most of the participants stated that it was a "learn-as-you-go experience." In response to increased numbers of patients with COVID-19, many hospitals abruptly established dedicated COVID-19 units to reduce risk. While many nurses anticipated that their unit would be converted to a "COVID unit", they typically did not receive any training specific to the provision of care for patients diagnosed with COVID-19. This is illustrated in the following quote:

"Well, I think we all got some ICU training as a nurse. Whether you were an ICU nurse or not, you would learn how to be one... and then we started creating ICUs out of nothing, it was we're pulling nurses from the floors and saying, 'hey, you're going to be an ICU nurse today.'" (Participant 6)

While redeployment of HCWs from other specialities to intensive care can be used to achieve the sustainable delivery of patient care, redeployed healthcare workers experienced anxiety and stress, particularly when lacking adequate support or PPE, during night shifts when fewer HCWs were available and due to last minute rota changes. Almost all participants experienced redeployment and were relieved of their regular duties to support a surge in admissions and increase capacity in the intensive care unit (ICU). The limited training aroused a lot of discontent and discomfort among HCWs which is stated below by one of the participants:

"It was really stressful for me when they pulled me out from the ward to work in the ICU. I'm not familiar with their settings, and I don't know the staff." (Participant 5)

HCWs felt very scared of getting the virus and had limited understanding related to the use of PPE (Maraqqa et al., 2021), again highlighting the need for adequate training. This was expressed by the participants:

"It felt very uncertain in the beginning, no one really knew how to use those PPE. In other units they used other sets of PPE. I was very uncertain if they knew what was needed to protect us. Aerosols, for example... a lot was unknown. We didn't know what we were getting ourselves into. It felt very unsafe, the uncertainty that no one really knew, the physicians didn't know, we didn't know, not even the management at the top of the organisation knew." (Participant 4)

Some of the participants acknowledged that, aside from their initial professional education, they had no training in relation to IPC; others highlighted little or limited training;

"For me, it's very important that there would be more education about the virus, and you know... creating awareness among the people and amongst ourselves. We were given really short training lasting for a day. Our requirements were much more." (Participant 6)

These quotes demonstrate the necessity for healthcare workers to receive additional support, underscoring the importance of implementing a robust system with well-defined organisational policies.

Sub-theme 2.2– Lack of Equipment

Lack of PPE was a significant problem at the beginning of the outbreak, especially for participants working in nursing homes. There was a constant lack of supply reported by the participants to the extent that HCWs had to bring in their own PPE;

"I'm on night shift most of the time, and I had to bring my own PPE because every time I start my shift at night, there were only very few PPE left... we also need to change PPE every time we go inside every patient's room." (Participant 2)

In addition to this, there was a lack of ICU beds.

"We were having unnecessary loss of lives because of lack of ICU beds". (Participant 4)

This emphasized the critical need for more intensive care units and necessary equipment.

Sub-theme 2.3: Inadequate support by leaders

Healthcare workers valued support from their organisations but gave many examples of not feeling adequately supported. Some workers reported feeling coerced into working with infected patients or in inappropriate conditions (Bensimon et al., 2007). The participants highlighted the importance of supportive leadership in a crisis. They expressed that they were not supported by the top management. Those HCWs felt that they had to deal with the demanding work situation all by themselves, while the management escaped the risk of infection by staying in secure offices;

"The big bosses were sitting in protected places, in offices. To protect themselves. Yeah, they should protect themselves but we shouldn't! We were supposed to go out there and work." (Participant 2)

Yet another participant said that they don't feel cared for;

"We are working in a caring profession, but we don't feel we are being cared for" (Participant 5)

One of the recommendations was to recruit more people in the sector;

"A larger workforce is needed. One's energy is limited, but each patient must be attended." (Participant 6)

This sub-theme explained the importance of having a good organisational culture with transformational and supportive leaders and the pivotal role which organisational policies and practices play for shaping the support available to HCWs.

Sub-theme 2.4: Lack of Adequate Communication

Participants described conflicts between staff, as some HCW started using more PPE than was recommended while others followed the official recommendations. This was due to inefficient communication and is described below by the participant;

“At our ward, there was no consensus; there were many strong opposing opinions. Some said that it should be long sleeves and some wanted all the equipment although we were not supposed to use that according to the official directives. We didn’t know what was right or wrong as it wasn’t communicated properly” (Participant 2)

Many reported inconsistent and ineffective messaging and a lack of consensus between sources of information (Billings et al., 2020). This is illustrated in the following quotation:

“Better communication may go a long way. I blame the department of health for not properly educating the public with how vaccines work.” (Participant 4)

Participants felt they should be consulted and involved in decision-making and that their learning from doing this work on the frontline was vital for responding to current and future pandemics. This explains the HCWs perception regarding the effectiveness of the support systems in place and is linked to the second research question.

Discussion

This study explored the factors and experiences of healthcare workers (HCWs) who worked during the pandemic and their views about the support which were offered to them in terms of training, supply of equipment such as PPE and support from management. As established in the extant literature base, this area warrants exploration to understand workers' perspectives better and to ensure that they can engage with appropriate mental health support when needed (Billings et al., 2020). The semi-structured interviews enabled the researcher to summarise the experience of HCWs into two major themes, namely emotional exhaustion and inconsistent guidelines. These findings and experiences of HCWs were consistent with a number of reviews which have shown that HCWs were affected during the pandemic at individual, interpersonal, institutional, community and policy levels (Baldwin and George, 2021; Chemali et al., 2022; Sun et al., 2020). In addition to this, this study also highlights that certain experiences can have disruptive effects on HCWs' personal and professional lives and thus identifies problems which need to be addressed and areas that could be strengthened to support HCWs during pandemics.

The COVID-19 pandemic and its impact in Ireland shed light on existing deficiencies in the healthcare system. This research study identified comparable concerns among frontline personnel regarding care delivery during the COVID-19 pandemic, echoing similar issues reported in other countries such as Spain, UK and Zimbabwe (Legido-Quigley et al., 2020; Mackworth-Young et al., 2021).

By approaching the topic from an exploratory perspective and delving into the intricate and profound experiences of healthcare workers (HCWs), this empirical research not only offers a comprehensive portrayal of the HCWs' situation but also highlights potential areas for governmental support. This is linked to the third RQ, which aims to explore the organisational policies and to what level the organisational practices play a role in shaping the support available to healthcare workers in

Ireland. Findings from the study clearly showed that HCWs lacked support in a number of areas, such as training, and lack of equipment and found themselves in uncertain working environments with heavy workloads. These findings clearly indicate that governmental support is needed and might include facilitating access to mental health initiatives, establishing consistent communication protocols and devising strategies to tackle issues related to the availability of essential equipment and supplies (Ali et al., 2020; Sun et al., 2020). The findings from this research study extend the previous studies. For instance, a study conducted by Mehendi and Hossain (2022) in Bangladesh emphasised the necessity for collaborative efforts between the government and non-governmental organisations in formulating effective policies to alleviate the impact of COVID-19 on frontline health professionals. Additionally, earlier studies have underscored the significance of implementing programs focused on support, care and stress management by organisations and policymakers (Zhang, 2021).

The outcomes of this research revealed a variety of elements that influenced the psychological welfare of healthcare workers (HCWs) amid the COVID-19 pandemic. Consequently, it pinpoints issues requiring attention and areas with potential for enhancement in order to provide comprehensive support to HCWs during pandemics.

Participants in the study expressed that there was a lack of adequate communication and a lot of ambiguities during the period, especially from the top management side and the government. This is consistent with previous research findings in which HCWs identified inconsistent governmental crisis communication (Feeley et al., 2021).

With increased demands on an already taut healthcare sector, HCWs faced an increased workload with the ever-present risk of infection and the fear of transmission to their loved ones (Ali et al., 2020). All participants in this study conveyed this sentiment, describing a worsened and stigmatised work environment. To strengthen HCWs and empower them to deal with pandemics, the appropriate contextual factors which impacted their situation during pandemics need to be acknowledged and interventions need to follow a multi-component approach, taking the multitude of aspects and settings into account which impacted on HCWs' experiences. This is highlighted in other studies as well in which it is stated that incorporating mental health assistance within a secure and effective work setting that fosters supportive relationships among colleagues and a feeling of personal agency might be instrumental in enhancing the resilience of healthcare professionals (De Brier et al., 2020).

Though this research study provides valuable insights into the experiences and perspectives of healthcare workers during the pandemic, it is not without its limitations. One primary constraint lies in the subjective nature of qualitative research, as individual responses can be influenced by personal biases or unique circumstances. Additionally, the study's reliance on interviews may introduce a potential for response bias, where participants may provide socially desirable answers or withhold certain information. The generalizability of findings may be limited due to the study's specific focus on the Irish context and because of a limited sample size of six participants. The healthcare professionals participating in this

study were derived from only two hospitals. Thematic analysis, while insightful, may not capture the full complexity of healthcare workers' experiences. In addition to this, this research study has primarily concentrated on nurses and healthcare assistants, with limited or no interviews with other crucial frontline healthcare groups such as doctors, physiotherapists, pharmacists, receptionists, porters, or cleaners. Despite these limitations, the study offers a nuanced exploration of the challenges faced by healthcare workers, contributing to a deeper understanding of the support needed in such critical times and has a number of practical implications.

This research study has uncovered several implications for practice, including the critical importance of ensuring the availability of sufficient safety equipment. This is essential not only for promoting safe and effective work but also for mitigating potential adverse mental health outcomes. Workloads should be manageable, with mandated periods of rest to prevent fatigue and burnout. Training should be practical, timely and inclusive of both on-the-job learning and formal education. Clear and consistent communication, shared decision-making and accessible leadership are essential. Establishing mechanisms for staff peer support, including dedicated time and mental health awareness training, is important. Mental health follow-up and ongoing peer support are imperative for early detection and treatment of emerging mental health issues, ensuring staff feel supported by their organisations.

Conclusion and Recommendations

This study has shed light on the multifaceted experiences of healthcare workers during the challenging times of the pandemic. Through a thematic analysis of qualitative data, two major themes emerged which provided valuable insights into the perspectives of healthcare workers and the support they received. The support received by HCWs was inadequate and they lacked adequate training. HCWs had high levels of stress and anxiety, resulting in their emotional exhaustion. Based on the findings of the study, several recommendations can be made to improve the well-being and support of healthcare workers during pandemics. It underscores the paramount importance of proper resource allocation, emphasising the continuous and sufficient supply of essential resources, including personal protective equipment (PPE), to ensure the holistic well-being of healthcare workers—both physically and mentally. This resonates with the insights gleaned from a comprehensive study by Curtin et al. (2022), which not only highlighted the significance of robust peer networks but also shed light on their pivotal role in enhancing the psychological well-being of healthcare professionals. Acknowledging and supporting staff in balancing work and family demands, providing opportunities for time off and addressing anxiety, guilt and moral injury through measures such as reducing lone working and fostering ethical forums are highly recommended by this study. In conclusion, this research has significantly advanced the understanding of crucial aspects within the realm of business knowledge, particularly in the context of healthcare.

The study's findings regarding the viewpoints and support provided to healthcare workers amid the pandemic in Ireland have established a basis for improving their mental and emotional well-being, as well as their ability to adapt to similar future situations. This nuanced understanding of the challenges faced by healthcare workers, particularly in psychologically demanding environments, prompts a call for systematic improvements in the support infrastructure provided to them. By addressing the identified challenges and implementing the recommended strategies, healthcare systems can better support their frontline workers and ensure the provision of high-quality care even in the face of unprecedented challenges.

References

- Agrawal, U., Bedston, S., McCowan, C., Oke, J., Patterson, L., Robertson, C., Akbari, A., Azcoaga-Lorenzo, A., Bradley, D. T., Fagbamigbe, A. F., Grange, Z., Hall, E. C., Joy, M., Katikireddi, S. V., Kerr, S., Ritchie, L., Murphy, S., Owen, R. K., Rudan, I., Shah, S. A., Simpson, C. R., Torabi, F., Tsang, R. S., de Lusignan, S., Lyons, R. A., O'Reilly, D. and Sheikh, A. (2022) 'Severe COVID-19 outcomes after full vaccination of primary schedule and initial boosters: Pooled analysis of national prospective cohort studies of 30 million individuals in England, Northern Ireland, Scotland, and Wales', *The Lancet*, 400(10360), pp. 1305–1320. doi: 10.1016/s0140-6736(22)01656-7.
- Ali, S.A., Baloch, M., Ahmed, N., Ali, A.A. and Iqbal, A. (2020). The outbreak of Coronavirus Disease 2019 (COVID-19)—An emerging global health threat. *Journal of infection and public health*, 13(4), pp.644-646.
- Almaghrabi, R.H., Alfaradi, H., Al Hebshi, W.A. and Albaadani, M.M. (2020). Healthcare workers experience in dealing with Coronavirus (COVID-19) pandemic. *Saudi medical journal*, 41(6), p.657.
- Baldwin, S. and George, J. (2021). Qualitative study of UK health professionals' experiences of working at the point of care during the COVID-19 pandemic. *BMJ open*, 11(9).
- Bensimon, C.M., Tracy, C.S., Bernstein, M., Shaul, R.Z. and Upshur, R.E. (2007). A qualitative study of the duty to care in communicable disease outbreaks. *Social science & medicine*, 65(12), pp.2566-2575.
- Billings, J., Ching, B.C.F., Gkofa, V., Greene, T. and Bloomfield, M. (2020). Healthcare workers' experiences of working on the frontline and views about support during COVID-19 and comparable pandemics: A rapid review and meta-synthesis. *MedRxiv*, pp.2020-06.
- Boyatzis, R.E., 1998. *Transforming qualitative information: Thematic analysis and Code Development*. Sage.
- Braun, V. and Clarke, V. (2021). Thematic analysis: a practical guide. *Thematic Analysis*. London: Sage, pp.1-100.
- Burrell, G., and Morgan, G. (2017). Sociological Paradigms and Organisational Analysis: Elements of the Sociology of Corporate Life. *Sociological Paradigms and Organisational Analysis: Elements of the Sociology of Corporate Life*, 1–432. <https://doi.org/10.4324/9781315242804>
- Catania, G., Zanini, M., Hayter, M., Timmins, F., Dasso, N., Ottonello, G., Aleo, G., Sasso, L. and Bagnasco, A. (2021). Lessons from Italian frontline nurses' experiences during the COVID-19 pandemic: A qualitative descriptive study. *Journal of nursing management*, 29(3), pp.404-411.

- Chemali, S., Mari-Sáez, A., El Bcheraoui, C. and Weishaar, H. (2022). Health care workers' experiences during the COVID-19 pandemic: a scoping review. *Human Resources for Health*, 20(1), p.27.
- Chirico, F., Nucera, G. and Magnavita, N. (2020). COVID-19: protecting healthcare workers is a priority. *Infection Control & Hospital Epidemiology*, 41(9), pp.1117-1117.
- Chong, M.Y., Wang, W.C., Hsieh, W.C., Lee, C.Y., Chiu, N.M., Yeh, W.C., Huang, T.L., Wen, J.K. and Chen, C.L. (2004). Psychological impact of severe acute respiratory syndrome on health workers in a tertiary hospital. *The British Journal of Psychiatry*, 185(2), pp.127-133.
- Chou, R., Dana, T., Buckley, D.I., Selph, S., Fu, R. and Totten, A.M. (2020). Epidemiology of and risk factors for coronavirus infection in health care workers: a living rapid review. *Annals of internal medicine*, 173(2), pp.120-136.
- Cullen, W., Gulati, G. and Kelly, B.D. (2020). Mental health in the COVID-19 pandemic. *QJM: An International Journal of Medicine*, 113(5), pp.311-312.
- Curtin, M., Richards, H.L. and Fortune, D.G. (2022). Resilience among health care workers while working during a pandemic: A systematic review and meta-synthesis of qualitative studies. *Clinical psychology review*, 95, p.102173.
- De Brier, N., Stroobants, S., Vandekerckhove, P. and De Buck, E. (2020). Factors affecting mental health of health care workers during coronavirus disease outbreaks (SARS, MERS & COVID-19): A rapid systematic review. *PloS one*, 15(12), p.e0244052.
- Denzin, N.K. and Lincoln, Y.S. eds. (2011). *The Sage handbook of qualitative research*. Sage.
- Dublin Business School DBS. (2023). *Quality Assurance Handbook - students.dbs.ie*. Available at: https://students.dbs.ie/docs/default-source/quality-assurance-handbook/qah-part-c-section-1-learning-and-teaching_20201202.pdf?sfvrsn=f5d94cd3_14.
- Duvendack, M. and Sonne, L. (2021). Responding to the multifaceted COVID-19 crisis: the case of Mumbai, India. *Progress in development studies*, 21(4), pp.361-379.
- El-Hage, W., Hingray, C., Lemogne, C., Yrondi, A., Brunault, P., Bienvenu, T., Etain, B., Paquet, C., Gohier, B., Bennabi, D. and Birmes, P. (2020). Health professionals facing the coronavirus disease. (2019). (COVID-19) pandemic: What are the mental health risks?. *Encephale*, pp.S73-S80.
- Feeley, T., Ffrench-O'Carroll, R., Tan, M.H., Magner, C., L'Estrange, K., O'Rathallaigh, E., Whelan, S., Lyons, B. and O'Connor, E. (2021). A model for occupational stress amongst paediatric and adult critical care staff during COVID-19 pandemic. *International Archives of Occupational and Environmental Health*, 94, pp.1721-1737.

- Given, L.M. ed. (2012). *The Sage encyclopedia of qualitative research methods*. Sage publications.
- Hanefeld, J., Mayhew, S., Legido-Quigley, H., Martineau, F., Karanikolos, M., Blanchet, K., Liverani, M., Yei Mokuwa, E., McKay, G. and Balabanova, D. (2018). Towards an understanding of resilience: responding to health systems shocks. *Health policy and planning*, 33(3), pp.355-367.
- Hoernke, K., Djellouli, N., Andrews, L., Lewis-Jackson, S., Manby, L., Martin, S., Vanderslott, S. and Vindrola-Padros, C. (2021). Frontline healthcare workers' experiences with personal protective equipment during the COVID-19 pandemic in the UK: a rapid qualitative appraisal. *BMJ open*, 11(1), p.e046199.
- Houghton, C., Meskell, P., Delaney, H., Smalle, M., Glenton, C., Booth, A., Chan, X.H.S., Devane, D. and Biesty, L.M. (2020). Barriers and facilitators to healthcare workers' adherence with infection prevention and control guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis. *Emergencias: revista de la Sociedad Espanola de Medicina de Emergencias*, 33(1), pp.62-64.
- Kim, H., Sefcik, J.S. and Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in nursing & health*, 40(1), pp.23-42.
- Kuhn, T.S. (1997). *The structure of scientific revolutions* (Vol. 962). Chicago: University of Chicago press.
- Legido-Quigley, H., Mateos-García, J.T., Campos, V.R., Gea-Sánchez, M., Muntaner, C. and McKee, M. (2020). The resilience of the Spanish health system against the COVID-19 pandemic. *The lancet public health*, 5(5), pp.e251-e252.
- Lewis, V., Fraser, S., Ding, S., Kellett, M., Robinson, C., Lewis, V., & Ding, S. (2015). Response to Reviews of Doing Research with Children and Young People. 15(1), 382–383.
- Mackenzie, N. (2017). Researching the learning and teaching of writing: A retrospective analysis of paradigms employed. In *Methods and paradigms in education research* (pp. 246-262). IGI Global.
- Mackworth-Young, C.R., Chingono, R., Mavodza, C., McHugh, G., Tembo, M., Chikwari, C.D., Weiss, H.A., Rusakaniko, S., Ruzario, S., Bernays, S. and Ferrand, R.A. (2021). Community perspectives on the COVID-19 response, Zimbabwe. *Bulletin of the World Health Organization*, 99(2), p.85.
- Maraqqa, B., Nazzal, Z. and Zink, T. (2021). Mixed method study to explore ethical dilemmas and health care workers' willingness to work amid COVID-19 pandemic in Palestine. *Frontiers in medicine*, 7, p.576820.
- McNicholas, F., Sharma, S., Oconnor, C. and Barrett, E. (2020). Burnout in consultants in child and adolescent mental health services (CAMHS) in Ireland: a cross-sectional study. *BMJ open*, 10(1), p.e030354.

- Mehedi, N. and Ismail Hossain, M. (2022). Experiences of the frontline healthcare professionals amid the COVID-19 health hazard: a phenomenological investigation. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 59, p.00469580221111925.
- Miguel-Puga, J.A., Cooper-Briebesca, D., Avelar-Garnica, F.J., Sanchez-Hurtado, L.A., Colin-Martínez, T., Espinosa-Poblano, E., Anda-Garay, J.C., González-Díaz, J.I., Segura-Santos, O.B., Vital-Arriaga, L.C. and Jáuregui-Renaud, K. (2021). Burnout, depersonalisation, and anxiety contribute to post-traumatic stress in frontline health workers at COVID-19 patient care, a follow-up study. *Brain and behavior*, 11(3), p.e02007.
- O'leary, N., Kingston, L., Griffin, A., Morrissey, A.M., Noonan, M., Kelly, D., Doody, O., Niranjana, V., Gallagher, A., O'riordan, C. and Lynch, A. (2021). COVID-19 healthcare policies in Ireland: A rapid review of the initial pandemic response. *Scandinavian Journal of Public Health*, 49(7), pp.713-720.
- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V.G., Papoutsis, E. and Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, behavior, and immunity*, 88, pp.901-907.
- Raudenská, J., Steinerová, V., Javůrková, A., Urits, I., Kaye, A.D., Viswanath, O. and Varrassi, G. (2020). Occupational burnout syndrome and post-traumatic stress among healthcare professionals during the novel coronavirus disease 2019 (COVID-19) pandemic. *Best Practice & Research Clinical Anaesthesiology*, 34(3), pp.553-560.
- Sandelowski, M. (2000). Whatever happened to qualitative description?. *Research in nursing & health*, 23(4), pp.334-340.
- Shoja, E., Aghamohammadi, V., Bazayr, H., Moghaddam, H.R., Nasiri, K., Dashti, M., Choupani, A., Garaee, M., Aliasgharzadeh, S. and Asgari, A. (2020). Covid-19 effects on the workload of Iranian healthcare workers. *BMC public health*, 20, pp.1-7.
- Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., Wang, C., Wang, Z., You, Y. and Liu, S. (2020). A qualitative study on the psychological experience of caregivers of COVID-19 patients. *American Journal of Infection Control*, 48(6), pp.592-598.
- Swaraj, A. (2019). Marketing Research: Methodological Foundations. *Parisheelan Journal*, 15(2), 666–670. <http://crm.skspvns.com/wp-content/uploads/2020/09/110-Ananya-Swaraj.pdf>
- Tan, R., Yu, T., Luo, K., Teng, F., Liu, Y., Luo, J. and Hu, D. (2020). Experiences of clinical first-line nurses treating patients with COVID-19: A qualitative study. *Journal of nursing management*, 28(6), pp.1381-1390.
- Taylor, S., Landry, C.A., Rachor, G.S., Paluszec, M.M. and Asmundson, G.J. (2020). Fear and avoidance of healthcare workers: An important, under-recognised form of stigmatisation during the COVID-19 pandemic. *Journal of anxiety disorders*, 75, p.102289.

- Vindrola-Padros, C., Chisnall, G., Cooper, S., Dowrick, A., Djellouli, N., Symmons, S.M., Martin, S., Singleton, G., Vanderslott, S., Vera, N. and Johnson, G.A. (2020). Carrying out rapid qualitative research during a pandemic: emerging lessons from COVID-19. *Qualitative health research*, 30(14), pp.2192-2204.
- World Health Organization. (2007). Everybody's business - strengthening health systems to improve health outcomes: WHO's framework for action. Available from: https://iris.who.int/bitstream/handle/10665/43918/9789241596077_eng.pdf?sequence=1. [Accessed 15th March 2023].
- World Health Organization. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak, 18 March 2020* (No. WHO/2019-nCoV/MentalHealth/2020.1). World Health Organization. Available from: <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>. [Accessed 9th February 2023].
- Zhang, H., Chen, D., Zou, P., Cui, N., Shao, J., Qiu, R., Wang, X., Wu, M. and Zhao, Y. (2021). Exploring the experience of healthcare workers who returned to work after recovering from COVID-19: a qualitative study. *Frontiers in Psychiatry*, 12, p.753851.