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### Article Details

<table>
<thead>
<tr>
<th>Title (Provisional)</th>
<th>COVID CONFESSIONS: a qualitative exploration of health care workers experiences of working with covid-19</th>
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<tbody>
<tr>
<td>Authors</td>
<td>Bennett, Paul; Noble, S; Johnston, Stephen; Jones, David; Hunter, Rachael</td>
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### Version 1 – Review

| Reviewer                        | María Dolores Braquehais  
|---------------------------------|------------------------------------------------------------------------------------------------------------------|
|                                 | 1) Integral Care Programme for Sick Health Professionals. Galatea Clinic. Barcelona. Spain.  
| Review Returned                 | 07-Sep-2020                                                          |

| General Comments               | This is a very interesting paper as it sheds light on qualitative analysis of subjective experiences of healthcare workers dealing with the COVID-19 pandemic. However, I have some comments that may help the authors improve the quality of the paper and hope help them reconsider some issues related to the implications of their findings.  
|                                | - Abstract: a brief mention or description of CovidConfidential programme should be included before the conclusion title.  
|                                | - Methods: Participants in the study represented a significantly small sample of the target population. A flow chart would help understand how the process was conducted. There is no description of their main socio-demographic characteristics (except for occupation). Representativeness of the sample may be analyzed if the analysis of 54 testimonies are enough to reach some generalized conclusions (although this point should be included as a key limitation of the study and its relevance at the discussion section). More information on the occupational factors related to COVID-exposure including: working in the first line of care (yes/no), location (Emergency, Primary Care, Hospitalization); degree of responsibility; previous trauma exposure; years of clinical experience; etc. Although these considerations may have been addressed when designing the study if would be interesting to consider that narratives cannot be separated from the context where each subject is embedded and with his personal features (e.g: gender, age, etc.) This point could also be included in the discussion section.  
|                                | - Results: The title “Trauma and PTSD” should be limited to “Trauma” or “Traumatic experiences”. Many of them phenomenologically belong to “acute stress response” or to “trauma response”. With regards to the circumstances that confronted them to intense and irremediable suffering of patients and relatives, they could more appropriately be conceptualized as |
“second victim” experiences. It is not clear why the authors chose the concept "collateral damage" when referring to colleagues being exposed to the virus or even being infected in some cases because of lack of protective measures. An analysis on the effect of sex and age (variables that were ascertained in the questionnaire) may be interesting.

Discussion: the aforementioned comments may help the authors reconsider this section of the manuscript. The biggest concern is that it would be daring to consider that, despite its value as any other human testimonies, they are enough to depict the scenario healthcare workers have gone through. Significantly, participation was very low and this should also be discussed. A reflection on how two variables already study (age and gender) influences collected narratives would enrich the study.

It would also be interesting to know what happened to those debriefing psychological distress. Were they contacted afterwards or referred to a some support service.

In summary, the authors need to consider the limitations of the study with regards to the generalization of their findings. This will help to interpret the real implications of their study.

REVIEWER
Laura McMahon
The University of Queensland - St Lucia
Australia

REVIEW RETURNED
17-Sep-2020

GENERAL COMMENTS
Thank you for asking me to review this interesting manuscript on healthcare professionals' experiences with COVID-19 on the frontline. This is a very topical paper.

Abstract:
-I note conclusions (in your abstract) vs discussion (in the paper). Perhaps aligning these could be helpful for readers

Introduction:
-The final 3 sentences pertain directly to your paper and what you were doing. Your discussion around clinical debriefing and establishing covidconfidential is important, however I think that you could introduce why these anonymous stories from workers are so important a little more.
-Covidconfidential seems to be introduced as a platform for recounting experiences. Just wanted to check if it is more for "offloading any negative emotions" or just experiences in general? I think there is room to make this less emotive, if this is the case.

Results:
-clearer headings of your themes would improve readability
-was there any sense of how frequently these 5 themes arose across the 54 responses?
-Given you had pre-recorded stories, it may be hard to elicit if you reached saturation of data? Perhaps this could be acknowledged and suggested as an area for further research?
-Just be cautious that while you are reporting personal and emotive data/quotes, that the results are still reported without interpretation (e.g. “This language of annihilation was used”) -Were there any positive recurring themes in addition to the 5 themes you have identified? Or any statements/stories that were vastly different to the themes you reported?

Discussion:
- I think that the final 2 paragraphs of the discussion could tie back in with your initial introductory statement of wishing to seek a better understanding of the experiences of frontline healthcare workers a little more, just to remind readers of your goal and then summarise your findings of their trauma, plans to leave etc. as you have done.
- Were there any specific recommendations that participants made for health care providers to reduce the impact of COVID-19?
- Just trying to clarify the purpose of the statement "behind many well publicised healthcare scandals, opportunities to address serious health concerns have been missed..." in terms of meeting your aim. Are the participants reporting that there has been a scandal? or that this study has been important in voicing otherwise potentially silent healthcare workers? It could be a little clearer if less emotive potentially.
- I really like the final sentence of the second last paragraph in your discussion about 'bypassing censorship and allowing valuable data to emerge' and I think that you could lead with this idea more throughout this particular paragraph.

General:
- I would recommend using consistent COVID-19 or Covid-19 throughout the manuscript. Also just check the consistency of headings and indentations etc.
- Sorry if it missed it somewhere, but what is ITU and BAME?

I wish you all the best with this paper.

### REVIEWER

| Jo Billings |
| University College London, UK |

| REVIEW RETURNED |
| 10-Oct-2020 |

### GENERAL COMMENTS

Thank you for inviting me to review this study. This was an interesting and timely paper, using a novel methodological approach to rapidly gather qualitative data. There were however several issues which would need to be addressed before the paper would be appropriate for publication.

**Introduction**

In paragraph 2 you set out the concept of ‘debriefing’, presumably as a rationale for your methodological approach, although this is not clear. Debriefing has been consistently contra-indicated as an intervention for preventing PTSD post-trauma exposure (see Rose et al., 2002; National Institute for Health and Care Excellence, 2018). Whilst you have developed some preliminary evidence for the benefits of this intervention for frontline workers in the COVID context in your earlier research, the introduction needs to more clearly justify the rationale for this debriefing approach generally, and specifically as a research methodology.

You report that the data generated through this methodology has a “purity” that data obtained in formal interviews lacks. Whilst there are arguable benefits of open-ended over semi-structured approaches to collecting qualitative data, you cannot assume that this data would be more “pure”. Participants will usually still be writing with a purpose in mind, with their own motivations and agendas, and the absence of an interviewer or facilitator does not allow for clarification of responses. Further, the notion of data being “pure” is not consistent with a qualitative epistemology.
which see experiences and language as either socially constructed, or at least subjectively experienced. This language suggests a realist approach in this research, where an ‘objective reality’ is assumed, which is not consistent with qualitative methodology. It would be reasonable to describe the benefits of this methodology in being participant led and therefore potentially more valid, but not appropriate to describe this as generating more “pure” data.

Methods

The description of the participant sample achieved in your study should be moved to the beginning of the results section. It would also be helpful to provide more information about your sample, including work role, gender and age, as you collected this data on participants.

It would be helpful to provide more context about when the data was collected and what phase of the pandemic this corresponded to. And whether you only included participants from the UK or whether participants may have taken part from outside of the UK.

You state that you received ethical approval for the study, but don’t discuss any of the potentially significant ethical issues raised by this methodology. When workers reported extreme experiences of distress, how did you deal with this? Also, the repository for workers’ stories, Covidconfidential, was seemingly intended as a confidential therapeutic intervention to support workers’ mental health, so please be really clear about how workers gave informed consent for the content of their stories to also be used for research purposes.

The description of analytic procedures is a rather generic description of thematic analysis. It would be more helpful to be transparent about what you did specifically, so another qualitative researcher could try to replicate your methods.

In keeping with inductive thematic analysis, it would be helpful to provide some reflexivity about the research team conducting the research, to enable the reader to better understand the lens through which you have analysed your data.

Did you undertake any validity checks of your data? If so, please include them here. If not, this should be included as a limitation or your study.

Results

The results are interesting to read with good use of illustrative quotes. Your themes also have good face validity with other emerging qualitative research.

In the first paragraph of the results you talk about "themes which appear central to understanding the experience of frontline health and social care staff", however, so far you have only talked about healthcare staff and recruiting NHS workers. Most social care staff would not be employed by the NHS, therefore you need to be clear about whether this group were actively recruited, and if not, not suggest that your themes are necessarily transferrable to them.
You identify trauma and PTSD as a key theme in your results. This is certainly consistent with other emerging literature; however, you cannot assume participants to have PTSD from this methodology. The diagnosis of PTSD can only be made 4 weeks after traumatic exposure and requires specific symptomatology. As you rightly say, participants showed “symptoms of post-traumatic stress” but your theme label suggests that participants were meeting diagnostic criteria for PTSD. It would therefore be better to label this theme as “trauma” or “trauma and post-traumatic stress symptoms” and talk about possible PTSD more tentatively.

Discussion

Whilst you start by saying that the results speak for themselves, it would nevertheless be helpful to provide the reader with a brief summary of key findings!

The discussion makes some good points about the workers’ stories and signposts to important recommendations. However, the authors do not consider their analyses in light of any other literature or guidance. How do the findings of this study fit with other international literature? From this pandemic or those preceding? How do, or don’t, the recommendations fit with existing guidance about supporting NHS workers?

In the limitations section, you state “the NHS comprises…and the data reported purport to represent all views”. Do you mean rather that the data CANNOT represent all views? Nevertheless, representativeness is not a goal of qualitative research and thematic analysis, as we are not seeking to make inferences from a sample to a wider population. Rather, thematic analysis seeks to explore a diversity of views to explore the range of possible views on an experience.

You subsequently state “there was strong concordance between experiences suggesting that these concerns, whilst extreme, are likely to be true”. In qualitative research we do not assume that there is a universal “truth” that can be uncovered. For (a slightly frivolous!) example, even if a large group of people said they thought Trump is a great President, would this make this “true”? It would be more appropriate here to talk about validity.

If these issues can be adequately addressed, then I think this paper could be of interest to the readership of BMJ Open.

VERSION 1 – AUTHOR RESPONSE

Reviewers comments

Before addressing specific issues identified by the reviewers, an overarching series of issues has resulted in a slight re-orientation the paper. The original draft began with a discussion of the clinical utility of emotional expression as a means of reducing distress as well as establishing the data as a qualitative study of frontline staff experiences in the care of covid patients. This original discussion was simply to contextualise the data. However, it led to a number of questions about the method and ethical issues raised by the study which if we were to respond to them all would necessitate a much longer paper. We have therefore reframed the introduction as a qualitative study of workers’ experiences. We have not hidden the link to the previous publication based on the study website but have attempted to disambiguate it from that study.

Despite this change to the paper, we feel the reviewers raise some important points that regardless of the flow of the paper necessitate responses to ease their concerns about some of the ethical issues
raised by the study.
• Participants were informed that their stories would be used as data in any publications.
• The study instructions clearly stated that we were not just wanting people to record trauma stories. The instructions were an invitation to ‘securely and anonymously tell your COVID story: your experiences, emotions, concerns, fears, as well as joyous or transforming experiences in the care of people with covid-19’.
• We took care to safeguard the emotional wellbeing of participants. They were told in the information preceding the consent form and study to consider participation carefully as it may raise emotional issues, and that due to the anonymous nature of the study, we could not identify any people in distress and refer them to support. In addition, participants were asked to complete a brief measure of immediate emotional change following this process, and these data were monitored at intervals through the study to safeguard against any consistent negative effects of the storytelling. Most responses were moderately positive, no adverse responses were recorded, and if they had been we would have closed the study as detailed in the study protocol which received ethical approval. Finally, details of potential sources of support were signposted at the end of the study. These data were reported in our previous letter to the BMJ. The text of the paper now includes these details.

Our responses to other issues raised by the reviewers are detailed below (note where more than one reviewer makes the same point we have only responded to the first of these comments).

Abstract
A brief mention or description of CovidConfidential programme should be included before the conclusion title.
• This is now identified as an anonymous website in the design section.

Introduction
You report that the data generated through this methodology has a “purity” that data obtained in formal interviews lacks. Whilst there are arguable benefits of open-ended over semi-structured approaches to collecting qualitative data, you cannot assume that this data would be more “pure”. Participants will usually still be writing with a purpose in mind, with their own motivations and agendas, and the absence of an interviewer or facilitator does not allow for clarification of responses. Further, the notion of data being “pure” is not consistent with a qualitative epistemology, which see experiences and language as either socially constructed, or at least subjectively experienced. This language suggests a realist approach in this research, where an ‘objective reality’ is assumed, which is not consistent with qualitative methodology. It would be reasonable to describe the benefits of this methodology in being participant led and therefore potentially more valid, but not appropriate to describe this as generating more “pure” data.
• We have deleted this phrase as on reflection it does not reflect the data

Methods
Participants in the study represented a significantly small sample of the target population. A flow chart would help understand how the process was conducted. There is no description of their main socio-demographic characteristics (except for occupation). More information on the occupational factors related to COVID-exposure including: working in the first line of care (yes/no), location (Emergency, Primary Care, Hospitalization); degree of responsibility; previous trauma exposure; years of clinical experience; etc.
• We have added more details on the gender, age and areas of work (identified from the transcripts) reported by participants. However, we are not able to provide the detailed demographics considered here. The aim of the study was to provide a rapidly accessible means of accessing the covidconfidential website with minimal ‘clutter’, and to allow clear confidentiality of those taking part. For this reason, we did not formally ask for detailed occupational information. This weakness is
considered in the discussion. It is also noted that this information could be determined from the stories as recounted. Where participants were not working on the ‘front line of care’ (e.g. one nurse and one doctor working in primary care), their data was excluded from the analysis.

It would be helpful to provide more context about when the data was collected and what phase of the pandemic this corresponded to. And whether you only included participants from the UK or whether participants may have taken part from outside of the UK.

- We have now included this information in the paper

Results

The title “Trauma and PTSD” should be limited to “Trauma” or “Traumatic experiences”.

- This point is well made, and we have deleted any references to PTSD.

With regards to the circumstances that confronted them to intense and irremediable suffering of patients and relatives, they could more appropriately be conceptualized as “second victim” experiences.

- This is now discussed in the discussion.

It is not clear why the authors chose the concept “collateral damage” when referring to colleagues being exposed to the virus or even being infected in some cases because of lack of protective measures.

- The collateral damage was a phrase used by one of the participants, so this seemed appropriate to this context. We would prefer to keep this as the thematic title.

An analysis on the effect of sex and age (variables that were ascertained in the questionnaire) may be interesting.

- We understand the importance of this as a potential analysis, but word limits really preclude this level of analysis in the present study.

In the first paragraph of the results you talk about “themes which appear central to understanding the experience of frontline health and social care staff”, however, so far you have only talked about healthcare staff and recruiting NHS workers. Most social care staff would not be employed by the NHS, therefore you need to be clear about whether this group were actively recruited, and if not, not suggest that your themes are necessarily transferrable to them.

- This was an error. We planned a separate recruitment portal for people working in social services, so no data from this group are reported, recruitment focused on NHS staff, and we have deleted mention of social services.

Were there any positive recurring themes in addition to the 5 themes you have identified? Or any statements/stories that were vastly different to the themes you reported?

- We have noted one additional issue raised concerning participants views on the clap for the NHS phenomenon and that no consistent positive themes were found on analysis.

The description of analytic procedures is a rather generic description of thematic analysis. It would be more helpful to be transparent about what you did specifically, so another qualitative researcher could try to replicate your methods. Did you undertake any validity checks of your data? If so, please include them here. If not, this should be included as a limitation or your study.

- We have added a comment that Regular reflective discussions were conducted (RH/PB) throughout the study in keeping with best practice qualitative methodology and cited Ortlipp (2008).

In keeping with inductive thematic analysis, it would be helpful to provide some reflexivity about the research team conducting the research, to enable the reader to better understand the lens through which you have analysed your data.

- We note the two lead analysts were RH and PB, both of whom are now academics but worked in the NHS as clinical psychologists earlier in their careers.

Discussion
In summation from the referees’ comments, we have
• Specified the limitations of the study more clearly and considered other potentially valuable analyses (including by age and gender)
• Aligned the conclusions between abstract and discussion more clearly
• Acknowledged the problem of achieving data saturation.
• Used less emotive language where appropriate
• Emphasised the issue of bypassing censorship and allowing valuable data to emerge
• Attempted to link our findings to a wider literature, including guidelines for mental well-being of staff.

You subsequently state “there was strong concordance between experiences suggesting that these concerns, whilst extreme, are likely to be true”. In qualitative research we do not assume that there is a universal “truth” that can be uncovered. For (a slightly frivolous!) example, even if a large group of people said they thought Trump is a great President, would this make this “true”? It would be more appropriate here to talk about validity.
• Point taken, thanks.. this is now reworked.

VERSION 2 – REVIEW

REVIEWER Braquehais
Integral Care Program for Sick Health Professionals, Galatea Clinic
REVIEW RETURNED 16-Nov-2020

GENERAL COMMENTS
Once again, the sample bias limits the conclusions that can be drawn from the study in order to assess the impact of COVID-19 on health professionals’ experiences-narratives.

REVIEWER Laura McMahon
The University of Queensland - St Lucia, Australia
REVIEW RETURNED 14-Nov-2020

GENERAL COMMENTS
Thank you for your revisions thus far on this paper. I am pleased to review it again.

Overall the paper is looking good. I would recommend closely proof-reading it prior to final submission as a number of typos, errors and unclear sentences remained.

Abstract:
-Conclusion section --> remains unclear, in particular the final sentence with multiple commas. Please consider matching the headings used: ‘conclusions’ in the abstract versus ‘discussion’ in the body of your manuscript

Introduction:
-you could touch on ‘objectives’ again briefly as you only mention this in the abstract

Method:
-patient and public involvement section --> typo of social media (not medical) in this paragraph
-‘To ensure ethical requirements’ wounds like a word is missing? Perhaps to ensure they are met?
- 'finally, potential sources of support were signposted at the end of the study' is this referring to at the end of your study? or at the end of participants recording their stories?

Results:
- I trust you will include the figure 1 before you submit
- Staff sacrifice and dedication section --> need a space between 'but many were terrified and traumatised' (2nd paragraph starting fears of infection were influenced by experiences.....)

Discussion:
- first sentence could be more succinct (eg. Key findings highlighted that while HCWs shared intensely positive experiences, caring for COVID-19 patients ......)
- On the final page 'The responses to these stories need to be complex...' (add the missing verb)
- also in this sentence 'responses' sounds like you are referring to the participants' stories rather than system changes. Is there a way to distinguish these more clearly? Perhaps an alternative word such as strategies or plans?
- Pathways of communication sentence is quite long and you may want to consider reviewing your comma use or using parentheses to clear it up for readers
- You could afford a quick mention of your original objectives here as it is not mentioned outside of your abstract. Perhaps saying how the data you found clearly met the aim of gathering uncensored stories.
- I really like the new inclusion of information from the NHS Employers website about strategies for change

REVIEWER
Jo Billings
Division of Psychiatry, UCL, UK

REVIEW RETURNED
17-Nov-2020

GENERAL COMMENTS
The authors have made substantial changes which have significantly improved the manuscript. I had one very minor point, which is that the authors do not state a clear research question or aim in the introduction. It would be helpful to set this out clearly for the reader. There is an objective listed in the abstract, but the introduction just states "we report the stories told by the participants". If this can be added then I think the paper suitable for publication.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 2

Comments to the Author
Thank you for your revisions thus far on this paper. I am pleased to review it again.

Overall the paper is looking good. I would recommend closely proof-reading it prior to final submission as a number of typos, errors and unclear sentences remained.

We are grateful for the positive comments. We have proof read the manuscript as requested and endeavoured to correct/ clarify any errors identified or discovered.
Abstract:
- Conclusion section --> remains unclear, in particular the final sentence with multiple commas.

We have rewritten the final sentence as two new sentences to make the conclusion clearer. It now reads;

“In addition to personal experiences of trauma, there were perceptions that many operational difficulties stemmed from inequalities of power between management and front-line workers. Learning from these experiences will reduce staff distress and improve patient care in the face of further waves of the pandemic.”

Please consider matching the headings used: 'conclusions' in the abstract versus 'discussion' in the body of your manuscript.

The heading “Discussion” has been replaced with “Conclusion” in the manuscript as advised.

Introduction:
- you could touch on 'objectives' again briefly as you only mention this in the abstract

We have added the following sentences to the end of the first paragraph:

“Whilst these studies will share commonalities, the experiences, perceptions and values of healthcare professionals may differ according to culture, healthcare system and governmental response to the pandemic. We therefore sought to gain insight into the experiences and concerns of front-line national health service (NHS) workers while caring for patients with covid-19.”

Method:
- patient and public involvement section --> typo of social media (not medical) in this paragraph

This has been corrected.

- 'To ensure ethical requirements' wounds like a word is missing? Perhaps to ensure they are met?

We have rewritten these sentences to read:

“In keeping with standard ethical practice, a Participant Information Sheet was provided. It highlighted that due to the anonymous nature of the study, we could not identify any people experiencing distress as a consequence of participation or their experiences or refer them to support.”

- 'finally, potential sources of support were signposted at the end of the study' is this referring to at the end of your study? or at the end of participants recording their stories?

This is indeed at the end of participants recording their story

We have clarified this by rewriting the sentence:

“On completion of recording their stories, participants were directed to a webpage which provided links to potential sources of support.”

Results:
I trust you will include the figure 1 before you submit

We will

Staff sacrifice and dedication section --> need a space between 'but many were terrified and traumatised' (2nd paragraph starting fears of infection were influenced by experiences.....)

This has been corrected

Discussion:
-first sentence could be more succinct (eg. Key findings highlighted that while HCWs shared intensely positive experiences, caring for COVID-19 patients .....)

This has been corrected as suggested.

-On the final page 'The responses to these stories need to be complex...' (add the missing verb)

We have added the verb “are”

-also in this sentence 'responses' sounds like you are referring to the participants' stories rather than system changes. Is there a way to distinguish these more clearly? Perhaps an alternative word such as strategies or plans?

Thank you.
We have reworded the sentences to begin:
“Any strategic response to these stories would need be complex and multi-factorial,”

-Pathways of communication sentence is quite long and you may want to consider reviewing your comma use or using parentheses to clear it up for readers

Parentheses have been inserted to clarify the meaning.

- You could afford a quick mention of your original objectives here as it is not mentioned outside of your abstract. Perhaps saying how the data you found clearly met the aim of gathering uncensored stories.

We have added an extra sentence to this effect at the beginning of the Conclusion section as follows:

“This study aimed to gain better understanding of the experiences and concerns of front-line NHS workers while caring for patients with covid-19. By using an anonymised online platform, we were able to gain uncensored access to their stories.”

-I really like the new inclusion of information from the NHS Employers website about strategies for change
Thank you.

Reviewer: 1

Comments to the Author
Once again, the sample bias limits the conclusions that can be drawn from the study in order to assess the impact of COVID-19 on health professionals' experiences-narratives.
We have emphasised this in the discussion of the study’s limitations:

“It is important to acknowledge the limitations of this study. The study sample was small, particularly when considering the NHS employs over 400,000 doctors and nurses and while the recruiting tweets were disseminated widely, there is likely to be sample bias since not all healthcare workers engage with social media. The recipients are likely to have been restricted to a particular vocal and engaged sub-group of healthcare practitioners and those who were motivated to engage with the study may have had a particular story they wanted to tell.”

Furthermore this was highlighted in the article summary “Strengths and limitations of this study” at the beginning of the manuscript.

Reviewer: 3

Comments to the Author
The authors have made substantial changes which have significantly improved the manuscript. I had one very minor point, which is that the authors do not state a clear research question or aim in the introduction. It would be helpful to set this out clearly for the reader. There is an objective listed in the abstract, but the introduction just states "we report the stories told by the participants". If this can be added then I think the paper suitable for publication.

We have done this as per our response to Reviewer 2.