

Survey on the Demand for Support Measures for Medical Personnel

Dear Medical Personnel,

Hello! First and foremost, we would like to express our gratitude for your hard work and contributions to public health during the COVID-19 pandemic. We are acutely aware of the unprecedented impact this epidemic has had on the normal order of the medical system and the additional stress it may have brought to your work and personal life. In order to gain a deeper understanding of the various needs of medical personnel during the pandemic, we are conducting a questionnaire survey. This survey aims to collect information on the challenges you encounter in your work and daily life as well as your expectations and needs for support measures. The information you provide will be used to develop and optimize support strategies to alleviate your work-related stress, enhance job satisfaction, and improve your overall well-being. Please fill out this questionnaire truthfully and accurately based on your personal circumstances. We assure you that your information will be kept strictly confidential and used only for the purpose of this study.

Before you complete the questionnaire, please carefully read and understand the following:

Your participation in this survey is completely voluntary, and you have the right to withdraw at any time without any adverse consequences.

The questionnaire does not require any information that can directly identify you.

We will take appropriate measures to ensure the security of your information, and the research results will be published in the form of aggregated data to protect your privacy. The survey results will help us better understand and address the issues faced by medical personnel during the pandemic.

We sincerely hope for your active support and cooperation and promise to use your feedback as an important reference for improving and enhancing the medical working environment. If you have any questions about the questionnaire or the study, please feel free to contact us.

Once again, thank you for your valuable time and contributions.

Sincerely,

Research Team Name: Lei Zhang

Contact Information:

Please make sure that you have enough time to carefully read and understand the content of the informed consent form before the questionnaire or survey begins. If you agree then you can start to answer the questions, that is, when you click to submit the questionnaire default you agree to participate in this survey, such as non-participation can be immediately clicked on the exit, not at the end of the click to submit the same as you do not agree (during the period of the content filled out will not be retained).

Basic personal information

1. Gender

Male

Female

2. Age range

Under 25

25-34

35-44

45-54

Over 55

3. Education

Associate degree or below

Undergraduate

Postgraduate

Ph. D

4. Department

Preclinical

Public health

Nursing

Pharmacy

Laboratory

Management

Other

5. Clinical role

Doctor (Attending physician, Resident or fellow)

Nurse

Other

6.COVID-19 focused

Yes

No

Survey on needs for support measures

Note the change in the order of the options

7.Dependent on (topic: 6) 1st option

When does your workplace give you material support *

☐pre-participation

☐post-participation

☐period of work

☐Always

☐None

8.Dependent on (topic: 6) 1st option

Material support for you *(Unnecessary to Necessary on a scale of 1 to 5)

☐5

☐4

☐3

☐2

☐1

9.Dependent on (topic: 6) 1st option

Psychological counseling for family *(Unnecessary to Necessary on a scale of 1 to 5)

☐5

☐4

☐3

☐2

☐1

10.Dependent on (topic: 6) 1st option

When does your workplace give you Psychological counseling*

- ☐pre-participation
- ☐post-participation
- ☐period of work
- ☐Always
- ☐None

11. Dependent on (topic: 6) 1st option

Psychological counseling for you* (Unnecessary to Necessary on a scale of 1 to 5)

- ☐5
- ☐4
- ☐3
- ☐2
- ☐1

12. Dependent on (topic: 6) 1st option

When does your workplace give you Stress management*

- ☐pre-participation
- ☐post-participation
- ☐period of work
- ☐Always
- ☐None

13. Dependent on (topic: 6) 1st option

Stress management for you * (Unnecessary to Necessary on a scale of 1 to 5)

- ☐1
- ☐2
- ☐3
- ☐4
- ☐5

14. Dependent on (topic: 6) 1st option

When does your workplace give you Psychological counseling for family*

- ☐ pre-participation
- ☐ post-participation
- ☐ period of work
- ☐ Always
- ☐ None

15. Dependent on (topic: 6) 1st option

Psychological counseling for family *(Unnecessary to Necessary on a scale of 1 to 5)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

16. Dependent on (topic: 6) 1st option

When does your workplace give you Health Management *

- ☐ pre-participation
- ☐ post-participation
- ☐ period of work
- ☐ Always
- ☐ None

17. Dependent on (topic: 6) 1st option

Health Management for you *(Unnecessary to Necessary on a scale of 1 to 5)

- ☐ 1
- ☐ 2
- ☐ 3

○4

○5

18. Dependent on (topic: 6) 1st option

Rational shift patterns for you* (Unnecessary to Necessary on a scale of 1 to 5)

○1

○2

○3

○4

○5

19. Dependent on (topic: 6) 1st option

Sleep-assisted instruction for you* (Unnecessary to Necessary on a scale of 1 to 5)

○1

○2

○3

○4

○5

20. Dependent on (topic: 6) 1st option

Covid-19 related training for you* (Unnecessary to Necessary on a scale of 1 to 5)

○5

○4

○3

○2

○1

21. Dependent on (topic: 6) 2nd option

Material support for you* (Unnecessary to Necessary on a scale of 1 to 5)

○5

☐4

☐3

☐2

☐1

22. Dependent on (topic: 6) 2nd option

Stress management for you (Unnecessary to Necessary on a scale of 1 to 5)

☐5

☐4

☐3

☐2

☐1

23. Dependent on (topic: 6) 2nd option

Psychological counseling for you* (Unnecessary to Necessary on a scale of 1 to 5)

☐1

☐2

☐3

☐4

☐5

24. Dependent on (topic: 6) 2nd option

Psychological counseling for family* (Unnecessary to Necessary on a scale of 1 to 5)

☐1

☐2

☐3

☐4

☐5

25. Dependent on (topic: 6) 2nd option

Health Management for you*(Unnecessary to Necessary on a scale of 1 to 5)

☐1

☐2

☐3

☐4

☐5

26.Dependent on (topic: 6) 2nd option

Rational shift patterns for you *(Unnecessary to Necessary on a scale of 1 to 5)

☐1

☐2

☐3

☐4

☐5

27.Dependent on (topic: 6) 2nd option

Sleep-assisted instruction for you *(Unnecessary to Necessary on a scale of 1 to 5)

☐1

☐2

☐3

☐4

☐5

What are your current needs ?
