

HOW ARE COUNTRIES SUPPORTING THEIR HEALTH WORKERS DURING COVID-19?

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Summary: Health workers have been at the forefront of treating and caring for patients with COVID-19. They were often under immense pressure to care for severely ill patients with a new disease, under strict hygiene conditions and with lockdown measures creating practical barriers to working. In this article we consider measures that countries have put in place to support health workers and enable them to do their job. We show that countries have implemented a range of measures, from mental health support, financial bonuses and practical support such as free accommodation and transport. The effectiveness of these initiatives should be evaluated to inform future crisis responses and strategies for health workforce development.

Keywords: *Health Workforce, Mental Health and Well-being, Childcare, Financial Support, COVID-19*

Introduction

An effective COVID-19 response includes implementing strategies that can support health workers to provide high-quality care, while maximising their protection. Health workers treating COVID-19 patients have been shown to be at high risk not only of becoming infected by the virus themselves, but also of experiencing anxiety, stress, trauma and other mental health conditions. An early study from Wuhan, China for instance found that 13.5% of health professionals treating COVID-19 patients showed signs of depressive disorder, 24.1% showed signs of anxiety disorder, and 29.8% showed signs of stress.¹ Similarly, 49.3% of health workers in Italy reported experiencing post-traumatic stress symptoms, 24.7%

symptoms of depression, 19.8% symptoms of anxiety, 8.27% insomnia and 21.9% high perceived stress.² This mental health burden may lead to burnout and force staff to take sick leave or leave their profession altogether. Moreover, many countries have been in lockdown with schools closed and transport reduced, which has created practical barriers for health workers to work. A survey by the Irish Nursing and Midwife Organisation, for example, has found that 62% of nurses and midwives with childcare needs in Ireland have had to take annual leave to care for children during the pandemic.³

In this article we explore the range of mental health, financial and other practical support measures that 36 countries in Europe and Canada have put in place

Table 1: Measures taken to support health workers during the COVID-19 outbreak outside of clinical settings

	Mental health	Childcare	Financial ⁺	Other ⁺⁺
Albania	–	–	✓	–
Armenia	–	–	✓	–
Austria	–	✓	–	–
Belarus	–	–	✓	–
Belgium	✓	✓	–	–
Bosnia and Herzegovina	–	–	✓	–
Bulgaria	✓	–	✓	–
Canada	✓	–	✓	–
Croatia	✓	–	–	–
Czech Republic	✓	✓	–	–
Denmark	✓	✓	–	–
Estonia	–	–	✓	–
Finland	✓	–	–	✓
France	✓	✓	✓	–
Germany	✓	✓	✓	–
Greece	–	–	✓	–
Hungary	✓	–	✓	✓
Ireland	✓	✓	–	–
Israel	✓	✓	–	–
Italy	✓	–	✓	✓
Kyrgyzstan	✓	–	✓	✓
Latvia	✓	–	✓	–
Lithuania	✓	✓	✓	✓
Malta	✓	✓	–	✓
Monaco	–	✓	–	–
Montenegro	–	–	✓	–
Netherlands	–	✓	–	–
Norway	✓	✓	–	✓
Poland	✓	–	✓	✓
Portugal	–	✓	–	–
Romania	✓	✓	✓	✓
Russian Federation	✓	–	✓	–
San Marino	✓	–	–	–
Sweden	✓	✓	–	–
Turkey	✓	–	–	✓
United Kingdom	✓	✓	–	✓

Source: Authors' compilation from ³

Notes:

⁺ These include financial measures beyond usual payments or salaries for health workers, including bonuses and pay rises for COVID-19 related work;⁺⁺ These include practical measures such as provision of free accommodation, transport or parking.

Box 1: Support for health workers in Malta

Malta has provided a wide range of support to health workers during the COVID-19 crisis.

Mental health support

Mental health support provided by psychiatrists and psychologists has been organised in Malta for public health staff and also for medical staff working on the frontline. Where requested, in-house psychologists are providing outreach in various front-line workplaces, giving short interactive sessions on basic self-care skills and resilience. Mindfulness sessions have also been offered to hospital workers together with targeted video clips on how to increase resilience. Several mental health NGOs and institutions have developed agreements with government to provide mental health support to the public by means of a freephone helpline run by mental health professionals and volunteers, including fast track referral pathways to those requiring psychological and psychiatric care.

A confidential Employee Support Programme (ESP) that was established prior to the pandemic continues to offer free confidential support to public service employees including health care workers. Employees are able to use ESP services during their working hours if they take vacation leave or request a temporary absence with the approval of their supervisor. The Medical Council has also issued guidelines for doctors, encouraging safe practice, the use of telephone and virtual consultation and safe online prescribing, and self-care.

The guidance recommends resting and eating well, noticing and trying to help colleagues who may be struggling with their mental health and making supervisors or colleagues aware of their own mental health needs where necessary.

Financial support

Health care workers who were required to stay at home on Preventive Quarantine under the Protection of Vulnerable Persons Order (LN 111 of 2020) still received their basic pay and class/grade allowances.

Other practical support

Measures to ensure continuity of parental care of children at home due to school closures include the facilitation of complementary shift work, support of telework by the parent/guardian staying at home to look after children, or financial support in terms of paid leave where this is not possible. In addition, a free childcare centre was opened by the government to care for children of health care professionals and members of the disciplined corps.

A number of initiatives delivered through the main hospital (Mater Dei Hospital), the main professional associations for health care workers and also through the Ministry for Health sought to facilitate and fund accommodation for front-line workers who needed to leave their residence to reduce the risk of transmission to family members.

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to support health workers, using data extracted from the [COVID-19 Health Systems Response Monitor \(HSRM\)](#). We only consider initiatives implemented outside of clinical settings where COVID-19 patients are treated, and therefore exclude workplace provisions such as availability of personal protective equipment, working time limits or mandatory rest periods.

Most countries have put in place special measures to support the mental health of health workers, often through helplines and remote counselling

Table 1 shows that 25 countries have adopted special measures to support the mental health of health and social care workers during the COVID-19 crisis.

In many countries, this support is provided through newly established helplines that health and oftentimes social care

workers can call to access psychological support from trained professionals and/or to receive referrals to additional mental health services. These helplines are sometimes organised at the national level (e.g. Bulgaria, Czech Republic, France, Israel, Malta, Romania, San Marino, United Kingdom) at the regional level (e.g. Belgium and Denmark) and/or by professional associations for specific professions (e.g. France, Ireland, Latvia, Poland, Turkey, UK). In Hungary and Croatia, helplines are run by universities and schools of public health. Apps and online services are also available in some countries (e.g. Belgium, Finland, Ireland, Norway, Romania, UK).

In Germany, Ireland, Norway and the UK, guidelines or other forms of guidance for promoting mental health and well-being have been issued, targeting both health workers themselves and employers. These

are often in addition to more general guidelines for mental health support that were available pre-crisis.

Remote counselling sessions with psychiatrists or psychologists are provided in some countries (e.g. Denmark, Finland, Italy, Lithuania, Malta, Kyrgyzstan, Poland, Russian Federation and the UK) for COVID-19-related stress management, burnout prevention and other mental health support. Norway has also established a buddy-system whereby health professionals can talk to a matched peer. In Malta, a range of mental health support has been offered, including mindfulness sessions for hospital workers and sessions on resilience for the public health response team (**see Box 1**).

In Stockholm, Sweden the rules for accessing 24-hour mental health support have been relaxed for the duration of the

Box 2: Support for health workers in Poland

Poland has implemented a number of initiatives to support health workers during the COVID-19 crisis.

Mental health support

In terms of psychological support for medical staff and other employees working during the pandemic, the Supreme Medical Chamber created a database of mental health specialists who are willing to offer their services to doctors, nurses, paramedics and other medical free of charge, either online or by phone. In addition, the state insurance state company (PZU Life) has set up a helpline (tel. number 22 505 11 77) offering psychological support to health care workers. The helpline is open every day from 8am until 8pm.

Financial compensation

From 29 April 2020 to 27 July 2020, health care employees in Poland who were in contact with COVID-19 patients (or persons with a suspected coronavirus infection) were prohibited from working in more than one place. To compensate them for the lost income due to this restriction, the Minister of Health instructed the National Health Fund (NHF) to provide them with monthly cash benefits, which were financed from the Ministry of Health budget. The benefits were set at a maximum of PLN 10,000 (€2,270) per month and were calculated as 80% of the remuneration received at the place of work where, after the introduction of the restriction, the employee no longer works, or, at a minimum, at 50% of remuneration received at the place where the employee chose to work after the restriction was introduced. It is estimated the bonus was on average PLN 6500 (€1,480) for physicians and PLN 3000 (€682) for nurses. The compensation also covered the costs of social security contributions payable by the employer.

On 27 July 2020, the obligation for medical professionals to work in one facility was relaxed. This is now decided by directors of medical facilities, who may release employees from the obligation to work in only one entity. An employee may be denied this if the exemption would result in the facility having difficulties in providing care to COVID-19 patients.

Compensation will be maintained for medical personnel who will not be able to work in other locations.

Some hospitals have supplemented the salaries of their employees with an allowance to compensate them for being exposed to patients with COVID-19. For example, employees of hospitals in Gdańsk receive an additional 20% of their basic salary (as specified in the employment contract) and 20% of the hourly rate (as per the contract); and in Wrocław an additional PLN 30 (€6.82) (gross) per hour of work is offered as compensation. The director of the University Hospital in Kraków has also committed to paying supplements to personnel working in the infectious disease ward and in the hospital's emergency department.

Other support for health workers

Various citizens' initiatives were launched during COVID-19 to support health workers in terms of providing childcare. The best known are the "Medical students" and "The crown won't fall off" initiatives. Volunteers are trained by action coordinators, together with a group of educators from "Villages" – an initiative that aims to educate and support teachers, families and local communities in creating and running educational environments for young children.

Because medical personnel working in hospitals are at higher risk of contracting coronavirus, in order to protect their families some hotels are providing accommodation to such medical personnel. Voivodeship branches of the National Health Fund are responsible for securing and paying for accommodation for the staff of hospitals treating patients with COVID-19.

The staff of the emergency department of the University Hospital in Zielona Góra together with the Polish Radio West prepared a spot as part of the #wspierajmedyka ('support the medic') campaign, which aims to draw attention to the problem of discriminatory treatment that some health care workers have experienced during the COVID-19 pandemic (e.g. not being allowed into shops out of fear that they are infectious).

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crisis, such that health workers are able to access help directly without a referral from their manager.

Childcare facilities were provided for health care workers in several countries where schools were closed

During the peak of the COVID-19 pandemic, childcare facilities and schools remained open to provide childcare for health workers where these institutions were otherwise closed in several countries

(Austria, Belgium, Czech Republic, Denmark, France, Germany, Monaco, Netherlands, Norway, Portugal and UK), the provinces of British Columbia, Ontario, and Quebec in Canada and Vilnius Municipality, Lithuania. Romania meanwhile paid allowances to cover for childcare costs during the crisis in the case where a health worker's partner could not take paid leave.

In the absence of a national childcare scheme for health care workers in

Israel, some hospitals and universities independently organised childcare (for children aged 3+ years) for their workers.

One-time bonuses or other forms of financial compensation have been awarded to health workers in many countries

Nineteen countries reported providing additional financial support and compensation above normal salaries to health care workers involved in the

COVID-19 response. This generally took the form of one-time bonus payments (Bosnia and Herzegovina, Estonia, France, Greece, Germany, Hungary, Italy, Kyrgyzstan, Romania, Russian Federation, Ukraine) or monthly bonus payments for the duration of the crisis (Albania, Latvia) from the central government. In Bulgaria, a monthly premium of BGN 1,000 (€511) for medical and non-medical professionals treating coronavirus patients has been announced, to be paid until the end of the year.

In Kyrgyzstan the bonus amount was reported to vary according to profession, with doctors paid the highest amount. In Greece, Latvia and the Russian Federation, the bonus amount was set as a proportion (50%, and between 20–50%, and 20–100% respectively) of the regular monthly wage. In Lithuania, salaries of health care professionals at medical institutions treating COVID-19 patients and those carrying out prevention activities were to increase by 60–100% during the pandemic; the exact amount at public providers is to be determined by the head of institution, depending on the type and place of work, and the associated risks of contracting the disease. In France, financial bonuses have been offered to all staff working in public hospitals irrespective of their occupation and position, as well as staff working in private hospitals that deal with COVID-19 patients and those working in nursing homes. The bonus for health workers ranged from €1,500 for those in the most affected regions to €500 for those in less affected regions, and from €1,500 for nursing home staff if they worked in a badly affected region to €1,000 if they worked in a less affected region. In Poland, health workers received financial compensation and bonuses for being exposed to COVID-19 patients and having restrictions placed on where they can work (**see Box 2**). It should, however, be noted that in some countries, bonuses promised by central governments have yet to be received by health workers.

In Armenia and Estonia, bonus payments for staff have been paid by individual hospitals. In Germany, long-term care workers were paid a bonus by the labour union ver.di and the Federal Association of Employers in the Care Industry

(BVAP). Some German states (e.g. Bavaria) have also given health workers a bonus in addition to that provided by the central government.

Health care professionals working with COVID-19 patients have been granted a temporary salary increase in Belarus, Lithuania and Montenegro for the duration of the crisis, set as a percentage of usual monthly salaries. In Canada, the federal government, provinces and territories have agreed to share wage top-ups for essential workers.

Beyond bonuses and salary rises, some countries (e.g. Denmark, Lithuania and Spain) have recognised COVID-19 as a work-related injury for health care staff, enabling them to access associated benefits. Further, in Kyrgyzstan, Lithuania, Romania, Spain and the UK, health workers' families will receive a lump sum payment if a health care worker working with COVID-19 patients dies due to COVID-19 infection. In Spain, Social Security will consider COVID-19 as the cause of death if the fatality occurs within five years after the onset of the infection.

Other support measures such as free transport, accommodation, and continuing education credits have been put in place

Some countries have introduced other practical support measures for health workers. For example, Poland, Romania, Malta and some provinces in Turkey have offered free accommodation for health workers isolating from their families during the pandemic. In Hungary and some parts of the UK, health workers have been given free access to public transport, while NHS workers in London can hire bikes for free from a city-wide cycle scheme. In Helsinki, Finland health workers have been granted free parking near health facilities. A hospital in Poland has launched a campaign to reduce discrimination against health workers (**see Box 2**). In Italy, doctors, dentists, nurses and pharmacists who continued working during the COVID-19 pandemic have been awarded 50 Continuing Medical Education (CME) credits for the year 2020.

Policy lessons and implications

Countries have introduced a variety of measures outside of clinical settings to support and value health workers and enable them to do their job during the COVID-19 pandemic. These range from mental health and well-being support initiatives, to providing bonuses and temporary salary increases. Practical measures such as childcare provision and free transport and accommodation have also been implemented to ensure health workers can get to their workplace and have their children looked after. Other initiatives such as offering continuing professional development credits for knowledge learnt during the crisis were also offered in some countries, albeit less frequently.

While a large number of initiatives have been introduced, often as ad-hoc measures, their effectiveness in helping staff is unknown in most countries. It is important that countries evaluate the impact of these initiatives to inform strategies for delivering an effective crisis response in the future. In addition, the mental health and well-being of health workers should be routinely assessed both during the crisis and after. Beyond the crisis period, providing appropriate long-term mental health support, adequate salaries and other compensation should be measures for further evaluation as core components of developing a sustainable health workforce.

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