COVID-NURSE Survey

Welcome from David Richards and the COVID-NURSE study team

Thank you for thinking about filling in this questionnaire. COVID-19 has caused both an incredible disruption to nurses' activities caring for patients and simultaneously brought about an amazing amount of innovative practice in response. Society has understood the importance of nursing and nurses have risen to the challenge of overcoming barriers to caring for these patients.

Many nurses and health care workers have spontaneously adapted their work by changing their practices or introducing novel approaches in the way they care for patients with suspected or confirmed COVID-19 ***in hospital***. This is what we are interested in. We want to know what you have done. We want to bring all these adaptions and new ideas together and find out what really works for patients.

We are a national group of nurses, patients and other health professionals including physiotherapy, occupational therapy and nutritional expertise. We have been funded by the National Institute for Health Research to undertake this research. We explain more about the survey below, and you can discuss taking part with a researcher before doing so using the contact names at the end of this section.

So, thank you once again from myself and the team.
Best wishes,
Professor David Richards, Head of Nursing, University of Exeter, UK
Chief-investigator of the COVID-NURSE Study, on behalf of the study team.

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What is this survey about?

In this UK-wide survey we are asking you to identify what you have done to deliver fundamental nursing care to patients with suspected or confirmed COVID-19 in hospital during the pandemic. We are particularly interested in any barriers you faced and innovations or changes in practice you have instigated to overcome these barriers. We only want to know about **your experiences of nursing patients who were not invasively ventilated:** i.e. patients who may have had breathing support and other nursing care but were **not intubated with sedation**. Our subsequent clinical trial will ask patients to tell us about their experiences of being nursed for which a state of consciousness is required.

If you are happy to continue to the survey, please would you also send us any examples of existing protocols and procedures that you have used specifically for nursing patients with the SARS-CoV-2 virus to the following email account: Covid-Nurse Survey: protocol examples. This is a secure account belonging to a member of the Exeter Clinical Trials Unit and not accessible by the research team. Any examples of protocols will be saved, and emails of forwarded documentation will be immediately deleted from personal and institutional computers once receipt is acknowledged.

What do we mean by 'Fundamental Care'?

Fundamental care describes actions that nurses take which focus on meeting a patient's essential needs, such as personal cleanliness, going to the toilet, eating and drinking, mobility, comfort and safety to ensure their physical and psychosocial wellbeing.

Nurses meet these patient needs by developing a positive and trusting relationship with the person being cared for, as well as with people that are close to the person and/or care for them.

What will we do with your answers?

We will use the results of this survey to bring together all the innovations and new approaches used by nurses to care for people with suspected or confirmed COVID-19 in hospital. We will then develop a nursing protocol (a type of guideline) which we will test in a clinical research trial. The study – a randomised controlled trial – will tell us what really works for patients and nurses in terms of their experiences of care.

We will publish the results from this survey and the clinical trial on the study website and using other media such as professional journals, academic journals and through the press and online media. We will make our results freely available so that nurses throughout the UK and globally can use our protocol for patients with suspected or confirmed COVID-19.

Your responses will be treated with absolute confidentiality. We will ensure that our results are anonymised, and we will not identify anyone who has responded to the survey or taken part in the trial.

How will your information be kept confidential?

Due to recent regulatory changes in the way that data is processed (General Data Protection Regulation 2018 and the Data Protection Act 2018) the University of Exeter's lawful basis to process personal data for the purposes of carrying out research is termed as a 'task in the public interest'. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection. If you have any concerns about how the data is controlled and managed for this study then you can also contact the Sponsor Representative, Pam Baxter, Senior Research Governance Officer, whose details are below.

Survey data will be pseudo-anonymised and handled independently by the Exeter Clinical Trials Unit (ExeCTU) following GDPR guidelines before anonymised data are shared with the research team for analysis. Data will be collected and stored in accordance with the Data Protection Act 2018. Each participant will be allocated a unique survey number which we will use to anonymously label all research data. Personally identifiable data will be stored separately to research data (e.g. completed and partially completed questionnaires and email addresses) and will be destroyed when the project is concluded (completed questionnaires) or on acknowledgement of receipt (email addresses). Where data are disseminated (e.g. via report, presentation or publication), they will be anonymised. We will align all confidentiality and data handling with the Caldicott Principles ethical framework. Anonymised data will be stored indefinitely on a research data storage system provided by the University of Exeter called Open access Research Exeter (ORE) for archiving (http://www.exeter.ac.uk/research/openresearch/policies/ore/).

We have worded questions carefully to minimise risk of intrusion or upset, but there is a low risk that some people may be adversely affected by the questions asked. If you do feel affected by some of these questions, you can find support through your GP, or survey research contacts at the links provided.

You do not have to take part if you do not want to. This will not affect your employment or legal rights whether you choose to take part or not. This survey has been reviewed by the Health Research Authority.

We will automatically record partially completed survey data after gaining consent. Initially we will keep a key and the CTU will hold the link between your survey and email address. This means you can withdraw your consent at any point until the end of the project. Should you wish at any stage of the survey to withdraw your consent and would like your data to be deleted please request this in an email to the study team. Contact details are listed in the next section. It is important to state the approximate time and date you activated the survey and the point at which you exited the survey.

At the end of the project your identifier will be destroyed and you can no longer withdraw.

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Who can I contact for further information?

Further information relating to the study can be found at our website: http://blogs.exeter.ac.uk/covid-nurse/
The University of Exeter privacy notice can be found here:
http://www.exeter.ac.uk/media/universityofexeter/governanceandcompliance/researchethicsandgovernance/UoE_Research_Generic_Privacy_Notice_v1.1_16012020.pdf

If you have any further questions relating to the survey, please contact:
Study Administrator: Merryn Kent
M.E.Kent@exeter.ac.uk

Research support: Naomi Morley
n.morley@exeter.ac.uk

If you have any concerns or complaints about this survey, please contact:

Sponsor Representative: Pam Baxter
P.R.Baxter2@exeter.ac.uk

Please note that for this survey we are only seeking information on nursing care in hospitals during the COVID pandemic.

If you work in primary care or community settings and were not deployed to provide inpatient care during COVID pandemic care, this survey is not suitable for you.

Where have you worked during the COVID pandemic?

- Hospital (go to next Q)
- Hospital and Secondary/Primary care (go to next Q)
- Primary care or community settings (this leads to exclusion & EOS message)

If you have been working in a hospital during COVID-19 pandemic have you been actively providing or managing the provision of care to patients with suspected or confirmed COVID-19?

1. yes (1) continue with survey
2. no (2) need to skip to the end of the survey with EOS message

By filling in this survey you will help us to find out what has really worked for you and your patients so that all nurses can adopt these strategies. We really appreciate your help!

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How long will it take me to complete the survey?

The questions in this survey are split into 3 main sections.
We expect that it will take you about **25 minutes** to complete this survey. We acknowledge that this is not brief, however we greatly value your experiences and ideas for innovation in nursing which are vital for future research and practice.
You do not have to complete all the sections in one sitting. Your responses will be automatically saved as you go along.
You can take a break and return to the survey at the point at which you left it.
The survey will remain open for a maximum period of 3 weeks from the point at which you activated the link, until the survey closes on 24th August 2020.

What do I have to do?

Each section starts with an introduction followed by a statement or question about nursing during the COVID pandemic.
Please respond to each statement or question as it relates to your practice.
There are no right or wrong answers.
There are ***free text comment*** sections under some questions where we invite further information.
Please add comments and suggestions if you wish.

What comments should I write?

If you feel strongly about a statement, please use the comment box to explain why.
You can use this space to tell us more about missed aspects, barriers to and innovations in nursing care

What if I need a break?

Each section is clearly marked
Use the next >> button to go forward
Use the back << button to review your answers
If you log off your responses will be saved, and you will be taken back to the same place in the survey when you log back on.

The progress bar will indicate your progress through the survey.

Once you have completed the survey you will not be able to go back.

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By accepting the following conditions, you agree for us to include your anonymised responses in your analysis.

CONSENT (please select each box)

1. I confirm that I have read and understand the section on information at the beginning of the study.
2. I have had the opportunity to consider this information, to ask questions of the research team via the addresses supplied, and I have had these answered satisfactorily.
3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
4. I understand that taking part involves anonymised questionnaire responses to be used for the purposes of developing a nursing protocol to be used in a clinical research trial. Results from this survey and the clinical trial will be published l on the study website and using other media such as professional journals, academic journals, through the press and online media.
5. I understand that my responses will be anonymized and feedback on my individual answers will not be available.
6. I understand that relevant sections of the data collected during the study may be looked at by members of the research team, individuals from the University of Exeter, National Institute for Health Research, or regulatory authorities for audit purposes where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
7. I understand that anonymised data will be stored indefinitely on a research data storage system provided by the University of Exeter called Open access Research Exeter (ORE) and may be used by other researchers in future.

I agree to take part in this survey. Please select to confirm electronic consent

- Yes
- No – go to EOS^^

We thank you for agreeing to participate

Post code at work (text box limited to 7 characters)

With which gender do you identify?

1. Female (1)
2. Male (2)
1. Other (3)
2. Prefer not to say (4)

Please select your age range

1. <25
2. 26-30
3. 31-40
4. 41-50
5. 51-60
6. 61-66
7. >67
8. Prefer not to say

Please select your ethnicity from the box below

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

Prefer not to say

What hospital environment do you work in?

1. Acute General NHS hospital including teaching hospitals and district generals
2. Tertiary (Specialist) Care
3. Private Healthcare organization

During the COVID period have you been working mainly as:

1. A professionally registered nurse on the NMC register (1)
2. A nursing associate (2)
3. A health care assistant/clinical support worker (3)
4. A student nurse (4)
5. Other (5)

If other please describe below:

Professional role:

If you are a nurse registered with the NMC, in what year did you qualify?

Text box limited to 2 characters

In which UK country were you working in during the COVID Pandemic?

1. England
2. Scotland
3. Wales
4. Northern Ireland
5. Guernsey
6. Isle of Man
7. Jersey
8. Other country

Please specify in box below

Further information:

Which title best describes the position you have held during the COVID pandemic?

1. Student nurse
2. Care or nursing assistant
3. Nursing associate
4. Staff Nurse
5. Charge Nurse
6. Specialist/Advanced Practice nurse
7. Management
8. Research Nurse

What pay band were you on during the COVID pandemic?

1. Student nurse
    a. Year 1
    b. Year 2
    c. Year 3
    d. Other
2. Band 2
3. Band 3
4. Band 4
5. Band 5
6. Band 6
7. Band 7
8. Band 8a
9. Band 8b
10. Band 8c
11. Nurse Senior Manager or Director Band 8d or above

Page break

Each fundamental needs to have its' own page

Each free text box needs a word limit suggest 300 words

Section A: Delivering the fundamental physical health care needs of patients

The fundamental physical health care needs of patients are defined as those physical activities contributing to health or recovery from ill health (or to peaceful death) that a patient would perform unaided if s/he had the necessary strength, will or knowledge. We have broken them down into discrete elements below.

1: Hygiene, personal cleansing and toileting

Hygiene and personal cleansing are defined as maintaining the body's cleanliness. This includes washing the body and head, cleaning teeth and gums, wearing clean clothes, shaving and hair care. Toileting is defined as assisting a patient to urinate or defecate. This could be by assisting the patient to walk to a

toilet, providing a commode, bedpan or urinal bottle or providing and managing incontinence aids including catheters, and ensuring cleanliness after using the toilet, sometimes including the removal of human waste from the patient's bedside or personal environment. It may include psychological or pharmaceutical approaches to help patients pass urine or faeces

On average, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their hygiene, personal cleansing and toileting needs, compared to other patients you were used to nursing before COVID-19?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, hygiene, personal cleansing and toileting needs you think were 'missed' for some patients with suspected or confirmed COVID-19

Missed hygiene, personal cleansing and toileting needs

b. Barriers to care:
Were there any specific barriers to meeting the hygiene, personal cleansing and toileting needs of patients with suspected or confirmed COVID-19? (please tick any that apply)

- Not enough physical resources such as equipment/washing facilities/stock items
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of privacy for the patient
- Taking things in and out of isolation rooms for patients nursed in these environments Taking things in and out of isolation rooms for patients nursed in these environments
- Lack of knowledge/information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers

- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting patients' hygiene, personal cleansing and toileting needs

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' hygiene, cleansing and toileting needs

Innovations that address barriers to hygiene, personal cleansing and toileting *barriers*

2: Eating and Drinking

Eating and drinking is defined as taking in sufficient fluid and food to maintain a healthy weight and fluid balance, avoiding dehydration and malnutrition. Nurses can assist by screening for undernutrition and helping to support patients to eat and drink, in using oral nutrition supplements, managing tube feeding or parenteral nutrition and by the maintenance of IV fluid and parenteral nutrition. Nurses can also assist patients to eat and drink through meeting patients' dietary preferences, ensuring food is well presented and there is access to fresh water and other drinks. Nurses also offer encouragement and assistance, with eating and drinking and monitor patients' weight and fluid balance, including caring for IV regimens.

On average, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their eating and drinking needs, including screening and assessing nutritional needs, compared to other patients you were used to nursing before COVID-19?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, eating and drinking needs, including screening and assessing nutrition, you think were 'missed' for some patients with COVID-19.

Missed eating and drinking needs

b. Barriers to care: Were there any specific barriers to meeting patients with suspected or confirmed COVID-19 eating and drinking needs, including screening and assessing nutrition? (please tick any that apply)

- Not enough physical resources such as equipment/washing facilities/stock items e.g. water jugs, disposable cups, patients' teeth
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix, catering, housekeeping or dietetic support
- Lack of time
- Inability to meet the patient's dietary requirements
- Lack of information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting patients with suspected or confirmed COVID-19 eating and drinking needs

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' eating and drinking needs.

Innovations that address barriers to meeting patients' eating and drinking needs

3: Rest and sleep

Sleep is a basic human need essential for health and health maintenance. Impaired sleep quality and sleep deprivation can negatively impact recovery. Nurses can assist by assessing patients need for sleep/rest; facilitating individualised interventions to support rest and sleep and actively scheduling ward activities to promote adequate rest.

On average, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their rest and sleep needs, compared to other patients you were used to nursing before COVID-19?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

Please tell us what, if any, rest and sleep needs you think were 'missed' for some patients with COVID-19.

Missed sleep and rest needs

d. Barriers to care: Were there any specific barriers to meeting patients with suspected or confirmed COVID-19 sleep and rest needs? (please tick any that apply)

- ○ Lack of physical resources such as equipment (e.g. adequate bed linen, blankets and pillows)
- ○ Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- ○ Lack of ability to regulate the environment (noise level, lighting, remote monitoring)
- ○ Lack of personnel, skill mix
- ○ Lack of time
- ○ Lack of knowledge/ information about the ward or patient
- ○ Lack of knowledge about COVID-19
- ○ Lack of relevant personal expertise (pharmacological/non-pharmacological approaches)

- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced.

Barriers to meeting patients with suspected or confirmed COVID-19 rest and sleep needs

e. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' rest and sleep needs.

Innovations to address barriers to patients' rest and sleep needs

4: Mobility

Mobility is the extent to which a person is able to maintain good posture and move, independently or with support, in order to perform day-to-day activities. Nurses can assist through assessing the patient's capacity to be mobile and supporting patients to transfer from lying or seated positions. Movement can be supported through motivational approaches and instruction to perform exercises for example, teaching passive exercise to prevent complications of immobility and physical inactivity. In particular, for patients with suspected or confirmed COVID-19 mobility care includes ensuring safe care in a prone position, transitions in and out of this, and assisting patients with early mobilizing post COVID infection.

On average, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their mobility needs, compared to other patients you were used to nursing before COVID-19?

- Much better than other patients
- A little bit better than other patients
- The same as other patients

- A bit worse than other patients
- Much worse than other patients

Please tell us what, if any, mobility needs you think were 'missed' for some patients with COVID-19.

Missed mobility needs

f. Barriers to care: Were there any specific barriers to meeting the mobility needs of patients with suspected or confirmed COVID-19? (please tick any that apply)

- Lack of physical resources such as equipment (e.g. provision of hoists, mobility supports such as walking frames)
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix such as physiotherapy advice
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting mobility needs for patients with suspected or confirmed COVID-19

g. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' mobility needs.

Innovations to address barriers to meeting patient mobility needs

5: Patient comfort (includes breathlessness management)

Patient comfort is defined as relief from physical discomfort and the patient feeling positive and strengthened in their ability to cope with the challenges of illness, injury and disability. In this section, nursing care includes pain management, helping patients breathe easily and assisting with temperature control.

For patients with suspected or confirmed COVID-19, nurses will care for their breathing by assessing respiratory rate and quality, and level of oxygen saturation alongside other vital signs such as pulse and blood pressure. Nurses will assess and manage oxygen needs using non-pharmacological approaches, and supportive devices such as oxygen masks. Nurses will also support patients requiring advanced support such as continuous positive airway pressure (CPAP). Likewise, pain management and temperature control require nursing assessment, monitoring of pain/temperature and provision and monitoring of pain relief and temperature management.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their comfort needs?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, comfort needs you think were 'missed' for some patients with COVID-19

Missed comfort needs

b. Barriers to care: Were there any specific barriers to meeting patients with suspected or confirmed COVID-19comfort needs? (please tick any that apply)

- ○ Lack of physical resources such as equipment and medication to help with pain management, breathing control and/or temperature control
- ○ Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments

- Lack of personnel, skill mix such as specialist respiratory teams
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise on pain management, breathing control and temperature control
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting COVID-19 patients' comfort needs

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' comfort needs.

Innovations to address barriers to meeting patient comfort needs

6: Patient safety

Patient safety is defined as the prevention of errors and adverse effects to patients associated with health care and includes, amongst other issues: risk assessment and management; the prevention of pressure ulcers and other complications of health care; infection control; minimizing medication errors. It also includes environmental safety such as the provision of adequate light, ventilation, a clean environment, and the prevention of other hazards. PLEASE NOTE, WE WILL ASK YOU ABOUT MEDICATION MANAGEMENT SPECIFICALLY IN THE NEXT SECTION.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their safety needs?

- Much better than other patients
- A little bit better than other patients

- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, patient safety care needs you think were 'missed' for some patients with COVID-19.

Missed patient safety care

b. Barriers to care: Were there any specific barriers to meeting patients with suspected or confirmed COVID-19safety needs? (please tick any that apply)

- Lack of physical resources such as equipment
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting COVID-19 patients' safety needs

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' safety needs.

Innovations to address barriers to meeting patient safety needs

7: Medication management

Medication management is defined as: "The clinical, cost-effective and safe use of medicines to ensure patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm." The ultimate goal of safe and effective medicines management is to optimise the benefits of treatment and attain the best outcome for each patient. Good medicines management is an integral part of most nursing practice and includes the administration of medicines, prescribing and supporting people to take their medicines correctly. Effective medicines management places the patient as the primary focus, thus delivering better targeted care and better-informed individuals. Medicines management includes anticipatory prescribing and the prescribing of oxygen.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their medication management needs?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, medication management care needs you think were 'missed' for some patients with COVID-19.

Missed patient medication management care

b. Barriers to care: Were there any specific barriers to meeting patients with suspected or confirmed COVID-19 medication management needs? (please tick any that apply)

- ○ Lack of physical resources such as medication and/or equipment
- ○ Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- ○ Lack of personnel, skill mix such as pharmacists and support staff
- ○ Lack of time
- ○ Lack of knowledge/ information about the ward or patient
- ○ Lack of knowledge about COVID-19
- ○ Lack of relevant personal expertise

- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting patients' with COVID 19 medication management needs

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' medication needs.

Innovations to address barriers to meeting patient medication management needs

Section B: Establishing and maintaining a positive and trusting relationship with patients

The nurse-patient relationship is characterised by trust, genuineness and warmth. It includes respect for the patient's hopes, fears, belief systems, culture, ethnicity, gender and sexuality. As well as helping with undertaking physical care, a positive caring relationship has an independent effect on patient experience and wellbeing.

1. Establishing a relationship with patients

Establishing a patient-nurse relationship is defined as using clear introductions (your name, patient's name, your role, what you are going to do and how long you have to do it), plus enabling the patient to ask you questions.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to establish a relationship with them?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to establish a relationship with some patients with COVID-19.

Missed action regarding establishing patient relationships

b. Barriers to care: Were there any specific barriers to establishing relationships with patients with suspected or confirmed COVID-19? (please tick any that apply)

- ○ Lack of physical resources such as equipment
- ○ Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- ○ Lack of personnel, skill mix
- ○ Lack of time
- ○ Lack of knowledge/ information about the ward or patient
- ○ Lack of knowledge about COVID-19
- ○ Lack of relevant personal expertise
- ○ Lack of ability to establish a meaningful rapport with the patient
- ○ Severity of the patient's condition
- ○ Lack of personal emotional capacity
- ○ Lack of personal psychological support
- ○ Fear of catching COVID-19
- ○ Lack of leadership from senior nurses or managers
- ○ Frequent changes in hospital, Trust or organizational policies
- ○ Competing requirements of essential medical interventions
- ○ Wearing PPE
- ○ Lack of appropriate PPE
- ○ Lack of access to changing facilities for PPE
- ○ Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to establishing relationships with patients suspected or confirmed with COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to establish relationships with patients.

Innovations to address barriers to establishing relationships with patients suspected or confirmed with COVID-19

2. Talking and listening to patients

Talking and listening to patients is defined as using verbal skills such as empathy, questioning, reflection and summarising. It also includes listening and paying attention so that you can respond according to patient's expressed needs.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to use verbal skills with them?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to use verbal skills when talking to some patients with COVID-19.

Missed actions when talking and listening to patients with suspected or confirmed COVID-19

b. Barriers to care: Were there any specific barriers to using verbal skills with patients with suspected or confirmed COVID-19? (please tick any that apply)

- ○ Lack of physical resources such as equipment
- ○ Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- ○ Lack of personnel, skill mix
- ○ Lack of time
- ○ Lack of knowledge/ information about the ward or patient
- ○ Lack of knowledge about COVID-19
- ○ Lack of relevant personal expertise
- ○ Lack of ability to establish a meaningful rapport with the patient
- ○ Severity of the patient's condition
- ○ Lack of personal emotional capacity

- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to talking and listening to patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to talk and listen to patients.

Innovations to address barriers to talking and listening to patients with suspected or confirmed COVID-19

3. **Non-verbal communication with patients**

Non-verbal communication with patients is defined as using skills such as eye contact, gestures, positioning yourself close to patients, touch and expressive sounds such as “mmm” etc. It also includes being present and sitting quietly with patients and can be particularly important for those receiving palliative care and transitioning to end of life pathways.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to use non-verbal skills with them?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were ‘missed’ when trying to use non-verbal skills when talking to some patients with COVID-19.

Missed non-verbal actions when communicating with patients

b. Barriers to care: Were there any specific barriers to using non-verbal skills with patients with suspected or confirmed COVID-19? (please tick any that apply)

- Lack of physical resources such as equipment
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to using non-verbal skills with patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to use non-verbal skills with patients.

Innovations to address barriers to using non-verbal skills with patients with suspected or confirmed COVID-19

4. **Shared decision-making with patients**

Shared decision-making in this context is defined as consulting with patients to understand their unique expressed needs and their wishes on how they should be cared for. It means coming to an agreement with patients on their care plan, their treatment, and the setting of, progression, achievement and evaluation of goals. It may also include advanced life planning to ensure a comfortable death for the patient.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to use shared decision-making skills with them?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to use shared decision-making skills when talking to some patients with COVID-19.

Missed shared decision-making actions with patients

b. Barriers to care: Were there any specific barriers to using shared decision-making skills with patients with suspected or confirmed COVID-19? (please tick any that apply)

- Lack of physical resources such as equipment
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions

- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to using shared decision-making skills with patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to use shared decision-making skills.

Innovations to address barriers to using shared decision-making skills with patients with suspected or confirmed COVID-19

5. Communicating with patients' relatives, carers and significant others

Communicating with patients' relatives, carers and significant others requires both verbal and non-verbal skills. It may be used to both gather and impart information, and also relay information from relatives, carers and significant others to patients. In the context of COVID-19, communication may have involved a greater reliance on digital platforms such as Facetime, Facebook Messenger, WhatsApp, Zoom, etc.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to communicate with patients' relatives, carers and significant others?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to communicate with patients' relatives, carers and significant others for some patients with COVID-19

Missed actions for communication with patients' relatives, carers and significant others

b. Barriers to care: Were there any specific barriers to communication with patients' relatives, carers and significant others for patients with suspected or confirmed COVID-19? (please tick any that apply)

- Lack of physical resources such as equipment, technology, Wi-Fi, etc.
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to communication with patients' relatives, carers and significant others for with patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to communicate with patients' relatives, carers and significant others.

Innovations to address barriers to communication with patients' relatives, carers and significant others for patients with suspected or confirmed COVID-19

Section C: Meeting patients' psychosocial needs

Patients' psychosocial needs are defined as a combination of psychological, social, cultural and mental health needs including being involved, being treated with dignity, and having respect shown by care

staff for patients' sense of self, privacy, values and beliefs. Psychosocial needs include emotional wellbeing, anxiety and low mood.

1. Dignity and respect needs

'Dignity and respect' is defined as making sure that patients have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in treatment decisions. It may also include involving the patient's family in their care and decision-making particularly at the end of life.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to treat patients with dignity and respect?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to treat patients with dignity and respect

Missed actions for treating patients with dignity and respect

b. Barriers to care: Were there any specific barriers to treating patients with dignity and respect for patients with suspected or confirmed COVID-19? (please tick any that apply)

- ○ Lack of physical resources such as equipment
- ○ Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- ○ Lack of personnel, skill mix
- ○ Lack of time
- ○ Lack of knowledge/ information about the ward or patient
- ○ Lack of knowledge about COVID-19
- ○ Lack of relevant personal expertise
- ○ Lack of ability to establish a meaningful rapport with the patient
- ○ Severity of the patient's condition
- ○ Lack of personal emotional capacity
- ○ Lack of personal psychological support
- ○ Fear of catching COVID-19
- ○ Lack of leadership from senior nurses or managers
- ○ Frequent changes in hospital, Trust or organizational policies
- ○ Competing requirements of essential medical interventions

- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to treating patients with dignity and respect for patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to treat patients with dignity and respect.

Innovations to address barriers to treating patients with dignity and respect for patients with suspected or confirmed COVID-19

2. Respecting values and beliefs

Respecting values and beliefs is defined as making sure that patients' unique characteristics, such as their gender, race/ ethnicity, sexuality, socioeconomic status, and their cultural and spiritual priorities – all of which may influence a patient's health decisions – are integrated into clinical decisions so that patients can be autonomous, independent and involved in treatment decisions.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to respect their values and beliefs?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to respect patients' values and beliefs

Missed actions for respecting patients' values and beliefs

b. Barriers to care: Were there any specific barriers to respecting patients' values and beliefs for patients with suspected or confirmed COVID-19? (please tick any that apply)

- Lack of physical resources such as equipment
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to respecting patients' values and beliefs for patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to respect patients' values and beliefs.

Innovations to address barriers *to* respecting patients' values and beliefs *for patients with suspected or confirmed COVID-19*

3. Emotional wellbeing, anxiety and low mood

Emotional wellbeing is state in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Anxiety and low mood are psychological states characterised by a range of physical, mental and behavioural symptoms that often interfere with patients' abilities to do this.

On average, compared to other patients you were used to nursing before COVID-19, when nursing patients with suspected or confirmed COVID-19 how well do you think you were able to meet their emotional wellbeing needs including where appropriate, addressing their anxiety and low mood needs?

- Much better than other patients
- A little bit better than other patients
- The same as other patients
- A bit worse than other patients
- Much worse than other patients

a. Please tell us what, if any, actions you think were 'missed' when trying to meet their emotional wellbeing needs and address their anxiety and low mood where appropriate.

Missed actions for meeting patients' emotional wellbeing needs and addressing anxiety and low mood for patients with suspected or confirmed COVID-19

b. Barriers to care: Were there any specific barriers to meeting patients' emotional wellbeing needs and addressing their anxiety and low mood where appropriate? (please tick any that apply)

- Lack of physical resources such as equipment
- Difficulties taking items / equipment in and out of isolation rooms for patients nursed in these environments
- Lack of personnel, skill mix
- Lack of time
- Lack of knowledge/ information about the ward or patient
- Lack of knowledge about COVID-19
- Lack of relevant personal expertise
- Lack of ability to establish a meaningful rapport with the patient
- Severity of the patient's condition
- Lack of personal emotional capacity
- Lack of personal psychological support
- Fear of catching COVID-19
- Lack of leadership from senior nurses or managers
- Frequent changes in hospital, Trust or organizational policies
- Competing requirements of essential medical interventions
- Wearing PPE
- Lack of appropriate PPE
- Lack of access to changing facilities for PPE
- Other

Please tell us more about the items you have selected below or other barriers you experienced:

Barriers to meeting patients' emotional wellbeing needs and addressing anxiety and low mood for with patients with suspected or confirmed COVID-19

c. Innovations: what did you do, if anything, to try and overcome any of the barriers you have described above? Please tell us about how you adapted and changed practice to meet patients' emotional wellbeing needs.

Innovations to address barriers to meeting patients' emotional wellbeing needs and addressing anxiety and low mood for with patients with suspected or confirmed COVID-19

From your answers in sections 1-3 please rank the **top five** aspects of physical, relational or psychosocial nursing care that you think have been **most missed** during the COVID pandemic: **1** being the **most missed** element of care

1. Drop down list of all elements from above
2. Drop down list of all elements from above
3. Drop down list of all elements from above
4. Drop down list of all elements from above
5. Drop down list of all elements from above

From your answers in sections 1-3 please rank the top five aspects of physical, relational or psychosocial nursing care that you think have had the most dominant **barriers to care** during the COVID pandemic: **1** being the most dominant **barrier to care**

1. Drop down list of all elements from above
2. Drop down list of all elements from above
3. Drop down list of all elements from above
4. Drop down list of all elements from above
5. Drop down list of all elements from above

From your answers in sections 1-3 please rank the top five aspects of physical, relational or psychosocial nursing care where you think have had to introduce the **most novel approaches** to care during the COVID pandemic: **1** being the element that required the **most innovation** to care

1. Drop down list of all elements from above
2. Drop down list of all elements from above
3. Drop down list of all elements from above
4. Drop down list of all elements from above
5. Drop down list of all elements from above

When you were nursing patients with suspected or confirmed COVID-19, did you nurse any people from the ethnic groups below? Please tick any that apply.

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

A few final questions about you

Which is the highest level of qualification that you hold?

1. GCSE/O-levels
2. A-levels
3. Undergraduate certificate
4. Undergraduate diploma
5. BSc/BA
6. MSc/MA
7. PhD
8. Other if not stated above

Organisational skills and knowledge

Were you redeployed to work in another area during COVID pandemic?

1 Yes (1) skip to Q A
2 No (2)

If yes

Which area did you move to work in?

1. Intensive Care
2. High Dependency Unit
3. Dedicated COVID ward
4. Mixed general ward
5. Accident and emergency
6. Hot hub (community)
7. Cold hub (community)
8. Other

Which area were redeployed **from** to work in another area during COVID pandemic?

Please state

Do you usually work on a respiratory ward?

1. Yes (1)
2. No (2) if no go to Q

Do you usually work in a non-ward environment?

3. Yes (1) if yes go to Q
4. No (2)

Whilst nursing patients with suspected or confirmed COVID-19, what approaches did you use to keep up to date with changing local policies and guidelines?

- Information Hub on NHS intranet
- Accessed email

    - once per day
    - twice per day
    - more than twice per day
- Participated in work What's App group
- Attended Trust briefing
- Too busy to keep up to date
- Relied on manager to inform
- Relied on colleague to inform
- Other (please state below)

Please tell us more here:

Did you use clinical decision tools when caring for these patients e.g. National Early Warning Score (NEWS/NEWS2)?

- Yes (1)
- No (2)
- Don't know

If yes, please tell us how confident you are in general when these tools?

• Very Confident • Confident • Moderately Confident • Slightly Confident • Not Confident • Not Applicable

How confident are you in interpreting the scores to inform clinical care?

• Very Confident • Confident • Moderately Confident • Slightly Confident • Not Confident
- Not Applicable

What type of training did you receive to prepare to work in the COVID ward environment?
Tick all that apply

- NEWS/NEWS2 training / refresher
- Intravenous administration of antibiotics training / refresher
- Continuous positive airway pressure (CPAP) training / refresher
- Non-Invasive Ventilation (NIV) training / refresher
- Medicines management (including anticipatory medicines) training / refresher
- Drug administration
- Other

Please tell us more about the training you received here

In general, how helpful did you find this training in terms of knowledge and skills gained?

• Very helpful • helpful • Moderately helpful • Slightly helpful • Not at all helpful • Did not receive any training

How confident did you feel caring for patients diagnosed with COVID 19?

• Very confident • confident • Moderately confident • Slightly confident • Not at all confident

What would have helped you to feel more confident?

Please add further comment here

End of Survey

You have now completed the survey - thank you for your participation.

We may wish to contact you again in the future. This may be to invite you to participate in further research being conducted by our team or others or merely to receive news and updates on the progress of the COVID-NURSE study.

I agree to be contacted by a member of the research team

Please let us know what your contact preferences are: (select all that apply)

1. To receive updates about the COVID-NURSE project (1)
2. To be invited to future research being undertaken by the COVID-NURSE team (2)
3. To be invited by other research teams on topics relevant to nursing care (3)

Whatever your response to the options above, please note that we will never share your personal or contact details with any other organisations – for example, commercial, public sector or academic.

You can choose to opt out of further contact at any time by clicking on a link we will include in any email correspondence we send to you.

If you have selected any of the options above, please provide an email address so that we can contact you.

Text Box with limited characters. Email address:

End of survey message relating to those working in primary care

Thank you for your interest in our survey.
We are currently only collecting information from those working in a secondary or tertiary care setting. We acknowledge the important contribution that those working in primary care settings have and continue to make in providing care to those affected by COVID-19.
If you would be interested in participating in future work relating to primary care please leave your contact details below so that we may get in touch. Thank you

EOS message relating to If you have been working in a hospital during COVID-19 pandemic have you been actively providing or managing the provision of care to patients with suspected or confirmed COVID-19?

Thank you for your interest in our survey.
We are currently only collecting information from those actively providing or managing care to patients with suspected or confirmed COVID-19. Again, thank you for interest

End of survey message when consent not given

Thank you for your interest in our survey. We are sorry that you cannot give consent to participate at this time. We hope that you remain interested in our work and read our published findings in due course.