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Healthcare workers' perceptions of strategies supportive of their mental health

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ABSTRACT

Background: The COVID-19 pandemic exacerbated existing stressors and created additional challenges for healthcare workers, such as increased workload, rapidly changing policies and procedures, resource and workforce shortages and work-life imbalance. This study examined what frontline healthcare workers consider to be the organisational strategies needed to support their mental health and wellbeing during crisis events. Methods: The Australian COVID-19 Frontline Health Workers Survey, a national, anonymous online survey of health care workers, was conducted between August-October 2020, during the second wave of the Australian COVID-19 outbreak. Drawing on participant responses collected as part of this survey, we analysed thematically the free-text question, 'What strategies might be helpful to assist frontline healthcare workers during future crisis events like pandemics, disasters, etc.?' Results: A total of 5527 healthcare workers responded to the free-text question asking about support strategies for future crises. Findings highlighted the challenges experienced by frontline workers during the COVID-19 pandemic and outlined suggestions for organisational strategies to support the mental health of the health workforce long-term. Specifically, four key themes that linked organisational support strategies to organisational culture were identified. These were: Workplace structures to support a mentally healthy work environment; Supportive leadership and management; Strengthening a sense of community to support mental health; and Organisational culture normalising mental health support. Conclusions: The key message from this research is that organisational strategies that enact a supportive work culture, rather than a focus on individuals alone, are required to protect the mental health of healthcare workers in the future.

Abbreviations: HCWs, Healthcare workers.

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1. Introduction

Frontline healthcare has been described as 'extreme work' [1], consisting of an unpredictable workflow, long hours and expanding work duties. These working conditions pose a significant psychological risk [1], with evidence showing that healthcare workers (HCWs) are at greater risk of mental health issues when compared with the general public and other occupational groups [2–4]. The COVID-19 pandemic exacerbated existing stressors and created additional challenges, such as increased workload, rapidly changing policies and procedures, resource and workforce shortages and work-life imbalance [5]. The detrimental mental health impacts of the COVID-19 pandemic on frontline HCWs have been widely reported [6–10]. In Australia, high rates of mild to severe anxiety (59.8 %), burnout (70.9 %) and depression (57.4 %) were identified [7]. The prevalence of mental health problems within the health workforce poses a significant occupational health and safety threat and has serious implications for workforce retention and ultimately patient care [4,11].

Globally, interventions have been designed and implemented to support the mental health and wellbeing of HCWs during the COVID-19 pandemic [12,13]. Most interventions implemented to date have been individual-based solutions, with content including creative practices, emotion regulation activities, psychoeducation, and mindfulness [14]. Although access to these individual supports is important, the overall resilience level of HCWs is already high [7]. Thus, approaches that only focus on individual resilience will likely have limited efficacy if the occupational causes of mental ill health [15] are not also addressed. This is particularly important given the alarmingly low rates of HCWs seeking support for their mental health [16].

In 2015, based on compelling Australasian and international evidence that work is generally good for health and wellbeing while long-term work absence and unemployment generally have a negative impact, The Royal Australasian College of Physicians introduced the Health Benefits of Good Work® program [17]. What is evident in the Health Benefits of Good Work [17] and across other research is the positing of workplace culture, more or less explicitly, as one of a number of attributes influencing mental health and wellbeing; and the inclusion of culture in strategies aimed at addressing mental health. For example, previous research exploring clinician wellbeing highlights the importance of a cohesive, coordinated organisational response to facilitate mentally healthy work environments long-term [18]; and organisations' management and communication styles are both claimed to affect the mental health and adaptability of HCWs [19,20]. Shanafelt and colleagues [21] include workplace cultural attributes when they identify evidence-based organisational actions to promote physician engagement and reduce burnout. Such attributes include acknowledging and addressing issues in the workplace, harnessing the power of leadership, cultivating community at work, and aligning values and strengthening culture [21].

There is also now emerging research exploring the impact of health and economic crises on HCWs' health, working conditions, routines, and coping strategies [22]. What links the notion of crisis to workplace culture, is the claim that crises make visible the particular challenges experienced by workers. Frosh and Georgiou [23], p.238, propose that a "crisis makes visible, suddenly and intensively, the usually unnoticed structures, hierarchies and norms of everyday lifeworlds and socio-political formations" and that "crisis makes possible (but does not guarantee) transformative change" [33, p.239]. Thus, a focus on how those affected 'make sense' of the organisational environment in which they work [24] particularly as they experience an event that makes visible the everyday, can usefully guide organisational change. To date there has been little qualitative research that includes the voices of HCWs reflecting on their experiences during the pandemic, with an express purpose of using their experiences during a crisis to inform organisational strategies needed to support mental health and wellbeing [25,26]. Through the use of free-text data from a large national survey [7], this study aimed to explore what frontline HCWs consider to be the organisational strategies needed to support their mental health and wellbeing during crisis events. These insights are critical in informing the design of support initiatives and to ensure that strategies are utilised and valued.

2. Methods

The Australian COVID-19 Frontline Health Workers Survey [7], a national, anonymous online survey of HCWs, was conducted between August-October 2020, during the second wave of the Australian COVID-19 outbreak. This period was characterised by reactive city or state-wide lockdowns, and domestic and international travel restrictions [27]. Details of the survey method has been previously published [7], along with the findings from the quantitative data [7,9,16,28–31]. In summary, self-identified frontline HCWs in secondary or primary and community care were invited to participate. The survey was promoted through health service organisations, professional associations, colleges, universities, government health departments, media outlets, and social media sites. Ethics approval was provided by Royal Melbourne Hospital Human Research Ethics Committee (HREC/67074/MH-2020).

The survey was piloted with healthcare workers and refined before distribution. In addition to the quantitative questions and psychometric measures, the survey included four free-text questions. These questions provided an opportunity for participants to reveal additional insights about their experiences of work and life during the pandemic. These questions allowed the researchers to capture insights from a large, diverse sample of HCWs (nurses, allied health staff, doctors, administrative and support staff) working in diverse settings (e.g., public and private hospitals, primary and community care) across metropolitan, rural and remote localities nationwide. One of the free text questions asked: 'What strategies might be helpful to assist frontline HCWs during future crisis events like pandemics, disasters, etc.?' Responses to this question form the basis for our analysis of the mental health support needed in future crises.

An inductive thematic analysis was undertaken [32]. NVivo 10 software (QSR international) was used to organise content and to facilitate the analysis based on published guidelines [33]. The responses were first read closely to ensure data immersion, and open coding was conducted to broadly capture aspects of the content. Following this, codes with related ideas and concepts were grouped together into key themes. To enhance trustworthiness, codes and themes were reviewed by the research team of academic researchers and clinicians and discussed during regular meetings. Any differences in interpretation were resolved by consensus in these analytical discussions [33].

Participant characteristics (Table 1) and themes relating to strategies needed to support mental health are presented below. Tables 2–5 provide these themes, sub themes and indicative quotes. We found a commonality of key ideas across the workforce, and have presented this by including information about occupation, gender, and age range.

3. Results

A total of 7846 complete survey responses was received, with 5527 HCWs (70 %) providing a response to the optional free-text question asking about support strategies for future crises. A broad range of occupation groups were represented and age groups were evenly spread (Table 1). Most participants were women, which is representative of the Australian health workforce where most nurses and allied health professionals are female [34].

Frontline HCWs responses were diverse, and while they primarily covered work and organisational strategies, some also wrote about individual, social and political strategies. Although all strategies provide a contribution to improving mental health supports, those specific to organisations indicated the importance of cultural change as integral to mental health support. Staff wanted to be recognised and valued, and wanted strategies that indicated a culture of care. Although there is

Table 1
Participant characteristics ($n = 5527$).

Characteristics		Number (%)
Age (years)	20-30	1143 (20.7)
	31-40	1517 (27.4)
	41-50	1267 (22.9)
	≥51	1600 (28.9)
Gender	Male	940 (17.0)
	Female	4560 (82.5)
	Non-binary	21 (0.4)
	Prefer not to say	6 (0.1)
Occupation	Nursing	2215 (40.2)
	Medical*	1601 (29.0)
	Allied Health	1274 (23.1)
	Administrative staff	331 (6.0)
	Other roles**	93 (1.7)

* comprises Senior Doctor (n=853), Junior Doctor (n=452), General Practitioner (n=296)

** comprises of other not specified (n = 10), support workers (n = 30), students (n = 47), leaders (n = 6)

some overlap across themes, participants indicated four key ways in which the workplace could support their mental health during crises. These were improving workplace structures, ensuring supportive leadership, strengthening a sense of community and normalising mental health support.

Many longstanding workplace issues became visible during the COVID-19 pandemic and HCWs identified the detrimental impact of workplace structures on their mental health. In addition to existing 'cracks in the system' [5], they proposed the need for organisational preparedness, improved worker support during periods of rapid change, organisational strategies for staff shortages, and facilitating breaks during shifts. Table 2 provides subthemes and indicative quotes.

The lack of organisational preparedness during the pandemic was a key issue for many HCWs. They indicated their desire for greater confidence in their organisation to manage crises and prioritise worker wellbeing and safety. For example, one participant reported that at the onset of the pandemic, workers were aware of the impacts of the pandemic on international health systems. However, there was little communication from their organisations about the plans in place to deal with what was to come, which caused anxiety amongst staff. Participants described organisational responses as 'too slow', or left until 'crisis point', and opined there was an urgent need for more proactive organisational responses. Many described the need for increased resources, which would then give HCWs more time and space to take care of their mental health.

Healthcare workers were required to respond quickly to many challenges during the COVID-19 pandemic, including increased workloads, new work practices and protocols, and redeployment. Participants indicated that organisational support for these transitions was poorly planned and that improved procedures were required to support workers during these changes.

The impact of staff shortages was the focus of many participants' responses. Participants wanted organisations to plan for staffing shortages, including improving rostering processes to ensure shifts were covered when needed. Participants described not only the impacts on burnout and general wellbeing when teams were short staffed, but the guilt they felt about taking time off when needed. Many participants indicated their desire for improved rostering strategies to allow for protected regular time off. This was described as a burnout prevention strategy, which would provide workers with time to recover both physically and emotionally from long periods of work.

Healthcare workers described the need for organisations to ensure staff had opportunities as well as locations within their workplace to take breaks during shifts. They also wanted management to actively encourage staff to take breaks, emphasising the importance of having access to spaces and time to 'walk away' and 'de-stress'.

Table 2
Workplace structures to support a mentally healthy work environment.

Sub-themes	Illustrative quotes
Organisational preparedness	Planning for staff burnout and putting systems in place to try and avoid this. (Allied health professional, female, age 41-50)
	Faster uplift in resources - mental health only receiving now; but have had increase in demand related to psychosocial impacts of COVID-19 on mental health for services for 6 months. (Nurse, female, age 50-64)
Supporting workers during rapid change	Follow up with deployed staff to ensure they are supported in new roles, checking that re-assigned workloads are reasonable. (Administrative staff, female, age 50-64)
	Multiple staff have been redeployed to manage Covid, I myself enjoy the challenge of change, however not everybody can cope with daily change and the unknown every day. My observation has been that some people need to know what their role is going to be the next shift. Perhaps being redeployed to a particular role for the week might be better for some rather than being swapped around on a daily basis. Everyone has been really flexible but I've observed for some that anxiety is heightened when it is unclear what their role is for the day when they arrive for their shift. (Nursing, female, age 50-64)
Organisational strategies for staff shortages	When I was sick and needed a COVID swab I felt so guilty that all of my work for those two days would fall to other members of my team or my patients would be disadvantaged. Having robust policies for how sick leave will be covered would make it so much easier to rest when you need to. (Junior medical staff, female, age 20-30)
	Being more aware of burnout. Rostering in some more days off in a row once a month for staff. (Junior medical staff, female, age 20-30)
	The cumulative stress is more than I think people/systems realise, and that is why I am seeing so many staff leaving or having to take extended leave because they have hit the wall at the 6-9 month mark. This is a marathon - not a sprint, and most of us are not elite athletes with the psychology that goes with it… Maybe in times like these, all frontline workers should be given extra leave, so they are not afraid to use their leave when they need it, rather than 'saving it up' for afterwards. (Senior medical staff, female, age 41-50)
Space and breaks during shifts	Creating safe (outdoor) break spaces (rather than closing them) for staff to use during much-needed breaks during the work day. (Junior medical staff, female, age 20-30)
	More breaks to just get out of the gear and turn off for a minute. (Nurse, female, age 41-50)
	Implementation of mental breaks within shifts to allow staff to take mental breaks from stressful work environments. (Allied health professional, female, age 31-40)

Ensuring accessible and responsive leadership through times of high stress and uncertainty was identified as a protective factor for workers' wellbeing. As shown in the subthemes presented in Table 3, participants identified three ways that managers could support their staff: by recognising and valuing health workers' contributions, by ensuring visible leadership and authentic interactions with staff, and by ensuring that managers and leaders had knowledge and skills to support staff mental health.

Participants reported feeling undervalued by their organisation and this exacerbated their feelings of frustration and emotional distress. They suggested leaders needed to show more empathy for, and recognition of, the sacrifices that HCWs were making every day; and identified strategies for leadership during crises, which ensured attention to staff needs.

Table 3
Supportive leadership and management.

Sub-themes	Illustrative quotes
Leadership that recognises and values workers contributions	Support from those that are not on the frontline that is empathetic, compassionate and clinically realistic and puts our safety first. (Nurse, female, age 20-30) Managers actually listen and take on board/ respond to suggestions by experienced staff to improve patient safety and the work environment. (Nurse, female, age 31-40) Forums for staff feedback up the chain as to needs, ideas, resources and issues. (Allied health professional, female, age 41-50)
Visible leadership and authentic communication	Visible presence… especially managers working on site for at least some days for better access for discussions and also to present as a team member as we are all in this together. (Nurse, female, age 41-50) More face-to-face involvement from higher management. (Nurse, female, age 20-30) Actually seeing the people who are saying we are doing a good job such as the executive team who did not come down once and see us. (Nurse, female, age 31-40) Clear and honest communication from local managers and executives. (Nurse, female, age 31-40) I also found it really helpful when one of the senior doctors associated with our training told us that he was scared too, for himself and his family, and that he found it easier being at work and busy rather than at home worrying. (Junior medical staff, female, age 31-40) Also having an anonymous place where people could record worries they had about their workplace. I know some people were concerned about their work environments - but were scared to speak up. There needs to be a safe and completely anonymous place where people can flag these concerns to the organisation. (Nurse, female, age 31-40) Visibility from my senior staff, in meetings and on the floor. Senior staff stopping and asking 'how are you' or 'how are you feeling/coping' can go a long way. (Nurse, female, age 20-30)
Leadership knowledge and skills	More 1:1 support from managers – checking-in in a meaningful way so they know my personal circumstances. (Allied health professional, male, age 41-50) Better leadership in the workplace to support staff…mental health training for managers. (Allied health professional, female, age 31-40) Ensuring managers have the skills to help their team members. If managers aren't coping - another manager you can go to for support during that time.(Allied health professional, female, age 20-30) More education for managers to assist them in identifying staff who are burning out/ struggling and organisational support to care for these staff.(Nurse, female, age 31-40) It would be useful to have supplementary leaders whose primary responsibility is empathising with and normalising what many are experiencing in terms of social and workplace disarray. A team of managers for the health crisis and a team of managers for the social crisis. (Senior medical staff,male, age 41-50)

Table 4
Strengthening a sense of community to support mental health.

Sub-themes	Illustrative quotes
The value of team support	Connecting with one another. I worked a number of shifts on the COVID wards and never had any follow up or connection with staff. (Nurse, female, age 20-30) Enable a social bubble of work colleagues. Isolation at work and isolation at home is not conducive to anyone's mental health. (Nurse, female, age 31-40) Organised social events. Some sort of fun activity where you can leave work behind and bond as a team. (Senior medical staff, male, age 50-64) For me, the sense of community I have with my co-workers has been the most supportive and rejuvenating factor for my wellbeing. Fostering and encouraging this. (Junior medical staff, female, age 20-30)
Debriefing with peers	The biggest thing was taken away, the ability to be social and debrief after a shift together. This has largely been dehumanising. (Allied health professional, male, age 41-50) An official outlet to 'vent' to peers who understand what you are going through so you can leave some of your anxiety/frustration at work and not take it home. (Allied health professional, female, age 50-64) Regular formal group debriefing/discussions/ planning… Helps alleviate anxiety. (Nurse, female, age 20-30)
Sharing experiences and learning from others	Online meetings with other healthcare workers to share experiences. (Paramedic, female, age 20-30) Secure online forums, chats that are anonymous (to some extent) for workers to vent frustrations [and] raise ideas. (Administrative staff, female, age 31-40) Forums, webinars, to enjoy hearing about the experiences of others. What went well, what could have been done better. It's also nice to hear that someone else is experiencing the same feelings, sensations, emotions as you. (Nurse, female, age 31-40)

Valuing staff experiences included providing opportunities for them to give input on decisions about their work environment and support needs. Importantly, they indicated that organisations needed to proactively seek out the perspectives of their staff, and implement their advice, rather than having the onus on the individual HCWs to try to find avenues to have their voices heard.

Ensuring timely and transparent communication from leaders and managers was outlined as key to good leadership. Participants described the need for formal structures, such as regular staff forums and debriefing with senior staff, to provide feedback. Having regular opportunities to discuss changes with senior staff, even if answers were not known, helped to alleviate stress. Some participants also suggested the need to implement an anonymous channel for workers to communicate their concerns, without fear of negative response from their organisation.

Healthcare workers described the importance of leaders being visible to staff. Some described receiving tokens of appreciation from their organisation via email, as well as food and small gifts, but argued that visibility of senior staff on the floor was needed. Suggestions included both wellbeing check-ins and engagement in tasks in the workplace.

Healthcare workers described the value of authentic interactions with senior staff. This included acknowledging when things did not go to plan and being willing to implement changes to address this. Some HCWs expressed appreciation for leaders who showed their own vulnerability by sharing their own fears.

Participants also wrote about the importance of organisations ensuring that leaders and managers are available and equipped to provide appropriate mental health support to their teams during crises. Leadership training should include how to identify and support struggling staff members and awareness of what resources are available to provide in these circumstances.

A few workers also recognised that managers may not always have the capacity to offer mental health support, due to their own personal stressors. One strategy suggested by participants was organisations

Table 5
Organisational culture normalising mental health support.

Sub-themes	Illustrative quotes
Organisational strategies to reduce stigma around mental health	More information on signs of mental health issues and especially burnout and more promotion of awareness of mental health issues like burnout and continuing to try and break down the stigma surrounding that. It's ok to be doing it tough during a pandemic, don't be ashamed, burnout is real! Encourage mental health care in healthcare workers. (Administrative staff, female, age 31-40) More open discussion addressing mental health status and strategies to address/ manage. (Allied health professional, female, age 31-40) Greater recognition of mental health issues, embedded support programs, less stigma around acknowledging that you are struggling. (Allied health professional, female, age 41-50)
Embedded structures that recognise mental health needs	Some sort of structure for 'mental health days' with no stigma attached. (Senior medical staff, female, age 31-40) Mental health leave would be a great idea to relieve strain and anxiety. (Nurse, female, age 50-64) One day a month of dedicated mental health leave for stress/anxiety/burnout (Allied health professional, female, age 31-40)
Proactive, embedded mental health support	Lots of on the ground support, not keep just directing us to go here, there or anywhere. Face to face is so much easier and constructive. (Nurse, male, age 41-50) Check-ups mandatory or at least in unit rather than just being told to seek out help if you need it, we all know that is hard and those people that need it don't often have the strength to seek it out. If it was more readily available/part of the day to day it would be more effective. (Nurse, female, age 20-30)
Diverse and accessible mental health support	Access to a selection of supports throughout the crisis period. Needs are varied and changing over time. (Role not specified, female, age 50-64) Recognising that everyone copes differently so providing a range of resources. (Senior medical staff, female, age 41-50) Asking us what we want in advance so that the support feels personalised and directed (Junior medical staff, female, age 20-30) Easily accessible support and an encouragement to utilise these. (Nurse, female, age 20-30) Early access to support. Along with this, a more concerted effort from health services to encourage their use and disarm the notion (whether real or not) that accessing mental health services may lead to consequences for future employment. (Senior medical staff, male, age 41-50)

ensuring there was a dedicated staff member to check-in on staff wellbeing. It was also important that organisations established a clear chain of managerial support so that staff members knew there was always someone available to offer support when needed.

Working in the health system during the COVID-19 pandemic created personal and work-related stressors that negatively affected participants' mental health. Lockdown conditions meant that social interactions were restricted. This was further compounded by limited opportunities to connect with colleagues in the workplace. With team interactions seen as vital to wellbeing, particularly during stressful times, some described this loss of community as the most challenging aspect of their working environment during the pandemic. Participants identified the importance of a workplace culture where team support in the workplace was valued and enabled, where organisational structures enabled debriefing opportunities with colleagues, and where improved avenues to share experiences and learn from others was provided. Table 4 provides subthemes and indicative quotes.

Many participants wrote about their desire for frequent debriefing, which should be structured into their working day. Regular debriefing was seen as an important strategy to create a space for staff to reflect on experiences and challenges, share strategies, and check-in on one another. Some participants also described the value of these sessions to create a space to share frustrations amongst colleagues who could empathise with their experiences.

Some participants specifically wrote about the value of a 'buddy system'. In their suggestions for this type of support, they mentioned the bi-directional nature of such a strategy. Participants also wanted their workplace to create initiatives enabling them to share experiences and learn from others. They wrote about the need for these strategies to be accessed remotely (e.g., online communications), to enable those not physically in the same workplace to participate and provide support.

Many HCWs stated that in order for mental health strategies to be successful, it was imperative for organisations to consider, and improve, the organisational culture around mental health. Solutions included designing organisational strategies to reduce stigma around mental health, embedding structures that recognise mental health needs, implementing proactive, fixed mental health supports, and providing diverse and accessible mental health support. Table 5 outlines subthemes and illustrative quotes.

Many HCWs reported that stigma surrounding mental health issues in the workplace was a major barrier to seeking help. Some participants discussed that 'powering through when struggling' was seen as the norm within their organisation. Therefore, they experienced guilt when they tried to prioritise their mental health, for example, by taking time off when feeling burnt out. Throughout free-text responses, participants indicated that organisations needed to make a strategic and concerted effort to change the dominant narratives around mental health and normalise seeking support. Strategies outlined by participants included greater recognition of mental health issues, open discussions, and provisions of organisational strategies to normalise mental health issues.

In order to facilitate the normalisation of mental health needs during crises, HCWs reported on the need for organisational structures to change. As outlined in theme 1 above, ensuring staff had time off at regular intervals between long durations of work, was described as a key strategy to prioritise staff wellbeing during crisis events. Another tangible example often cited was for organisations to provide additional mental health leave. Management level acceptance or encouragement of staff taking leave to protect their mental health was highlighted as an important way to address burnout.

Healthcare workers described that it was important for organisations to be proactive in providing mental health support, including embedding initiatives in the workplace, such as wellbeing check-ins on the floor. Some participants described their frustration that it was often up to them to seek out support themselves.

Participants argued that organisations needed to provide a range of mental health supports. They indicated the importance of organisations recognising the diversity of staff needs and circumstances, and demonstrating this through the provision of a variety of easily accessible supports. Asking staff about what supports they needed was also viewed as important in personalising and tailoring the supports to workers' needs.

Importantly, the provision and accessibility of mental health support was not enough; encouragement by the organisation to use the available supports was essential. This was seen as key to improving the organisational culture towards mental health and therefore increasing the acceptability and utilisation of support services within the workplace.

4. Discussion

The aim of this study was to explore what frontline HCWs consider to be the organisational strategies needed to support their mental health and wellbeing during crisis events now and into the future. Aligning with previous literature [5,25,35], participants in this study highlighted the lack of organisational preparedness and the limited support they received to navigate rapid change within the workplace.

The importance of organisations making a concerted effort to improve workplace culture around mental health is a key element of the Beyond Blue's 'Good practice framework for mental health and wellbeing in police and emergency services organisations' [36]. Recent literature has highlighted the importance of psychological interventions being supported by broader strategies to demonstrate that organisations are committed to address systemic and workplace cultures that contribute to poor psychological wellbeing [18]. In the current study, HCWs discussed the desire for organisational strategies to improve the workplace culture around mental health. This included creating space for informal and formal discussions around mental health; active promotion and encouragement of local initiatives; proactive wellbeing initiatives and inclusive planning of supports; and embedded structures that recognise mental health needs. These strategies were discussed as important to reduce the experiences of stigma in the workplace and improve help-seeking behaviours.

Aligning with the findings in this study, actions to reducing stigma include regular and improved communication processes that raise awareness of mental health; inviting staff to share personal experiences; encouraging leaders to speak openly about mental health in the workplace and promoting and encouraging staff to engage with available services and supports [26,36]. While recognising that a cultural change within the workplace is no small feat, it is essential that organisations are proactive in establishing initiatives to prioritise mental health to safeguard worker wellbeing in future crises.

Improved rostering and leave structures, as well as safe and supported breaks within the workplace were outlined as key strategies to support the psychological health of staff working in a fast-paced environment. These initiatives were included in the Australasian College for Emergency Medicine recommendations for workforce wellbeing during the COVID-19 pandemic [37]. Some emergency departments in Australia partially adopted or adapted some of the recommendations. Strategies include: limitations on consecutive shifts; protected time off and additional leave during the peak of the pandemic; regular rotation of breaks; and a formal 'tap-out' process to be taught to staff and normalised in the workplace culture [38]. Given the free-text responses across disciplines within the current study, but recognising different contexts of practice, healthcare organisations should examine whether similar initiatives could mitigate the impact of future crises on staff wellbeing. Employers have a duty of care to eliminate or minimize risks as far as is reasonably practicable applying the precautionary principle [39]. The development of best practice work, health and safety guidelines should include expert advice from specialist occupational medicine physicians and can contribute to HCWs wellbeing [39].

There is substantial evidence that leadership behaviours play a critical role in supporting workforce wellbeing of HCWs [18,21,40]. In the current study, participants discussed the importance of visible and authentic leadership and transparent communication during the COVID-19 pandemic. Throughout the free-text responses participants described feeling unheard and undervalued by leaders within their organisation and argued that improved strategies were needed to ensure that HCWs were involved in decision-making processes.

Our findings align with previous research which outlines participatory management styles as the most effective. Recent literature highlights the importance of visible and authentic leadership, keeping teams informed, seeking input from staff, validating concerns, and acknowledging contributions and achievements of team members [26,41]. Participants also discussed the importance of equipping leaders and managers with adequate skills and training to support the mental health of their team. Similarly, Giordano and colleagues [42] explored the effects of a leadership program to enhance and develop leadership capabilities during COVID-19 [42] identifying a significant decrease in general stress in both, the leaders who participated in the program and their associated staff. This research, along with the findings of the current study, support the idea that organisations can improve preparedness for future crises, through the establishment of robust leadership training programs to support staff wellbeing.

Peer support has long been identified as a critical component to supporting HCWs when navigating professional challenges [21], and recent literature has identified that peer support was particularly well received during the COVID-19 pandemic and could be expanded to improve the mental health of the health workforce long-term [41]. Shanafelt and colleagues [21] discussed how historically colleague interactions tended to occur organically. However, in recent years opportunities for social connections have decreased due to changes in workplace expectations, the physical environment [21], and more recently, restrictions during the COVID-19 pandemic.

HCWs in our study expressed the desire for increased formal and informal avenues to connect with colleagues. Emphasis on opportunities for social exchange and support was also highlighted in research by Halm and colleagues [26], with participants expressing that the ability to share problems with like-minded colleagues was a key coping strategy.

In Australia and New Zealand, the 'Hand-n-Hand' program provided peer support for HCWs [43]. Evaluations from program users found that the majority enjoyed this service, indicating it made them 'feel less alone' and provided them with a 'space to discuss issues' [43]. The success of such programs, along with the results from this current study, indicate the need for more organisational strategies to facilitate systems of peer support in preparation for future crises.

This study highlights the necessity for healthcare organisations to review existing mental health strategies to ensure they effectively address the needs of HCWs. Notably, not all the strategies HCWs identified were costly; many focused on changing ways of working, managing and leading that could fortify the workforce without significant expense. Elevating the focus on culture to explicitly provide the umbrella under which the strategies that support mental health and wellbeing are provided, and incorporating the experiences of those most affected is vital. Key recommendations are:

- Cultivating a culture within organisations that normalises the need for mental health support.
- Reviewing rostering and leave structures and ensuring safe and supported breaks within the workplace.
- Equipping all leaders and managers with adequate skills and training to support the mental health of their staff.
- Expanding peer support avenues to support the health workforce long-term.

A strength of this study is the large and diverse sample, representing a broad range of experiences and viewpoints from participants of varying professional backgrounds and settings. The use of free-text responses also enabled participants the opportunity to have their voices heard, and provided a depth of data that would not be captured in quantitative surveys alone. The focus on organisational strategies is also a strength, and findings will assist in supporting the mental health of the health workforce long-term. There are limitations to the survey format. Online anonymous surveys have the potential for sample selection bias, particularly when exploring the prevalence and severity of mental health symptoms in a workforce where psychological distress is stigmatised. In addition, this format does not provide an opportunity for follow-up questions to free-text responses. Therefore, future in-depth interviews should be conducted with HCWs to gain further insights on supports needed in preparation for future crises.

5. Conclusions

The COVID-19 pandemic made visible the mental health support needed by HCWs in a health system under stress. Their suggestions for organisational strategies to support the mental health of the health workforce long-term indicate the need for organisational cultural transformation; that starts from the perspective of those most affected. Mental health supports during crises and beyond, must be embedded within a cultural valuing of employees, if significant issues such as increasing uptake of mental health support, reducing burnout and loss of workers, and ultimately ensuring the quality of patient care, are to be addressed.

Ethics approval and consent to participate

Approval for this study was obtained through the Royal Melbourne Hospital Human Research Ethics Committee (HREC/67074/MH-2020). All methods were carried out in accordance to the guidelines of the Declaration of Helsinki. All participants provided informed consent before commencement of the study.

Consent for publication

Not applicable.

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Declaration of Competing Interest

The authors declare that they have no competing interests.

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