



Healthcare workers' willingness to respond to duty during infectious disease outbreaks in low- and middle-income countries in the Western Pacific Region: a pilot study in Papua New Guinea

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ABSTRACT

Background. In high-income countries (HIC), health care workers' (HCWs) willingness to respond (WTR) to work during an infectious disease outbreak is recognised as a challenge. Very little is known about healthcare workforce WTR in Papua New Guinea (PNG) and other low- and middle-income countries (LMICs). **Aim.** To assess the suitability of a survey tool previously deployed in a HIC context for use in a LMIC setting to identify factors influencing HCWs WTR during infectious disease outbreaks. **Design.** A cross-sectional pilot study was performed at the Mendi General Hospital (MGH), Papua New Guinea, using a survey tool adapted to the survey setting. Paper questionnaires were distributed to 70 frontline HCWs, with 54 completed forms returned to the research team. Descriptive analysis was undertaken for categorical data related to WTR and content analysis for qualitative data assessing suitability of the tool for the setting. **Findings.** The survey was reported to be appropriate and suitable for an LMIC setting with the majority (89%) of the HCWs highlighting that they accepted the survey and found it to be simple and convenient to use. Generally, respondents (77%) reported that they would attend work if directed by their employer, 85% reported that it is their responsibility to go to work, and 84% highlighted that it would be unethical to refuse to go to work. Respondents highlighted that providing adequate personal protective equipment and other equipment, transport, medications, temporary accommodation, addressing their concerns about personal and family safety, paying incentives, and proper awareness about vaccination would increase their WTR. **Conclusion.** The survey tool utilised in this pilot study is shown to be convenient and appropriate for an LMIC setting. Willingness to respond to work is a challenge for health systems in LMICs. This pilot study of HCWs at MGH has documented HCW's perceptions of factors that influence their WTR during an infectious disease outbreak in a LMIC setting. It has also allowed HCWs to express concerns that can be addressed by health management teams, so that preparedness planning can be improved to increase HCWs WTR during disease outbreaks.

Keywords: healthcare workers, infectious disease outbreak, pandemic, willingness to respond.

Introduction

Infectious disease outbreaks and emergencies are on the rise worldwide and are hazardous to the health and well-being of the community.¹ Health care workers (HCWs) are frontline responders who play a critical role during infectious disease outbreaks and are highly exposed to causative pathogens at work as well as in the community. They are thus at a higher risk of becoming infected.^{2–4} Health care workers may be willing to work despite the risks, but often hesitate to respond to duty when they realise that the health emergencies they are dealing with can endanger their lives or those of their colleagues or family members.^{3,5} Their willingness to work may also depend on the risk assessments and awareness relayed to them by their employers.⁵ During disease outbreaks, the willingness to respond (WTR) by this workforce is of paramount importance because

they provide the care, safety precautions, and awareness to patients and the general population needed to reduce the severity of the outbreak.^{1,6,7}

Studies have shown that the barriers and enablers that influence HCWs WTR depend on the type of job, the disease and causative pathogen, post-exposure experiences, and the job description during the disease outbreak emergency.^{1,2,4} Also influencing HCWs WTR is the extent to which a country may be affected, as different countries have different health-care systems, social and cultural norms, and the capacity to deal with the outbreak.^{4,8} In addition, psychological aspects can affect the willingness of HCWs to respond to duty.⁹ The fear of contracting and spreading the disease to their patients and family members due to inadequate personal protective equipment, uneven distribution of equipment and support, lack of guidelines or regular communication, and the frequent revision of policies and procedures have affected their psychological status.^{4,10} Workplace preparedness, appropriate education, and adequate training on infection prevention and control are vital to enhance their willingness to work as these also reduce work-related psychological pressure and the fear of infecting family members.^{11,12} It is therefore difficult to determine the willingness of HCWs to respond to duty during infectious disease emergencies.^{6,8,10}

The reported factors influencing HCWs WTR have been primarily identified from studies performed in high-income countries (HIC).^{1,2,12,13} The challenges encountered by HCWs in HIC are also faced by HCWs in low- and middle-income countries (LMICs), however, these challenges may be worse in LMICs as already overstretched health systems struggle to deal with new disease outbreaks.^{4,10,14} There is very limited literature on WTR in LMIC settings, with only one recent study available. A recent study discussed HCWs WTR to duty during an infectious disease outbreak but did not explore the factors that influence HCWs WTR.¹⁵ Very little is known about HCWs WTR during infectious disease outbreaks in Papua New Guinea and other LMICs.

The aim of this study was to assess the suitability of a survey tool previously deployed in a HIC context for deployment in LMIC settings (such as Papua New Guinea and other countries in the Western Pacific Region), to identify factors influencing HCWs WTR to duty during infectious disease outbreak.

Method

A cross-sectional study design was undertaken utilising a pre-existing survey tool, with the permission of the original author.¹⁶ It was modified by the research team to be used in a LMIC setting to identify factors influencing HCWs WTR.¹⁶ The modified survey tool focused on sociodemographic characteristics and factors influencing WTR, and the tool suitability was evaluated in a LMIC setting.

Setting, population, and sample

The survey was conducted in Mendi General Hospital in the Southern Highlands Province of Papua New Guinea. Mendi General Hospital is a 250 bed in-patient facility that has approximately 400 staff. Convenience sampling of frontline HCWs was performed. Participants included both clinical and non-clinical HCWs.

Data collection

A 28-question survey tool (Appendix 1) was utilised based on a tool previously published by Rebmann and colleagues.¹⁶ It was previously deployed in a high-income context.¹⁶ Three questions on sociodemographic characteristics, and five questions regarding HCWs WTR were added. Questions for evaluation of the tool itself were included to ascertain the appropriateness of the tool in LMIC settings. The survey was distributed in both English and Tok Pidgin. The form was emailed to the staff development officer at Mendi General Hospital who printed and disseminated it to the participants.

Staff were informed about the study via notices on the bulletin boards and via memos circulated to different sections of the hospital. The survey was conducted between 5 July 2021 and 23 July 2021. Staff were provided with participant information sheets describing the content and purpose of the study before deciding to participate. They were informed that should they participate; their identity would be anonymous and that they could withdraw any time during the period of data collection. A numbering process was used to track survey forms distributed and returned, with participating staff advised to leave completed forms with their sectional heads, for collection by the survey team. Completed forms were scanned and emailed to the research team for data analysis.

Data analysis

Data was transcribed to a spreadsheet and imported into Jamovi (Version 2.0.0) for statistical analysis.¹⁷ Categorical variables were reported using frequencies and percentages. An inductive thematic analysis was undertaken for free text responses by, firstly, familiarisation with the data, then coding, generating themes, reviewing themes, defining and naming themes, and finally writing up the analysis.¹⁸

Ethical approval

Mendi General Hospital provided written approval to conduct the survey at the facility, and the study was approved by University of the Sunshine Coast (UniSC) Human Research Ethics Committee in Australia (Ref No: S211541). The Papua New Guinea Medical Research Advisory Committee gave its written approval (MRAC # 21.03) to proceed with the project.

Results

Sociodemographic characteristics

The survey was disseminated to 70 frontline HCWs with 54 surveys (77%) returned. Of the 54 respondents, 37 (69%) were clinical professionals, such as nurses, health extension officers, and community healthcare workers, and 17 (31%) were non-clinical staff such as drivers, cooks, secretaries, health support staff, and security personnel. As these non-clinical staff have direct patient contact and are essential to health service delivery, it was important that they be included as part of the sample. Table 1 presents the demographic data relating to the respondents. Female staff represented 55% ($n = 29$) of respondents, and staff between the ages of 31 and 40 years made up 41% ($n = 22$). Many

Table 1. Personal data.

		% (n)
Gender	Male	45 (24)
	Female	55 (29)
Age (years)	<20	0 (0)
	20–30	24 (13)
	31–40	41 (22)
	41–50	28 (15)
	51–60	7 (4)
	>60	0 (0)
Highest education level	Primary	9 (5)
	Secondary	30 (16)
	Tertiary	61 (33)
Marital status	Single	9 (5)
	Married	83 (45)
	Defacto	0 (0)
	Separated	4 (2)
	Widowed	4 (2)
Years worked as a health care worker	<1	11 (6)
	1–5	13 (7)
	6–10	22 (12)
	11–15	17 (9)
	16–20	11 (6)
	21–25	11 (6)
	26–30	7 (4)
>30	7 (4)	
Mode of transport to work	Public transport	56 (30)
	Private transport	7 (4)
	On foot	37 (20)

respondents reported having a tertiary level of education 61% ($n = 33$) with 54% ($n = 29$) having served as HCWs for more than 10 years.

Most respondents 83% ($n = 45$) reported being married, with 89% ($n = 48$) having carer responsibilities for children and 87% ($n = 47$) being primary carers of adult dependents. Of the respondents 46% ($n = 25$) reported that their spouse or 'significant other' would be expected to work during a disease outbreak. Twenty of these partners were HCWs and five were non-HCWs. Table 2. In addition, most respondents 87% ($n = 47$) reported living in their own family home, with just a handful living in a flat ($n = 2$), a room ($n = 4$) or shared accommodation ($n = 1$).

Survey suitability in LMIC settings

Responses regarding the suitability of the survey for use in Papua New Guinea and other LMICs showed that not only did the respondents find the survey acceptable to their environment, but they also found it useful. For example, one respondent commented; 'It was acceptable as we face the pandemic challenges as health workers in a developing country. It certainly highlighted some important points that (need) to be addressed properly by admin'.

This was supported by responses that explicitly linked the survey to planning for an outbreak of an infectious disease, with comments such as; 'Could be good for future planning and decision making', and 'this survey clearly pointed out what I am supposed to prioritise in such times'.

Many HCWs accepted the survey as it helped them to understand issues better and to freely express their opinions, writing of being able to express; 'some of our hidden thoughts'.

Respondents indicated that the design of the survey was appropriate for their situation and easy to understand; 'The survey was quite acceptable as questions are simplified'.

Table 2. Reported living arrangements.

Variable	Yes % (n)	No % (n)	N/A
Have children/dependents?	89 (48)	11 (6)	–
Have children/dependents living with you?	89 (48)	11 (6)	–
Caring for an elder family member/dependent?	87 (47)	13 (7)	–
Will spouse work during disease outbreak?	46 (25)	54 (29)	–
Is spouse a Health Care Worker?	37 (20)	52 (28)	11 (6)
Type of accommodation			
Family home	87 (47)	–	–
Shared accommodation	2 (1)	–	–
Flat	4 (2)	–	–
Room	7 (4)	–	–

The survey was also reported as being targeted well to the participants; 'I didn't find any questions difficult as all questions were suited to my work setting as a hospital health worker'.

Providing the survey in both English and Tok Pidgin was highlighted by one participant as an important factor in making the survey accessible to participants; 'All questions were simple and easy to understand because Pidgin is our main language and we really understood'.

Participants highlighted that they had difficulties with some questions but did not provide specific comments regarding those questions. A lack of knowledge regarding caring for patients with infectious diseases was noted as a difficulty for some questions: 'I have the knowledge but haven't cared for an infectious patient, therefore, am sitting on the fence but with Q17, 18,19 and 20 am uncertain with COVID-19 vaccine'.

Ensuring the survey was suitable for all staff was also mentioned; 'I am a health support worker and I think part B Q13 is not suitable for me'.

No new factors influencing HCWs WTR were highlighted in this survey. Participants emphasised that all factors; 'were well captured in the survey'.

Willingness to respond

Results regarding WTR are presented as [Table 3](#). Details of responses when HCWs were asked whether they would be willing to go to work if their employer directed them to do so, 78% ($n = 42$) agreed they would attend. Most participants 85%, ($n = 46$), believe that it is their responsibility to go to work during an infectious disease outbreak, and 56% ($n = 30$) reported that they would be willing to work extended hours. It was recognised by 69% ($n = 37$) of participants that infectious disease outbreaks may have serious negative effects on their health, while 78% ($n = 42$) reported that they would be able to perform their duties during disease outbreaks. Most respondents 81%, ($n = 44$) expected that they would be trained to perform extra duties prior to them being undertaken during an infectious disease outbreak, and 87% ($n = 47$) of respondents reported that their employer would provide adequate personal protective equipment. Most respondents 59% ($n = 32$) reported that they knew how to perform their duties during disease outbreaks with most 85% ($n = 46$) reporting that their role is important in an infectious disease outbreak. 60% of the respondents were unsure when asked if their co-workers were likely to attend work. Less than half 45%, ($n = 24$) of the respondents reported that their family would struggle to function if they worked during disease outbreaks, while 87% ($n = 47$) reported that they would be willing to work if provided with medications and prophylaxis to prevent illness. Importantly, 84% ($n = 43$) of the participants felt that it would be unethical for them to refuse to work during an infectious disease outbreak.

Discussion

This study has demonstrated that a survey initially deployed in a high-income setting can be successfully deployed in a LMIC context. Based on the available literature, this survey is the first pilot study trialled in a LMIC setting to examine HCW's attitudes and perceptions and identify factors influencing their WTR during an infectious disease outbreak. The survey was disseminated to the participants manually as this was convenient for data generation in the setting. Most of the HCWs revealed that this study was an eye-opening experience for them and allowed them to express their opinions freely. All the respondents accepted the survey because it was simplified and translated into a language that is well understood, and the tool was found to be appropriate and suitable to use in a LMIC setting.

During infectious disease outbreaks WTR by the health-care workforce depends on their perceptions and understanding of multiple factors which allows them to decide whether to respond to work or not. Factors influencing HCWs WTR have been previously identified from studies performed in HIC.¹⁹ Willingness to respond depends on the type of job, the type of disease outbreak or health emergency, and influencing factors such as concerns about personal and family safety, and workplace preparedness.¹ This study highlighted that almost three quarters of the HCWs would report to work if directed by their employer during a disease outbreak, similar to a previous study from the United States of America (USA).⁸

Furthermore, most respondents believed that it is their responsibility to go to work during a disease outbreak. This study has highlighted that HCWs believe it is unethical to refuse to work during infectious disease outbreaks and they are willing to respond to duty. Previous studies have highlighted that a sense of duty and professional obligation motivates HCWs to respond despite the challenges they may encounter during disease outbreak emergencies, a theme repeated here.³⁻⁵ The study presented here has shown that HCWs believed that their role would be important during a disease outbreak at a higher rate than reported in the USA, suggesting that it is important to inform HCWs about what is expected of them and of their responsibilities.⁸

Interestingly, more than 60% of respondents were unsure if their co-workers would attend work. This matches previous results despite the higher rate of respondents here reporting that they themselves would attend work.⁸ Over half stated that they are prepared to work long hours although at lower rates than previous studies done in Saudi Arabia (74.3%) and the USA (75.5%).^{8,9} These findings show HCWs believe that their employer would provide them with adequate supply of personal protective equipment. This has been previously identified as important with a study from the United Kingdom reporting that 97.2% of staff indicated that for them to work, it is the responsibility of the employer to provide personal protective equipment for HCWs.⁵ Less than half of the HCWs in this

Table 3. Responses to questionnaire.

	Strongly disagree % (n)	Disagree % (n)	Neither agree nor disagree % (n)	Agree % (n)	Strongly agree % (n)	Total responses
I would go to work if my employer asked me to even if my attendance was not mandated by my employer	4 (2)	8 (4)	25 (13)	30 (16)	34 (18)	53
I would go to work if my employer directed me to attend work	2 (1)	2 (1)	19 (10)	41 (22)	37 (20)	54
My employer would expect me to work during an infectious disease outbreak	4 (2)	4 (2)	33 (18)	28 (15)	31 (17)	54
I believe it is my responsibility to go to work during an infectious disease outbreak	2 (1)	4 (2)	9 (5)	50 (27)	35 (19)	54
I am prepared to work longer hours than normal in an infectious disease outbreak	4 (2)	19 (10)	22 (12)	28 (15)	28 (15)	54
An infectious disease outbreak may have serious negative effects on my health	4 (2)	17 (9)	11(6)	20 (11)	48 (26)	54
I am knowledgeable of diseases that could cause an infectious disease outbreak	4 (2)	23 (12)	15 (8)	38 (20)	21 (11)	53
I know how to perform my work/response duties in an infectious disease outbreak	0 (0)	22 (12)	19 (10)	39 (21)	20 (11)	54
I would be trained to perform extra duties prior to undertaking them in an infectious disease outbreak	2 (1)	4 (2)	13 (7)	41 (22)	41 (22)	54
I would be able to perform my work/duties during an infectious disease outbreak	4 (2)	7 (4)	11 (6)	50 (27)	28 (15)	54
My employer would provide me with adequate personal protective equipment	0 (0)	2 (1)	11 (6)	41 (22)	46 (25)	54
My employer would take precautions to protect me from the infectious disease during an infectious disease outbreak	2 (1)	4 (2)	13 (7)	46 (24)	35 (18)	52
My job/role would be important in an infectious disease outbreak	0 (0)	4 (2)	11 (6)	37 (20)	48 (26)	54
My co-workers are likely to come to work during an infectious disease outbreak	0 (0)	11 (6)	60 (32)	13 (7)	15 (8)	53
I would feel safe working/performing my normal duties during an infectious disease outbreak	10 (5)	17 (9)	31 (16)	25 (13)	17 (9)	52
My family could function without me if I worked during an infectious disease outbreak	8 (4)	38 (20)	26 (14)	11 (6)	17 (9)	53
I would be more willing to work if I was provided appropriate medication or prophylaxis to take throughout an infectious disease outbreak to prevent illness	0 (0)	4 (2)	9 (5)	35 (19)	52 (28)	54
I would be more willing to work if appropriate medication was also offered to my family	2 (1)	4 (2)	26 (14)	39 (21)	30 (16)	54
I would be more willing to work if I was provided a vaccine to prevent illness	6 (3)	13 (7)	23 (12)	32 (17)	26 (14)	53
I would be more willing to work if a vaccine was also offered to my family	7 (4)	11 (6)	28 (15)	33 (18)	20 (11)	54
It would be unethical for me to refuse to work during an infectious disease outbreak	4 (2)	4 (2)	8 (4)	45 (23)	39 (20)	51

study agreed that they felt safe performing their normal duties during disease outbreaks because most HCWs are concerned about their personal safety and the fear of infecting their family members, which has been reported frequently in other studies.^{14,19,20} Apart from providing adequate personal protective equipment and other necessary equipment, many respondents in this study highlighted that their WTR would be enhanced if they were provided with transport, temporary accommodation, paid incentives, appropriate care if infected during their work, and if proper infection prevention and control measures were in place. This is similar to previous studies.^{5,8–10,13,19} It has also been reported that by providing extra training, staff would be willing to undertake extra duties during disease outbreaks, a sentiment repeated here.^{6,7,20}

Healthcare worker WTR can improve if their welfare and the welfare of their families are catered for, such as providing appropriate vaccines, medications, and psychological support. Findings arising from this study indicate that HCW WTR was high if provided with medication and vaccines to prevent illness during the course of their duty. Studies undertaken in Saudi Arabia and the USA reported similar findings.^{8,9} Previous studies have also highlighted that provision of appropriate medications, antiviral therapy, and prophylaxis for HCWs and their family to prevent illness would enhance their WTR.^{1,2,8,13}

Conclusion

Healthcare workers WTR can be a challenge during an infectious disease outbreak and with increasing numbers of outbreaks, HCWs' attitudes and perceptions change due to the fear of being infected or potentially spreading the disease to their family members. Factors that influence their willingness, such as availability of personal protective equipment, transport, temporary accommodation and provision of training, appropriate medications, and vaccines are important predictors that can be used to support planning. The survey tool utilised in this pilot study has been shown to be convenient and appropriate for use in Papua New Guinea and potentially other LMIC. This study has highlighted that many issues are similar to those in high-income settings and are essential for policy makers to consider when developing preparedness plans for future outbreaks.

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Data availability. The data that support this study cannot be publicly shared due to ethical or privacy reasons and may be shared upon reasonable request to the corresponding author if appropriate.

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Appendix 1. Survey tool.

'Healthcare workers' willingness to respond to duty during infectious disease outbreak: a low- and middle-income country (LMIC) Pilot Study' HREC S211541

Please confirm that you have read and understood the RPIS and consent to participate. Yes ()

(Plis confirmim olsem yu ritim displa RPIS and yu kilia na givim tok orait blo yu olsem bai yu wok bung wantaim. Yes ())

Part A

The following questions will provide us with some information about you, but we will not be able to identify you specifically. Please mark a X in the box to indicate the most appropriate answer or fill in the blank space.

(Ol question long hia bai givim mipla ol stori blo yu tasol mipela bai nonap save long yu husait stret. Plis putim X long rit ansa blo yu long ol bokis).

1	What is your occupation? (Yu wok olsem wanem?)	
2	What is your gender? (yu man or meri?)	
3	What is your age in years? (Hamaspla krismas blo yu?)	Less than 20 () 20–30 () 31–40 () 41–50 () 51–60 () More than 60 ()
4	What is your highest level of education? (Yu skul go mak long we?)	Primary () Secondary () University/post-secondary ()
5	How many years have you worked as a healthcare worker? (Hamaspla krismas yu wok olsem wok man/meri blo hausik?)	Less than 1 () 1–5 () 6–10 () 11–15 () 16–20 () 21–25 () 26–30 () 31–35 () 36 or more ()
6	What is your marital status? (Yu marit or nogat?)	Single () Married () Defacto ()

(Continued on next page)

		Separated () Widow ()
7	Do you have children/dependents? (<i>Yu gat pikinini?</i>)	Yes () How many? No () (hamaspla?)
8	Do you have children/dependents living with you? <i>Yu gat ol pikinini stap yet wantaim yu?</i>	Yes () How many? No () (hamaspla?)
9	Are you the primary carer for an adult living at your place of residence? (<i>Yu sa lukautim ol narapla bikpla man/meri long haus blo yu tu o nogat? Hamaspla?</i>)	Yes () How many? No () (hamaspla?)
10	Do you have a spouse or significant other who would be expected to work during an infectious disease outbreak? (<i>Yu gat man o meri poroman o poromeri blo yu bai wok tu long taim ol bikpla sik nogut ikamap?</i>)	Yes () No ()
11	Is your spouse or significant other a Health Care Worker? (<i>Man, o meri blo yu o poroman o poromeri blo yu em wokman/meri blo hausik?</i>)	Yes () No () NA () not applicable
12	What type of accommodation do you live in? (<i>Yu sa silip long wanem kain haus?</i>)	Family home () Shared accommodation () Flat () Room ()
13	How do you travel to work? (<i>Yu sa go kam long wok olsem wanem?</i>)	Public transport () Private transport () On foot () Other – specify ()

Part B

The following questions ask you about how you personally would respond to duty during an infectious disease outbreak such as the current pandemic.

(*Ol askim long hia mipela laik painimaut long as tingting blong yu long hau yu bai bekim long wok blo yu long taim blo kain bikpela sik nogut olsem (COVID-19) ikamap.*)

Please mark a X in the box to indicate the most appropriate answer.

1: Strongly Disagree 2: Disagree 3: Neither agree nor Disagree 4: Agree 5: Strongly Agree.

(*Plis makim X long ansa yu ting em orait long yu.*)

1: *yu no wanbel stret* 2: *yu no wanbel* 3: *yu stap namel* 4: *yu wanbel* 5: *yu wanbel stret*).

Please indicate the extent to which you agree with the following statements (<i>Plis makim wanem bokis yu wanbel long toktok insait long dispela teibol</i>)		1	2	3	4	5
1	I would go to work if my employer asked me to even if my attendance was not mandated by my employer (<i>Bai mi go wok sapos boss bilong mi salim tok long mi go, long taim blo leave o de off blo mi</i>)					
2	I would go to work if my employer directed me to attend work (<i>Mi bai go wok sapos boss blo mi tokim mi long go wok</i>)					
3	My employer would expect me to work during an infectious disease outbreak (<i>Ol boss bilong mi expectim mi go woklong taim blo bikpla sik nogut (olsem COVID-19)</i>)					
4	I believe it is my responsibility to go to work during an infectious disease outbreak (<i>Mi bilip olsem em duti blo mi long go wok long taim blo ol bikpela sik nogut i kamap</i>)					
5	I am prepared to work longer hours than normal in an infectious disease outbreak (<i>Mi redi long wok extra awas abrusim namba wok awa blo mi long taim blo bikpela sik nogut olsem ikamap</i>)					
6	An infectious disease outbreak may have serious negative effects on my health (<i>Long taim blo ol bikpela sik nogut olsem, em ken bringim bagarap long bodi blo mi</i>)					
7	I am knowledgeable of diseases that could cause an infectious disease outbreak (<i>Mi gat inap save long ol sik we i ken kamapim ol displa ol sik nogut</i>)					

(Continued on next page)

Please indicate the extent to which you agree with the following statements (Plis makim wanem bokis yu wanbel long toktok insait long dispela teibol)		1	2	3	4	5
8	I know how to perform my work/response duties in an infectious disease outbreak (Mi save long we blo wokim wok blo mi long taim blo ol displa kain bikpla sik nogut)					
9	I would be trained to perform extra duties prior to undertaking them in an infectious disease outbreak (Mi bai kisim sampela more training long wokim sampela more extra wok long taim displa kain bikpela sik ikamap)					
10	I would be able to perform my work/response duties during an infectious disease outbreak (Mi inap long wokim ol wok blo mi long taim ol kain bikpela sik olsem ikamap)					
11	My employer would provide me with adequate personal protective equipment (Ol boss blo mi inap long providim olgeta samting blo usim long banisim mi long kisim ol sik nogut, olsem glov, facemask, marasin blo wasim han)					
12	My employer would take precautions to protect me from the infectious disease during an infectious disease outbreak (Ol boss blo mi inap long wokim ol samting long banisim mi long kisim sik long kain taim ol bikpla sik nogut ikamap)					
13	My job/role would be important in an infectious disease outbreak (Wok bilong mi em important long taim ol kain bikpla sik olsem ikamap)					
14	My co-workers are likely to come to work during an infectious disease outbreak (Ol wanwok blo mi bai stil kam long wok long taim long ol bikpela sik olsem ikamap)					
15	I would feel safe working/performing my normal duties during an infectious disease outbreak (Mi bai filim save long wokim ol wok blo mi long taim ol bikpla sik nogut ikamap)					
16	My family could function without me if I worked during an infectious disease outbreak (Ol femili blo mi ken survive sapos mi lusim ol na go long wok long kain taim we bikpla sik nogut olsem ikamap)					
17	I would be more willing to work if I was provided appropriate medication or prophylaxis to take throughout an infectious disease outbreak to prevent illness (Mi bai wanbel tasol long wok long taim ol bikpela sik nogut ikamap sapos igat ol rit marasin na marasin blo banisim mi long no inap long kisim dispela ol sik)					
18	I would be more willing to work if appropriate medication was also offered to my family (Mi bai wanbel tasol long wok sapos ol femili blo mi bai inap long kisim displa ol marasin)					
19	I would be more willing to work if I was provided a vaccine to prevent illness (Mi bai wanbel long wok sapos i gat sut long banisim long kisim sik na displa sut blo banisim sik istap pinis)					
20	I would be more willing to work if a vaccine was also offered to my family (Mi bai wanbel tasol long wok sapos ol femili blo mi bai inap long kisim sut blo banis tu)					
21	It would be unethical for me to refuse to work during an infectious disease outbreak (Em bai ron sapos mi les long go long taim ol dispela kain bikpla sik nogut ikamap)					

Part C

(1) Please describe how acceptable or unacceptable this survey was to you:

(Plis inap yu tokaut long yu ting olsem wanem long displa wok painimaut, yu wanbel o nogat).

(2) Were any questions difficult to understand? If so, please indicate which questions:

(Yu bin painim hat long sampela ol questen tu o? Sapos yes, em wanem question stret).

(3) Please describe any important aspects regarding your willingness to respond to an infectious disease outbreak that have not been included in this survey.

Plis yu ken tokaut long ol sampla inpoten samting we isave mekim yu amamas long go long wok o mekim yu les long go long wok long taim ol bikpla sik nogut ikamap we mipla no luksave insait long displa wok painimaut).

(4) How long did it take you to complete this survey? (Approximately in minutes)

(Yu kisim hamas minit long pulmapim displa pepa?)

Thank you for taking the time to complete this survey.

Tenk yu tru long taim blo yu long pulmapim displa pepa.