

Table S5. Description of the type of needs identified for professionals

Key theme	Sub-theme(s)	HEALTHCARE PROFESSIONAL NEEDS		
		Description	No. of studies (References)	Illustrative quotes
BASIC NEEDS (n=16)	Physical discomfort or distress	Need to decrease bodily discomfort or distress (e.g, related to personal protective equipment (PPE), exhaustion)	n=11 Alshmemri [1] Cao [2] Digby [3] Elhadi [4] Feinstein [5] González [6] Kackin [7] Lee [8] San Juan [9] Zhang [10]	"Of the 37 participants, 6 doctors and 11 nurses reported mild bodily discomfort including tiredness, throat pain, cough, neck and shoulder pain, back pain, headache and nausea, frequent urination, and skin rash. No medical worker was infected with COVID-19." (Cao 254)
	Living conditions	Need to provide lodging support	n=5 Alshmemri [1] Raza [11] Ripp [12] San Juan [9] Shanafelt [13]	"Staff [front-line healthcare workers] appreciated the senior management team planning to cover needs beyond HCW [Healthcare workers] clinical work, such as ... optional accommodation ... remaining available" (San Juan 6)
	Rest	Need for adequate rest (during shifts and after shifts) to remain physically and mentally healthy and provide high-quality care	n=11 Alshmemri [1] Cao [2] Digby [3] Feinstein [5] González [6] Halcomb [14] Kabir [15] Lee [8] San Juan [9] Stojanov [16] Zhang [10]	"Their [medical staff] concentration would decrease after working long hours. Some participants said they 'felt tired and can't have a full sleep' later in the 2- or 3-week period. Many physical and mental challenges of working continuously should be noted, such as the intensity of focus for long periods of time and wearing bulky layers of clothing." (Cao 253)
	Diet and hydration	Need to have access to healthy meals and hydration	n=7 Alshmemri [1] Cao [2] Digby [3] González [6] Lee [8] Ripp [12] Shanafelt [13]	"In addition, 33.6% [emergency nurses] considered it to be the case that the healthcare centre never provided enough fluid and food to cover the needs caused by physical exhaustion during the work shifts." (González 3)

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OCCUPATIONAL NEEDS (n=34)	Funding and resources (n=17)		n=11	
		Additional staff	Need to provide sufficient and adequate staffing Cao [2] Cipolotti [17] Digby [3] González [6] Kabir [15] Kackin [7] Kaplan [18] Nguyen [19] Raza [11] Ripp [12] San Juan [9]	"Almost all respondents to this survey emphasized the importance of additional staff support to cope with the stress and rapid change required of them during the pandemic and beyond." (Digby 7)
		Facilities and equipment	Need for adequate facilities, equipment (other than PPE) and resource management to meet changing demands Digby [3] Kackin [7] Kaplan [18] Martin-Delgado [20] Nguyen [19] Ow Yong [21] Raza [11] Ripp [12] Sethi [22]	"As our hospital systems become overwhelmed by the virus—running well over capacity and facing shortages of critical care medical resources [.]" (Ripp 1)
		Telehealth	Need for funding and establishing telehealth services n=3 Adesoye [23] Halcomb [14] Kaplan [18]	"One hundred and thirty-four (11.0%) statements were concerned with the funding required to support the provision of quality PHC [primary health care] nursing care. The need for funded nurse-delivered telehealth was the most commonly reported statement regarding funding." (Halcomb 1556)
		Other funding	Need for other financial support or resources for health services including ability for professionals to provide and bill for services different from the regular services they provide; and overall financial support by health services and public-private donations n=2 Feinstein [5] Halcomb [14]	"Participants identified that in order to provide quality health care to the community, PHC nurses could do more in terms of consultations and assessments, home visits, chronic disease management and psychosocial issues related to COVID-19. However, funding for the provision of these services 'billing for nurses' was identified as an important support required to allow these services to be delivered. Some participants also mentioned the overall need for financial support by health services during COVID-19, including 'funds to keep us open' [.]" (Halcomb 1557)

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OCCUPATIONAL NEEDS cont. (n=34)	Coordination (n=8)	Need to improve coordination activities (e.g., more specified task division, clear chain of command, specifying and deferring tasks).	n=8 Cao [2] Feinstein [5] Halcomb [14] Kabir [15] Kackin [7] Martin-Delgado [20] Mohindra [24] Shanafelt [13]	"[F]rontline health care providers managing quarantined/isolated COVID-10 patients ... [p]erceived [a] need for a clear chain of command in the management and execution of plans." (Mohindra 1)	
	Access to up-to-date information	Need to receive concise, timely, up-to-date, and clear information about the pandemic so that professionals do not have to research everything themselves	n=10 Ashiru-Oredope [25] Cipolotti [17] Digby [3] Glatman [26] Halcomb [14] Kabir [15] Ow Yong [21] Redondo-Sama [27] Ripp [12] Shanafelt [13]	"In terms of communication delivery about the pandemic, it was seen as important for 'continuous up to date information' to be provided in a 'consistent and clear' format in a single location to reduce the work in gathering information. Participants spoke of requiring: 'less waffle, more facts and action plans' and 'daily updates so we don't have to research everything ourselves'. " (Halcomb 1555)	
	Information and communication (n=20)	Workplace communication	Need of improved local communication between colleagues, team members and different services	n=10 Cipolotti [17] Digby [3] González [6] Halcomb [14] Kabir [15] Kerkhoff [28] Mattila [29] Ow Yong [21] Redondo-Sama [27] San Juan [9]	"A lack of communication on human resource matters to address staff's welfare issues and concerns promptly was reported [by hospital staff] to have impacted staff morale and perceived support during this crisis." (Ow Yong 9)
Communication between health authorities and providers	Need to improve communication between health authorities and providers to better respond to the emergency situation	n=2 Glatman [26] Yu, McIntyre [30]	"[Need to] optimize two-way communication between health authorities and providers during a public health emergency:" (Glatman 7)		
Healthcare professional-patient communication	Need to improve healthcare professional-patient communication	n=3 Alshmemri [1] Digby [3]	"Telehealth was used as a substitute for most face-to-face clinic appointments. The lack of personal contact and inability to physically examine patients was raised by some clinicians as a limitation on the accuracy of patient assessment and a barrier to		

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Key theme	Sub-theme(s)	Description	No. of studies (References)	Illustrative quotes
OCCUPATIONAL NEEDS cont. (n=34)	Information and communication cont. (n=20)		Yu, McIntyre [30]	<i>communication. In some cases, clinicians felt that the care they were able to give in this way was suboptimal." (Digby 4)</i>
		Better communication between health authorities, healthcare professionals and families to keep families informed	n=3 Kabir [15] San Juan [9] Yu, McIntyre [30]	<i>"We [frontline worker] forbade visits at the care homes three weeks before the prime minister announced it. It was very difficult to make the relatives understand. Some tried to break in. Once the prime minister announced it, people began to calm down." (Kabir)</i>
		Protocolized care	n=9 González [6] Halcomb [14] Kaplan [18] Martín-Delgado [20] Ow Yong [21] San Juan [9] Sethi [22] Yu, Leung [31] Yu, McIntyre [30]	<i>"More than a quarter of the respondents [hospital staff] who provided qualitative feedback felt that the hospital could provide clearer instructions, instead of just rules, and to have a go-to-person for any clarification on procedures and protocols related to COVID-19." (Ow Yong 8)</i>
	Recognition and support (n=22)	Needs assessment	n=11 Cao [2] Cipolotti [17] Digby [3] Feinstein [5] Glatman [26] González [6] Halcomb [14] Kackin [7] Ow Yong [21] Raza [11] Shanafelt [13]	<i>"Leaders should ask team members 'What do you need?' and make every effort to address those needs. Health care professionals do not expect the leader to be able to provide everything asked for, but having them ask, listen, and acknowledge requests is appreciated. Health care professionals also want to have confidence that their voice and expertise are a part of the conversation as organizations develop their emergency preparedness plans to respond to the pandemic." (Shanafelt 2134)</i>
		Recognition	n=8 Alshmemri [1] Digby [3] Halcomb [14] Kackin [7] Mohindra [24] Nguyen [19] Ow Yong [21] Shanafelt [13]	<i>" 'All healthcare workers play a part in day-to-day operations in hospitals regardless of whether patient fronting or not patient fronting. There should be a fair appreciation for all staff' [.]" (Ow Yong 8)</i>

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OCCUPATIONAL NEEDS cont. (n=34)	Recognition and support cont. (n=22)		n=9	
		Support from leaders	Digby [3] Feinstein [5] Halcomb [14] Kabir [15] Mohindra [24] Ow Yong [21] Sethi [22] Shanafelt [13] Vanhaecht [32]	"[H]ealth care professionals desire visible leadership during this turbulent time. Leaders, such as hospital executives, nursing leaders, department chairs, and division chiefs, may need to consider innovative ways to be present and connect with their teams given the constraints of social distancing. ... Health care professionals indicate they appreciate leaders visiting hospital units that are caring for patients with COVID-19 regularly to provide reassurance." (Shanafelt 2133, 2134)
		Community of support	n=3 Ashiru-Oredope [25] Glatman [26] Yu, McIntyre [30]	"CAPMR [Canadian Association of Physical Medicine and Rehabilitation] should provide avenues for social connection and continued wellness during pandemic times. Physiatrists in Canada are spread across a large geographic area, and although those physicians practicing in urban or academic centers may have better connection to colleagues, others practicing in community settings may be more isolated." (Jamie Yu 13)
		Support advocacy	n=2 Ashiru-Oredope [25] Yu, McIntyre [30]	"Please advocate on our [active member of CAMP] behalf as not all hospitals are taking this as seriously for the rehab folks, just for the acute care folks. A lot of us were already underserved to start." (Jamie Yu 32)
		Transportation assistance	n=4 Martin-Delgado [20] Ripp [12] San Juan [9] Shanafelt [13]	"Transportation has also become a challenge as public transit and shared rides put health care workers (and the people traveling with them) at risk, but single passenger options are financially unsustainable." (Ripp 2)
Training (n=23)	Professional education/training on how to face demands of COVID-19	Other support	n=2 Mohindra [24] Raza [11]	"Do I [health care professional] need to go on the suicide mission to prove my loyalty as a doctor? What if, all of the HCPs [health care professionals] get infected? Who will be treating the patients? The authorities are hiding their incompetence by blaming the doctors and nurses, which is an offence." (Raza 6)
		Need to receive the training and support that allows provision of high-quality care to patients during the COVID-19 pandemic while ensuring the health and safety of the staff	n=20 Adesoye [23] Alshmemri [1] Ashiru-Oredope [25] Cipolotti [17] Du [33]	"Nurses faced challenges in undergoing training simultaneously while caring for COVID-19 patients as a pandemic requires nurses to acquire more knowledge and skills concerning various dimensions of diagnosis, treatment, and preventing the patients from complications." (Alshmeri 86)

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OCCUPATIONAL NEEDS cont. (n=34)	Training cont. (n=23)		Glatman [26] González [6] Halcomb [14] Kabir [15] Kaplan [18] Martin-Delgado [20] Mohindra [24] Nguyen [19] Raza [11] Sethi [22] Shanafelt [13] Vanhaecht [32] Yu, Leung [31] Yu, McIntyre [30] Zhang [10]	
		Redeployment: training and support	Need to receive sufficient training and support in preparation for redeployment and during the onboarding process	n=6 Digby [3] González [6] Mattila [29] San Juan [9] Shanafelt [13] Yu, McIntyre [30] "Fast-track training was used to upskill nurses to work in higher acuity areas in anticipation of an influx of seriously ill patients. Yet in some cases, these upskilled nurses did not feel adequately prepared for new roles. Some clinicians, who usually worked in non-clinical areas, were being redeployed to work in clinical areas despite them feeling that their skills were not current, and they required more education." (Digby 4)
		Specific training and protocols on how to use PPE	Need to receive specific training on how to use personal protective equipment	n=10 Adesoye [23] Digby [3] González [6] Halcomb [14] Kabir [15] Kaplan [18] Martin-Delgado [20] Mohindra [24] San Juan [9] Yu, Leung [31] " [Participants reported] [t]he fear of not using PPE properly because of lack of adequate practice (more availability to become comfortable with the same as prevailing norms)." (Mohindra 1)
		Training on telehealth/online teaching	Need to receive specific training on telehealth or online teaching	n=4 Adesoye [23] Ashiru-Oredope [25] Sethi [22] Yu, McIntyre [30] "[Issues identified as barriers to provision of virtual care included lack of physical exam capabilities] lack of familiarity with the different technological systems, logistics of scheduling virtual visits, and difficulties with billing and remuneration." (Jamie Yu 9)

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OCCUPATIONAL NEEDS cont. (n=34)	Training cont. (n=23)	Need to minimize COVID-19's impact on general learning activities including medical education and research	n=5 Adesoye [23] Digby [3] San Juan [9] Sethi [22] Yu, McIntyre [30]	"[M]y [junior medical staff] biggest concern for myself is my training being interrupted, my fellowship examination being postponed and feeling there is zero support or concern from medical workforce around these issues." (Digby 4)
	Adequate supply of appropriate PPE	Need to be able to access an adequate supply of PPE to enable the provision of quality routine care and guarantee adequate occupational safety	n=22 Adesoye [23] Alshmemri [1] Ashiru-Oredope [25] Cao [2] Cipolotti [17] Digby [3] González [6] Halcomb [14] Kabir [15] Kaplan [18] Martin-Delgado [20] Mattila [29] Nguyen [19] Raza [11] Redondo-Sama [27] Ripp [12] San Juan [9] Sethi [22] Shanafelt [13] Wang [34] Yu, Leung [31] Yu, McIntyre[30]	"Personal protective equipment (PPE) was in limited supply at times and there was some confusion about the specific equipment required to be worn in different areas for differing purposes. ... Some non-clinical staff in contact with patients or the public felt that the risk they were exposed to was inadequately assessed and that they should have similar access to PPE as clinicians." (Digby 5)
	Adequate supply of tests and rapid diagnostic	Need to be able to access an adequate supply of tests and to have a rapid diagnosis for all staff	n=8 Adesoye [23] Kabir [15] Martin-Delgado [20] Raza [11] San Juan [9] Shanafelt [13] Yu, Leung [31] Yu, McIntyre [30]	"The lack of diagnostic tests ... were prioritized (on a scale of 0–10) by the participants as the main obstacles faced while caring for patients with COVID-19." (Martin-Delgado 6)

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Key theme	Sub-theme(s)	Description	No. of studies (References)	Illustrative quotes
OCCUPATIONAL NEEDS cont. (n=34)	Occupational health and safety cont. (n=31)	Other Information, resources, and procedures to reduce risk of acquiring COVID-19	Need for other up-to-date information, resources, and procedures to reduce the risk of health care professionals acquiring the infection and/or being a portal of transmission to close contacts	<p>n=24</p> <p>Adesoye [23] Alshmemri [1] Cao [2] Cipolotti [17] Digby [3] Du [33] Elhadi [4] González [6] Halcomb [14] Kabir [15] Kackin [7] Kaplan [18] Martin-Delgado [20] Mattila [29] Mohindra [24] Ow Yong [21] Raza [11] San Juan [9] Simione [35] Stojanov [16] Shanafelt [13] Yu, Leung [31] Yu, McIntyre [30] Zhang [10]</p> <p>"Numerous participants [active members of CAMPR] also remarked on concerns regarding personal health and the health of family members, with fear and anxiety of potential infection or spread of infection evident." (Jamie Yu 11)</p>
	Working conditions (n=24)	Job security, fair pay, and leave	Need for financial stability and support including fair pay and leave and clear human resources policies	<p>n=12</p> <p>Alshmemri [1] Digby [3] Elhadi [4] Halcomb [14] Kackin [7] Kaplan [18] Nguyen [19] Ow Yong [21] Sethi [22] Shanafelt [13] Yu, McIntyre [30] Zhang [10]</p> <p>"A number of issues were raised regarding threatened employment/ lack of job security and employment conditions (fair pay and leave) that in general impact on the nurses' ability to provide quality care during the pandemic. To provide quality care, the participants felt that they required that 'guaranteed work hours are maintained', including a 'reinstatement' or 'retention' of work hours despite changes in the business models of their workplace due to social distancing requirements." (Halcomb 1557)</p>

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OCCUPATIONAL NEEDS cont. (n=34)	Working conditions cont. (n=24)	Reasonable workload	n=13 Alshmemri [1] Cao [2] Cipolotti [17] González [6] Kabir [15] Martin-Delgado [20] Mattila [29] Nguyen [19] Raza [11] Redondo-Sama [27] San Juan [9] Sethi [22] Zhang [10]	"However, participants [front-line healthcare workers] expressed concerns that morale may deteriorate as weeks went by working under strenuous conditions. An important barrier to performing confidently was lack of sleep owing to increased workload to cover staff sickness[.]" (San Juan 6)
		Work shifts	n=10 Alshmemri [1] Cao [2] Cipolotti [17] Digby [3] Du [33] González [6] Kackin [7] San Juan [9] Shanafelt [13] Zhang [10]	"The necessarily frequent changes to process and procedure meant that the work environment could be different from one shift to the next. Some staff, especially nurses, found this difficult to cope with." (Digby 6)
		Remote working	n=5 Ashiru-Oredope [25] Digby [3] Kabir [15] Sethi [22] Yu, McIntyre [30]	"For others with poor internet connection, noisy or distracting housemates (including children), or inadequate physical space and facilities, the home environment was unsuitable and working remotely was difficult." (Digby 4)
		Rest space and change rooms	n=2 Digby [3] San Juan [9]	"Initially, the hospital infrastructure was not equipped with enough space for the change rooms, lunchrooms, and isolation rooms required for the altered conditions." (Digby 5)
		Appropriate and quality patient care	n=8 Digby [3] Kabir [15]	"I [nurse] feel that the quality of patient care has dropped down due to the inadequate equipment, uncertain treatment, and the risk of transmission, so I feel sorry." (Kackin 6)

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PSYCHO-SOCIO-EMOTIONAL NEEDS (n=28)	Access to mental health professionals (n=10)	Need to have access to mental health professionals	Kackin [7] San Juan [9] Sethi [22] Wang [34] Yu, McIntyre [30] Zhang [10]	
			n=10	
			Adesoye [23] Alshmemri [1] Du [33] González [6] Halcomb [14] Kackin [7] Raza [11] San Juan [9] Stojanov [16] Vanhaecht [32]	<i>"All participants [doctors and nurses] reported that hospitals do not have any interventions or help, which could provide psychological and social assistance to HCPs in COVID-19 pandemic. ... 'Literally no one ever thinks of what we are facing in our daily lives. There is no actual channel or helpline for psychologically drained health workers.' " (Raza 7)</i>
PSYCHO-SOCIO-EMOTIONAL NEEDS (n=28)	Self-care (n=7)	Need for organizations to encourage self-care and for professionals to engage in self-care in order to enhance well-being	Digby [3] Du [33] González [6] Halcomb [14] Kackin [7] Sethi [22] Yu, McIntyre [30]	<i>"Achieving adequate self-care was seen to require 'down time with other colleagues', 'hours allocated to staff to maintain staff morale' and a 'longer meal break time, time away from where I am working to debrief myself.' " (Halcomb 1557)</i>
			n=7	
Social support (n=20)	Childcare and family support	Need for support for personal and family needs as work hours and demands increase and schools and day-care closures occur	Cao [2] Digby [3] Kackin [7] Mohindra [24] Ripp [12] San Juan [9] Sethi [22] Shanafelt [13] Simone [35] Yu, Leung [31] Yu, McIntyre [30]	<i>"Schools were closed, staff were teaching remotely during this period and children were expected to do their schoolwork from home. This was an added burden for parents who were attempting to work at home and supervise children at the same time or were leaving older children at home to study unsupervised." (Digby 4)</i>
			n=11	

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Key theme	Sub-theme(s)	Description	No. of studies (References)	Illustrative quotes
PSYCHO-SOCIO-EMOTIONAL NEEDS cont. (n=28)	Social support cont. (n=20)	General social support	Need for social support and/or social connection	<p>n=17</p> <p>Alshmemri [1] Cao [2] Cipolotti [17] Digby [3] Du [33] Elhadi [4] González [6] Halcomb [14] Kabir [15] Kackin [7] Mohindra [24] Raza [11] Ripp [12] San Juan [9] Sethi [22] Yu, McIntyre [30] Zhang [10]</p> <p><i>"Those days that were heaviest, when so many people died, I did not want to go home after work. I could not tell my family what had happened, all the bad things that happened at the care home. ... I talked to a friend who was a priest, about the things that happened. She listened a lot and helped me. I could not relax, could not let go." (Kabir)</i></p>
	General or other psychological health resources or support (n=25)	Need to provide other or general psychological health resources or support to cope with stress, anxiety, and other emotional symptoms	<p>n=25</p> <p>Adesoye [23] Alshmemri [1] Ashiru-Oredope [25] Cao [2] Cipolotti [17] Digby [3] Du [33] Elhadi [4] Feinstein [5] Kabir [15] Kackin [7] Martin-Delgado [20] Mattila [29] Mohindra [24] Ow Yong [21] Raza [11] Ripp [12] San Juan [9] Sethi [22] Shanafelt [13] Simione [35] Stojanov [16] Vanhaecht [32] Yu, McIntyre [30] Zhang [10]</p> <p><i>"Staff welfare, including for those who were not directly involved in the care of COVID-19 patients should also be looked into [...] ...Additionally, they indicated that there would be a need to psychologically support staff to better adhere to social segregation and distancing precautionary measures and this needs to be communicated." (Ow Yong 8)</i></p>	

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