

Online Appendix

Table of contents

Search strategies	1
Table 1: Interventions/ recommendations prior to/ in run-up to the crisis: resilience	8
Table 2: Interventions/ recommendations during the crisis: resilience	11
Table 3: Interventions/ recommendations during the crisis: tasks and responsibilities & working conditions	21

Search strategies

PubMed (January 1, 2003 through March 26, 2020)

#	Search terms
1	Medical Staff [MeSH] OR Physicians [MeSH] OR Nursing Staff [MeSH] OR Nurses [MeSH] OR Medical Staff [tiab] OR Physician* [tiab] OR Doctor* [tiab] OR Clinician* [tiab] OR Nursing Staff [tiab] OR Nurse* [tiab] OR Health care Worker* [tiab] OR Health Care Worker* [tiab] OR Health Worker* [tiab] OR Health care Professional* [tiab] OR Health Care Professional* [tiab] OR Health Professional* [tiab] OR Health care Provider* [tiab] OR Health Care Provider* [tiab] OR Health Provider* [tiab] OR Hospital worker* [tiab] OR Hospital Employee* [tiab] OR Medical House Staff [tiab]
2	Disease Outbreaks [MeSH] OR Communicable Diseases, Emerging [MeSH] OR Severe Acute Respiratory Syndrome [MeSH] OR SARS Virus [MeSH] OR Middle East Respiratory Syndrome Coronavirus [MeSH] OR Ebolavirus [MeSH] OR Disease Outbreak* [tiab] OR Pandemic [tiab] OR Epidemic [tiab] OR Emerging Communicable Disease* [tiab] OR Emerging Infectious Disease* [tiab] OR Severe Acute Respiratory Syndrome [tiab] OR SARS [tiab] OR Middle East Respiratory Syndrome [tiab] OR MERS [tiab] OR Ebola* [tiab] OR Corona [tiab] OR Coronavirus [tiab] OR COVID-19 [tiab] OR 2019-nCoV [tiab] OR SARS-CoV [tiab] OR MERS-CoV [tiab] OR Sars-Cov-2 [tiab]
3	Resilience, Psychological [MeSH] OR Fatigue [MeSH] OR Workload [MeSH] OR Mental Health [MeSH] OR Burnout, Professional [MeSH] OR Occupational Health [MeSH] OR Occupational Stress [MeSH] OR Professionalism [MeSH] OR Psychological Trauma [MeSH] OR Fear [MeSH] OR Anxiety [MeSH] OR Adaptation, Psychological [MeSH] OR Resilience [tiab] OR Persever* [tiab] OR Physical Health [tiab] OR Physical Impact [tiab] OR Physical Effect* [tiab] OR Physical Outcome* [tiab] OR Physical Workload [tiab] OR Fatigue [tiab] OR Mental Health [tiab] OR Psychological Health [tiab] OR Emotional Health [tiab] OR Mental Impact [tiab] OR Psychological Impact [tiab] OR Emotional Impact [tiab] OR Mental Effect* [tiab] OR Psychological Effect* [tiab] OR Emotional Effect* [tiab] OR Mental Outcome* [tiab] OR Psychological Outcome* [tiab] OR Emotional Outcome* [tiab] OR Mental Workload [tiab] OR Psychological Workload [tiab] OR Emotional Workload [tiab] OR Wellbeing [tiab] OR Burnout [tiab] OR Burn-out [tiab] OR Occupational Health [tiab] OR Occupational Stress [tiab] OR Occupational Injury [tiab] OR Occupational Disability [tiab] OR Occupational Effect* [tiab] OR Professionalism [tiab] OR Trauma [tiab] OR Traumatic [tiab] OR Fear [tiab] OR Anxiety [tiab] OR Anxious [tiab] OR Stress [tiab] OR Distress [tiab] OR Adaptation [tiab] OR Coping [tiab] OR Stigma [tiab]
4	#1 AND #2 AND #3

Embase (January 1, 2003 through March 26, 2020)

#	Search terms
1	'medical personnel'/exp OR 'medical staff'/exp OR 'hospital physician'/exp OR 'resident'/exp OR 'nurse'/exp OR 'medical staff':ab,ti OR Physician*:ab,ti OR Doctor*:ab,ti OR Clinician*:ab,ti OR 'Nursing Staff':ab,ti OR Nurse*:ab,ti OR 'Health care Worker*':ab,ti OR 'Health Care Worker*':ab,ti OR 'Health Worker*':ab,ti OR 'Health care Professional*':ab,ti OR 'Health Care Professional*':ab,ti OR 'Health Professional*':ab,ti OR 'Health care Provider*':ab,ti OR 'Health Care Provider*':ab,ti OR 'Health Provider*':ab,ti OR 'Hospital worker*':ab,ti OR 'Hospital Employee*':ab,ti OR 'Medical House Staff':ab,ti
2	'epidemic'/exp OR 'pandemic'/exp OR 'emerging infectious disease'/exp OR 'severe acute respiratory syndrome'/exp OR 'SARS-related coronavirus'/exp OR 'Middle East respiratory syndrome coronavirus'/exp OR 'Ebolavirus'/exp OR 'Disease Outbreak*':ab,ti OR Pandemic:ab,ti OR Epidemic:ab,ti OR 'Emerging Communicable Disease*':ab,ti OR 'Emerging Infectious Disease*':ab,ti OR 'Severe Acute Respiratory Syndrome':ab,ti OR SARS:ab,ti OR 'Middle East Respiratory Syndrome':ab,ti OR MERS:ab,ti OR Ebola*:ab,ti OR Corona:ab,ti OR Coronavirus:ab,ti OR 'COVID-19':ab,ti OR '2019-nCoV':ab,ti OR 'SARS-CoV':ab,ti OR 'MERS-CoV':ab,ti OR 'Sars-Cov-2':ab,ti
3	'resilience'/exp OR 'fatigue'/exp OR 'workload'/exp OR 'mental health'/exp OR 'psychological health'/exp OR 'emotional stability'/exp OR 'professional burnout'/exp OR 'occupational health'/exp OR 'job stress'/exp OR 'work capacity'/exp OR 'professionalism'/exp OR 'psychotrauma'/exp OR 'fear'/exp OR 'anxiety'/exp OR Resilience:ab,ti OR Persever*:ab,ti OR 'Physical Health':ab,ti OR 'Physical Impact':ab,ti OR 'Physical Effect*':ab,ti OR 'Physical Outcome*':ab,ti OR 'Physical Workload':ab,ti OR Fatigue:ab,ti OR 'Mental Health':ab,ti OR 'Psychological Health':ab,ti OR 'Emotional Health':ab,ti OR 'Mental Impact':ab,ti OR 'Psychological Impact':ab,ti OR 'Emotional Impact':ab,ti OR 'Mental Effect*':ab,ti OR 'Psychological Effect*':ab,ti OR 'Emotional Effect*':ab,ti OR 'Mental Outcome*':ab,ti OR 'Psychological Outcome*':ab,ti OR 'Emotional Outcome*':ab,ti OR 'Mental Workload':ab,ti OR 'Psychological Workload':ab,ti OR 'Emotional Workload':ab,ti OR Wellbeing:ab,ti OR Burnout:ab,ti OR Burn-out:ab,ti OR 'Occupational Health':ab,ti OR 'Occupational Stress':ab,ti OR 'Occupational Injury':ab,ti OR 'Occupational Disability':ab,ti OR 'Occupational Effect*':ab,ti OR Professionalism:ab,ti OR Trauma:ab,ti OR Traumatic:ab,ti OR Fear:ab,ti OR Anxiety:ab,ti OR Anxious:ab,ti OR Stress:ab,ti OR Distress:ab,ti OR Adaptation:ab,ti OR Coping:ab,ti OR Stigma:ab,ti
4	#1 AND #2 AND #3

PsycINFO (January 1, 2003 through March 26, 2020)

#	Search terms
1	DE "Medical Personnel" OR DE "Nurses" OR DE "Physicians" OR DE "Psychiatric Hospital Staff" OR DE "Clinicians" OR TI "medical staff" OR TI "Physician" OR TI "Doctors" OR TI "Doctor" OR TI "Clinicians" OR TI "Clinician" OR TI "Nursing Staff" OR TI "Nurses" OR TI "Nurse" OR TI "Health care Professionals" OR TI "Health care Worker" OR TI "Health Care Professionals" OR TI "Health Care Worker" OR TI "Health Professionals" OR TI "Health Worker" OR TI "Health care Professionals" OR TI "Health care Professional" OR TI "Health Care Professionals" OR TI "Health Care Professional" OR TI "Health Professionals" OR TI "Health Professional" OR TI "Health care Providers" OR TI "Health care Provider" OR TI "Health Care Providers" OR TI "Health Care Provider" OR TI "Health Providers" OR TI "Health Provider" OR TI "Hospital professionals" OR TI "Hospital worker" OR TI "Hospital Employees" OR TI "Hospital Employee" OR TI "Medical House Staff" OR AB "medical staff" OR AB "Physician" OR AB "Doctors" OR AB "Doctor" OR AB "Clinicians" OR AB "Clinician" OR AB "Nursing Staff" OR AB "Nurses" OR AB "Nurse" OR AB "Health care Professionals" OR AB "Health care Worker" OR AB "Health Care Professionals" OR AB "Health Care Worker" OR AB "Health Professionals" OR AB "Health Worker" OR AB "Health care Professionals" OR AB "Health care Professional" OR AB "Health Care Professionals" OR AB "Health Care Professional" OR AB "Health Professionals" OR AB "Health Professional" OR AB "Health care Providers" OR AB "Health care Provider" OR AB "Health Care Providers" OR AB "Health Care Provider" OR AB "Health Providers" OR AB "Health Provider" OR AB "Hospital professionals" OR AB "Hospital worker" OR AB "Hospital Employees" OR AB "Hospital Employee" OR AB "Medical House Staff"
2	DE "Epidemics" OR DE "Pandemics" OR TI "Disease Outbreaks" OR TI "Pandemic" OR TI "Epidemic" OR TI "Emerging Communicable Diseases" OR TI "Emerging Infectious Diseases" OR TI "Severe Acute Respiratory Syndrome" OR TI "SARS" OR TI "Middle East Respiratory Syndrome" OR TI "MERS" OR TI "Ebola*" OR TI "Corona" OR TI "Coronavirus" OR TI "COVID-19" OR TI "2019-nCoV" OR TI "SARS-CoV" OR TI "MERS-CoV" OR TI "Sars-Cov-2" OR AB "Disease Outbreaks" OR AB "Pandemic" OR AB "Epidemic" OR AB "Emerging Communicable Diseases" OR AB "Emerging Infectious Diseases" OR AB "Severe Acute Respiratory Syndrome" OR AB "SARS" OR AB "Middle East Respiratory Syndrome" OR AB "MERS" OR AB "Ebola*" OR AB "Corona" OR AB "Coronavirus" OR AB "COVID-19" OR AB "2019-nCoV" OR AB "SARS-CoV" OR AB "MERS-CoV" OR AB "Sars-Cov-2"
3	DE "Resilience (Psychological)" OR DE "Health Anxiety" OR DE "Mental Health" OR DE "Mental Status" OR DE "Occupational Health" OR DE "Work Related Illnesses" OR DE "Physical Health" OR DE "Well Being" OR DE "Compassion Fatigue" OR DE "Fatigue" DE "Health Outcomes" OR DE "Psychological Needs" OR DE "Physical Health" OR DE "Physical Strength" OR DE "Professionalism" OR DE "Trauma" OR DE "Emotional Trauma" OR DE "Injuries" OR DE "Post-Traumatic Stress" OR DE "Traumatic Loss" OR DE "Fear" OR DE "Anxiety" OR DE "Stress" OR DE "Environmental Stress" OR DE "Occupational Stress" OR DE "Physiological Stress" OR DE "Post-Traumatic Stress" OR DE "Psychological Stress" OR DE "Distress" OR

	<p>DE "Coping Behavior" OR DE "Adaptive Behavior" OR DE "Stigma" OR DE "Self-Stigma" OR TI "Resilience" OR TI "Persever*" OR TI "Physical Health" OR TI "Physical Impact" OR TI "Physical Effects" OR TI "Physical Outcomes" OR TI "Physical Workload" OR TI "Fatigue" OR TI "Mental Health" OR TI "Psychological Health" OR TI "Emotional Health" OR TI "Mental Impact" OR TI "Psychological Impact" OR TI "Emotional Impact" OR TI "Mental Effects" OR TI "Psychological Effects" OR TI "Emotional Effects" OR TI "Mental Outcomes" OR TI "Psychological Outcomes" OR TI "Emotional Outcomes" OR TI "Mental Workload" OR TI "Psychological Workload" OR TI "Emotional Workload" OR TI "Wellbeing" OR TI "Burnout" OR TI "Burn-out" OR TI "Occupational Health" OR TI "Occupational Injury" OR TI "Occupational Disability" OR TI "Occupational Effects" OR TI "Professionalism" OR TI "Trauma" OR TI "Traumatic" OR TI "Fear*" OR TI "Anxi*" OR TI "Stress" OR TI "Distress" OR TI "Adaptation" OR TI "Coping" OR TI "Stigma" OR AB "Resilience" OR AB "Persever*" OR AB "Physical Health" OR AB "Physical Impact" OR AB "Physical Effects" OR AB "Physical Outcomes" OR AB "Physical Workload" OR AB "Fatigue" OR AB "Mental Health" OR AB "Psychological Health" OR AB "Emotional Health" OR AB "Mental Impact" OR AB "Psychological Impact" OR AB "Emotional Impact" OR AB "Mental Effects" OR AB "Psychological Effects" OR AB "Emotional Effects" OR AB "Mental Outcomes" OR AB "Psychological Outcomes" OR AB "Emotional Outcomes" OR AB "Mental Workload" OR AB "Psychological Workload" OR AB "Emotional Workload" OR AB "Wellbeing" OR AB "Burnout" OR AB "Burn-out" OR AB "Occupational Health" OR AB "Occupational Injury" OR AB "Occupational Disability" OR AB "Occupational Effects" OR AB "Professionalism" OR AB "Trauma" OR AB "Traumatic" OR AB "Fear*" OR AB "Anxi*" OR AB "Stress" OR AB "Distress" OR AB "Adaptation" OR AB "Coping" OR AB "Stigma"</p>
4	#1 AND #2 AND #3

CINAHL (January 1, 2003 through March 26, 2020)

#	Search terms
1	MH "Medical Staff+" OR MH "Medical Staff, Hospital+" OR MH "Nursing Staff, Hospital" OR MH "Nurses+" OR MH "Physicians+" OR MH "Health Personnel" OR TI "medical staff" OR TI "Physician" OR TI "Doctors" OR TI "Doctor" OR TI "Clinicians" OR TI "Clinician" OR TI "Nursing Staff" OR TI "Nurses" OR TI "Nurse" OR TI "Health care Professionals" OR TI "Health care Worker" OR TI "Health Care Professionals" OR TI "Health Care Worker" OR TI "Health Professionals" OR TI "Health Worker" OR TI "Health care Professionals" OR TI "Health care Professional" OR TI "Health Care Professionals" OR TI "Health Care Professional" OR TI "Health Professionals" OR TI "Health Professional" OR TI "Health care Providers" OR TI "Health care Provider" OR TI "Health Care Providers" OR TI "Health Care Provider" OR TI "Health Providers" OR TI "Health Provider" OR TI "Hospital professionals" OR TI "Hospital worker" OR TI "Hospital Employees" OR TI "Hospital Employee" OR TI "Medical House Staff" OR AB "medical staff" OR AB "Physician" OR AB "Doctors" OR AB "Doctor" OR AB "Clinicians" OR AB "Clinician" OR AB "Nursing Staff" OR AB "Nurses" OR AB "Nurse" OR AB "Health care Professionals" OR AB "Health care Worker" OR AB "Health Care Professionals" OR AB "Health Care Worker" OR AB "Health Professionals" OR AB "Health Worker" OR AB "Health care Professionals" OR AB "Health care Professional" OR AB "Health Care Professionals" OR AB "Health Care Professional" OR AB "Health Professionals" OR AB "Health Professional" OR AB "Health care Providers" OR AB "Health care Provider" OR AB "Health Care Providers" OR AB "Health Care Provider" OR AB "Health Providers" OR AB "Health Provider" OR AB "Hospital professionals" OR AB "Hospital worker" OR AB "Hospital Employees" OR AB "Hospital Employee" OR AB "Medical House Staff"
2	MH "Disease Outbreaks" OR MH "Severe Acute Respiratory Syndrome" OR MH "SARS Virus" OR MH "Middle East Respiratory Syndrome" OR MH "Middle East Respiratory Syndrome Coronavirus" OR MH "Ebola Virus" OR TI "Disease Outbreaks" OR TI "Pandemic" OR TI "Epidemic" OR TI "Emerging Communicable Disease*" OR TI "Emerging Infectious Disease*" OR TI "Severe Acute Respiratory Syndrome" OR TI "SARS" OR TI "Middle East Respiratory Syndrome" OR TI "MERS" OR TI "Ebola*" OR TI "Corona" OR TI "Coronavirus" OR TI "COVID-19" OR TI "2019-nCoV" OR TI "SARS-CoV" OR TI "MERS-CoV" OR TI "Sars-Cov-2" OR AB "Disease Outbreak*" OR AB "Pandemic" OR AB "Epidemic" OR AB "Emerging Communicable Disease*" OR AB "Emerging Infectious Disease*" OR AB "Severe Acute Respiratory Syndrome" OR AB "SARS" OR AB "Middle East Respiratory Syndrome" OR AB "MERS" OR AB "Ebola*" OR AB "Corona" OR AB "Coronavirus" OR AB "COVID-19" OR AB "2019-nCoV" OR AB "SARS-CoV" OR AB "MERS-CoV" OR AB "Sars-Cov-2"
3	MH "Fatigue+" OR MH "Burnout, Professional+" OR MH "Mental Health" OR MH "Occupational Health+" OR MH "Mental Status" OR MH "Occupational-Related Injuries" OR MH "Psychological Well-Being" OR MH "Stress, Occupational+" OR MH "Professionalism" OR MH "Trauma+" OR MH "Stress Disorders, Post-Traumatic+" OR MH "Anxiety+" OR MH "Stress" OR MH "Adaptation, Occupational" OR MH "Adaptation, Physiological+" OR MH "Coping+" OR MH "Stigma" OR TI "Resilience" OR TI "Persever*" OR TI "Physical Health" OR TI "Physical Impact" OR TI "Physical

	<p>Effect*" OR TI "Physical Outcome*" OR TI "Physical Workload" OR TI "Fatigue" OR TI "Mental Health" OR TI "Psychological Health" OR TI "Emotional Health" OR TI "Mental Impact" OR TI "Psychological Impact" OR TI "Emotional Impact" OR TI "Mental Effect*" OR TI "Psychological Effect*" OR TI "Emotional Effect*" OR TI "Mental Outcome*" OR TI "Psychological Outcome*" OR TI "Emotional Outcome*" OR TI "Mental Workload" OR TI "Psychological Workload" OR TI "Emotional Workload" OR TI "Wellbeing" OR TI "Burnout" OR TI "Burn-out" OR TI "Occupational Health" OR TI "Occupational Injury" OR TI "Occupational Disability" OR TI "Occupational Effect*" OR TI "Professionalism" OR TI "Trauma" OR TI "Traumatic" OR TI "Fear*" OR TI "Anxiety" OR TI "Anxious" OR TI "Stress" OR TI "Distress" OR TI "Adaptation" OR TI "Coping" OR TI "Stigma" OR AB "Resilience" OR AB "Persever*" OR AB "Physical Health" OR AB "Physical Impact" OR AB "Physical Effect*" OR AB "Physical Outcome*" OR AB "Physical Workload" OR AB "Fatigue" OR AB "Mental Health" OR AB "Psychological Health" OR AB "Emotional Health" OR AB "Mental Impact" OR AB "Psychological Impact" OR AB "Emotional Impact" OR AB "Mental Effect*" OR AB "Psychological Effect*" OR AB "Emotional Effect*" OR AB "Mental Outcome*" OR AB "Psychological Outcome*" OR AB "Emotional Outcome*" OR AB "Mental Workload" OR AB "Psychological Workload" OR AB "Emotional Workload" OR AB "Wellbeing" OR AB "Burnout" OR AB "Burn-out" OR AB "Occupational Health" OR AB "Occupational Injury" OR AB "Occupational Disability" OR AB "Occupational Effect*" OR AB "Professionalism" OR AB "Trauma" OR AB "Traumatic" OR AB "Fear*" OR AB "Anxiety" OR AB "Anxious" OR AB "Stress" OR AB "Distress" OR AB "Adaptation" OR AB "Coping" OR AB "Stigma"</p>
4	#1 AND #2 AND #3

bioRxiv & medRxiv (January 3, 2020 through March 26, 2020)

The possibilities of using search terms in bioRxiv and medRxiv are limited. For now, focus was on COVID-19-related terms in line with a COVID-19 Living Systematic Review (<https://ispmbern.github.io/covid-19/living-review/collectingdata.html>):

ncov OR corona OR wuhan OR COVID OR SARS-CoV-2

A direct link to the search strategy and results (Note: as a result of publication in peer-reviewed journals, studies will disappear from the archive, so the numbers found today may differ from the numbers presented in the current study):

https://www.biorxiv.org/search/ncov%252Bor%252Bcorona%252Bor%252Bwuhan%252Bor%252BCOVID%252Bor%252BSARS-CoV-2%20jcode%3Amedrxiv%7C%7Cbiorxiv%20limit_from%3A2020-01-03%20limit_to%3A2020-03-26%20numresults%3A75%20sort%3Apublication-date%20direction%3Adescending%20format_result%3Astandard

Table 1: Interventions/ recommendations prior to/ in run-up to the crisis: resilience

	INTERVENTIONS / RECOMMENDATIONS PRIOR TO / IN RUN-UP TO THE CRISIS		
First author, year	RESILIENCE		
	Education and training	Resilience training	Perceptions of preparedness
Abolfotouh, 2017		Counselling and incentives to boost morale and maintain levels of service.	Compliance with the recommendations of the WHO; provisions to protect them through infection-control measures, personal-protection practices and anti-viral medications.
Al Ghobain, 2017	Infection control training.		Perception that there is adequate staff in the workplace to handle the increased demand. A clear plan to handle a MERS outbreak (e.g. cancellation of outpatient clinics, visitor restrictions, mandatory wearing of protective measures, etc.).
Andertun, 2017		Training (preparedness / development of strategies) is crucial for safety, managing risks. Feelings of meaningfulness essential to be prepared.	Reliance in a safe, organized effort. Trust in personal protection equipment (PPE) quality.
Belfroid, 2018	Training / simulation provided a feeling of being prepared		Increase feeling of safety when protocols with clear tasks are available and when these are continuously reviewed and improved
Bell, 2017	Lack of training increases feelings of fear		Resource constraints increased feelings of fear and stress
Brooks, 2018	Provide appropriate specialized training to equip workers with skills, knowledge and confidence - i.e. infection control training.	Provide appropriate specialized training to equip workers with skills, knowledge and confidence	
Carvalho, 2019	Multi-professional simulation-based training (5 days, principles of Ebola care, biosafety, high fidelity simulations of procedures,)could reduce anxiety and fear (training: high satisfaction and perceptions of safety)		
Chen, 2005	Give nurses extensive training (infection control and self-protection)		
Lehmann, 2016	preparation and training (lead to high level of health related quality of life): Biweekly mandatory training including decontamination procedures, technical aspects and emergency training.		
Li, 2018		*strengthen psychological exercise	
Liu, 2019	safety training		Targeted measures, proper responses, and good community support can effectively lower stress to ensure the nurses' physical and mental health, (and enable them to play better roles during international aid missions)

	INTERVENTIONS / RECOMMENDATIONS PRIOR TO / IN RUN-UP TO THE CRISIS		
First author, year	RESILIENCE		
	Education and training	Resilience training	Perceptions of preparedness
Lu, 2006	Training in preventing infection; learn how to cope with stress		
Marjanovic, 2007	Teaching nurses new working strategies that could help them		
Marrs, 2019	Simulation-based exercises and Team STEPPS (e.g. inter-professional teamwork) could directly address this deficiency and enhance existing high consequence infectious diseases training plans by increasing health care worker self-efficacy and decreasing anxiety A simulated environment used in this program allowed subjects to practice clinical skills while donned in first responder PPE without harming actual patients, team members, or oneself		
Maunder, 2004a	Established trust in a source of information prior to a crisis increases that source's credibility during crisis.		
Maunder, 2006		Effective staff support may be a primary target to bolster the resilience of healthcare workers who will face future outbreaks. Effective moral or psychological support typically occurs in the context of trusted professional and institutional relationships, which should ideally be established before the outbreak situation.	<ul style="list-style-type: none"> - Effective support benefits from careful planning and preparation before an outbreak. - Engaging staff in collaborative planning for future outbreaks may reduce the tendency to cope by means of avoidant strategies and may enhance coping through problem-solving and peer-support. - Reducing patient-to-nurse ratios (pre-pandemic). - Increasing organizational characteristics that increase nurses' autonomy, flexibility, control over practice, and perceived empowerment. - Anger and blame directed toward others (hostile confrontation) or oneself (self-blame) may be reduced in a working environment that fosters positive working relationships through effective leadership.
Maunder, 2003			Strong pre-existing relationships among psychiatrists, administrators, nurses and social workers > helpful in crafting flexible and responsive solutions to changing demands and stresses on staff, patients and families.
O'Boyle, 2006	adequate training, drills, order and structure amidst chaos		Develop emergency prepared plans. Preparations for emergencies should include assessments of nurses' and other stakeholders' concern. hospital leadership
Smith, 2017			personal protective equipment (PPE) protocols

	INTERVENTIONS / RECOMMENDATIONS PRIOR TO / IN RUN-UP TO THE CRISIS		
First author, year	RESILIENCE		
	Education and training	Resilience training	Perceptions of preparedness
Speroni, 2015a	training of nurses and ancillary service staff to safely provide care for confirmed and/or PUI EVD patients		
Speroni, 2015b	Education, training, needed to ensure safe donning/doffing		the structures and processes (i.e. in protocols) should be grounded by effective, evidence-informed communication strategies
Tam, 2004			Healthcare workers needed to be "altruistic and brave" (public pressure)
Wong, 2005	Health authorities should plan ahead of time to provide proactive psychological support for staff *psycho-educational programmes in emergency preparedness training. programme should help staff deal with issues of isolation and stigmatization, adopt proactive approaches to manage work fatigue and workload stress, help staff to deal with anxiety and depression, and develop good coping skills.		
Bhagavathula, 2020			Relying on authentic sources is a key factor in believing transparent information about

Table 2: Interventions/ recommendations during the crisis: resilience

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
Bai, 2004	Timely SARS information to reduce uncertainty and minimize stigmatization		Despite informal support and education, there is a need for professional psychosocial support		
Belfroid, 2018					Use team- members as an outlet for emotions / feelings to reduce stress levels
Bournes, 2005	Focused communication mechanisms using a variety of media increases persevering through difficult times		Solid personal and professional support increases persevering through difficult times		Continuously cultivate collegueship and teamwork to increase persevering through difficult times
Brooks, 2018	Provide web-based support and information to equip workers with skills, knowledge and confidence - i.e. infection control training. This also reduces feelings of social isolation Also emphasize the positive things of working in a crisis: personal growth.		Develop occupational health policies and support systems to promote psychological wellbeing. Evaluate and address psychological distress during the crisis.		Try to do everything to enhance camaraderie and team cohesion - this also reduces feelings of social isolation
Bukhari, 2016			Provide professional psychosocial support interventions to reduce worries and fear		
Chan, 2004			Stress management programmes, critical incident stress management and peer support programmes.		Support services are essential; these should be flexible, collegial and varied in form.
Chan, 2005	Education for nurses about infection, control and crisis management.	Provide a communication system between management and frontline workers.	Counselling services (manage stress and anxiety)		
Chen, 2005				Screening at-risk nurses for distress so that psychological intervention can be provided	
Chen, 2007				Psychological counselling for long-term follow-up (more than 1 month) of employee mental status.	Support social functioning (friends) after shifts.
Chen, 2006	In-service training including nursing care; information daily update				

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving by professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
Chua, 2004	100% attendance infection-control training necessary				
Fiksenbaum, 2006 Gearing, 2007	Organizations should create and maintain strong support networks to reduce the influence of stressors				
Hewlett, 2005	biomedical training and knowledge about the disease	providing knowledge (biomedical and traditional) to common people because with knowledge, stigmatization decreased and cooperation increased			
Grace, 2005	Timely information sharing; staying informed about SARS		psycho-social support to help physicians cope with their fear of infectivity and the risks to their families		
Imai, 2005	adequately training healthcare workers in the use of personal protective equipment is an important				
Jeong-Sil, 2018	On outbreak of disease: establish a protocol/guidelines and equipment (by gov./hosp.) Educate nurses				
Kang, 2018	burden: frequent changing guidelines and protocols beneficial: share experience and good examples of care	provide information quick and easily, using e.g. app-systems	concerns for safety and discomfort of wearing protection materials are causes of burden		urgent need for (peer) support, share experiences of good and bad care situations
Khalid, 2016			Fear of being infected among healthcare workers reduced by positive attitudes in the workplace, clinical improvement of infected colleagues, and stoppage of disease transmission among healthcare workers after adopting strict protective measures		stress among healthcare workers is alleviated by strict infection control practice guidance and provision of personal protective equipment.

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
Kim, 2016			Job-related Stress was the most important determinant of burnout		personal protective equipment in alleviating their stress
Kim, 2018	Constant executive and societal rewards are important to persevere during the crisis.				Comradery and good teamwork was of great support
Lai, 2020			Interventions to promote mental well-being in health care workers need to be immediately implemented, with women, nurses, and frontline workers requiring particular attention.		
Lee, 2005	Offer a regular education program (without frequent changes in infection control measures and the documentation process).	Provide briefing sessions after a work day (in safe, quiet, independent meeting place)			Psychiatric service helped to manage stress.
Lehmann, 2016	*knowledge should be given to staff who are & who are not directly involved in treatment of infected patients *provide proper communication with public to reduce fear and anxiety (by gov).				
Li, 2018			To give professional psychological counselling and health care for team member if necessary; provide mental health support to relieve anxiety		
Li, 2020	transparent announcement of epidemic information can facilitate psychological treatment			the society and psychotherapists should actively pay more attention to the psychological problems of FLNs	
Lin, 2007	Offering prompt and authoritative information at the beginning of the outbreak		Flexible and non-intrusive psychiatric intervention; psychological support, sufficient resources and definite procedures should be available immediately; providing support and education		Comfortable environment to share their reactions to tremendous stress
Liu, 2019	reliable and timely scientific evidence can help the medical staff to lower their feelings of unsafety, face the risks, and relieve unnecessary stress.;	Full cooperation between the medical team and local	This medical team had a psychological counsellor and the nurses were encouraged to confide and seek timely, positive help		Before the team was dispatched, the hospital arranged counselling, sleep guidance, social etiquette training, and verbal English

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
	The medical team members can obtain updates about the disease and ensure smooth information flow so that all involved can properly understand the risks.	hospital in both the front- and rear lines; close communication			training for the nurses to reduce possible sources of stress; The hospital also provided sleep aids and improved food to help the nurses relieve stress symptoms; the support from family and the hospital helped them feel relaxed.
Liu, 2012			Altruistic acceptance of risk was found to decrease the odds of having a high current level of depressive symptoms. Spend time in quarantine, may be at elevated risk for depression, even over the long term.		
Marjanovic, 2007					Making organizational supports congruent with nurses' specific needs, and by helping nurses reduce feelings of uncertainty and fear when these crises occur
Maunder, 2004a	Adequate training. Clearly communicating risk information; acknowledge substantially different levels of awareness of knowledge among expert investigators, clinicians, public officials and the lay public.			The costs of interpersonal isolation need to be borne in mind when widespread infection control procedures are implemented (isolation increases stress).	- Positive influence on the well-being of healthcare workers through contact with the popular media (e.g. description of nurses as heroes). - Measures to increase communication and interpersonal support to mitigate the inevitable stress of the situation; enhanced use of email and hospital intranet and Internet facilities, telephone messaging, 'buddying' of healthcare workers in higher risk areas, formal and informal telephone and fax networks (especially for quarantined workers), and telephone helplines.

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
Maunder, 2006	Responsive communication.		<ul style="list-style-type: none"> - Enhanced support and training may reduce burnout and posttraumatic stress. - Interventions that reduce maladaptive coping may decrease prolonged suffering. 		<ul style="list-style-type: none"> - Opportunities for facilitated reflection on normal emotional responses to extraordinary stress. - Opportunities for mentorship or "buddying" with more experienced colleagues may be useful.
Maunder, 2003	<ul style="list-style-type: none"> - Immediate clear information in repeated, succinct messages. - A pamphlet identifying signs of anxiety and stress and information about support resources, which was distributed to every nursing unit and program area. - Modification of infection control procedures and public health recommendations day by day, and sometimes hour by hour, increased uncertainty (= negative). - The perception of personal danger was heightened by the known lethality of the syndrome and intense media coverage of the outbreak and its effects (= negative). 		<ul style="list-style-type: none"> - Psychiatric staff who were on the units to see patients lingered to chat with staff. - Informal individual contacts between psychiatric staff and colleagues in medicine, surgery and administration in which simple gestures of support and advice (+ also another psychiatrist with whom they had no working relationship). - A confidential telephone support line staffed by inpatient psychiatric nurses for all hospital staff . 	<ul style="list-style-type: none"> - Conflict between their roles as health care provider and parent (= negative). - Quarantine > concerns about personal safety, transmitting to family members, stigmatization, interpersonal isolation (= negative). 	<ul style="list-style-type: none"> - Leadership by example, when leaders advocate and use peer support. - Aggressive attempts to educate staff and patients about the impairment that results from sleep deprivation and to treat insomnia. - Staff members were discouraged from interacting outside the hospital with colleagues and staff meetings were discouraged, at a time at which people wished to seek each other out for support (= negative).
O'Boyle, 2006	accessible information and content experts should be available		Emotional and physical support to improve coping abilities during emergency	specific measures to improve safely, reduce anxiety, and increase trust in hospitals	communication with nurses' families
Poon, 2004			Mean anxiety levels were higher among workmen, health care assistants, and nurses than among administrative staff controls or doctors. Anxiety scores were correlated with burnout scores, with contact with patients who had SARS, and with discomfort from wearing protective gear.		
Rambaldini, 2005	effective communication needs to focus among others		the restriction in social interaction easily result in isolation, need for optimal communication		

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
	on risk of infection and related anxiety, specific topic that are relevant for the specific care for patients with SARS , protocols, use various forms		and support that are tailored to the social isolation or quarantine.		
Raven, 2018	open communication between held care workers, using social media platforms like WhatsApp, is helpful to cope with the impact of Ebola. it serves like kind of peer support		supportive supervision is an important source of being able to continue providing care		Several important coping strategies based upon existing mechanisms included: being sustained by religion; a sense of serving their country and community; and peer and family support. Externally derived strategies included: training which built health worker confidence in providing care; provision of equipment to do their job safely; a social media platform which helped health workers deal with challenges; workshops that provided ways to deal with the stigma associated with being a health worker; and the risk allowance, which motivated staff to work in facilities and provided an additional income source
Shih, 2009	Clear communication pathways are essential. Nurse leads need to be media say, distinguish adverse and supportive media fast. Provide tangible rewards				
Sin, 2004	Executive/directive information important to help professionals to cope with the situation				Availability of someone to talk to (ventilating concerns): supervisors or colleagues helps professionals to cope with the situation.
Son, 2019a		Clear, accurate, and timely	special program for their employees to share what they were emotionally experiencing and		

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
		communication is known to enable informed decision-making and cooperation within the hospital (on all levels)	issues that troubled them organised by center for empathy		
Son, 2019b			resilience-building programs with debriefing sessions and interdisciplinary effective communication that are focused on facilitating individuals' ability to cope with crises, relieving the intensity of the negative emotions adjusting the perceived level of risk and maintaining positivity (although better for non-healthcare workers, but also good for healthcare workers).		
Speroni, 2015a	training of nurses and ancillary service staff to safely provide care for confirmed and/or PUI EVD patients				
Speroni, 2015b	Education, training, needed to ensure safe donning/doffing				
Styra, 2008	Implementing systems for communication between healthcare workers and administration; confidence in the information provided		Involvement of occupational health experts		
Tam, 2004	Professionals needed clear guidelines.		Psychological support from employers.	Monitor in order to detect symptoms early (sleep disturbance to reflect difficulties in adjusting with stress) to be able to act promptly	Professional counselling for frontline Healthcare workers should be promoted.
von Strauss, 2017	information adapted to the mission, to do lists, acts; in-depth information to give to family and colleagues		Professional counselling for frontline healthcare workers should be promoted.		
Wong, 2005			the more frequently adopted coping strategies were acceptance, active coping, and positive framing		staff should be prepared psychologically to deal with potential stress by group

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
					interviews before going into SARS wards
Wu, 2008	Too much exposure to media coverage during crisis increase risk for alcohol abuse				
Wu, 2009	Altruistic acceptance of risk is negatively related to PTSS.				
Xiao, 2020	Establish psychotherapy teams as early as possible: Pro-actively evaluate anxiety, stress and sleep quality and provide individually targeted interventions				
Bhagavathula, 2020	Updates posted online by official government health authorities had positive implications for improving healthcare workers' knowledge levels; Social media as a source of information with unverified malicious information, can spread quickly and can misguide healthcare workers. Healthcare workers should carefully evaluate COVID-19-related information and should use scientific and authentic content as information sources. Educational campaigns that target healthcare workers and the wider population are necessary.				
Zhu, 2020	Online relaxation techniques. 5.0 % of Health care workers joined in suggesting more psychosocial interventions and follow-up programs are needed. The risk of anxiety, depression, and acute stress tended to				

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS				
First author, year	RESILIENCE				
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals	Form and content of (psychosocial) support
			increase with increasing years of work; Psychological intervention strategies according to different risk levels of HWs. Keep track of the mental status of those HWs who were confirmed or suspected patients themselves or suspected patients in their family; the exercise habit was associated with a lower risk of anxiety symptoms, suggesting that physical activity helps alleviate psychological impact. HWs in isolation wards have a more pronounced risk of stress.		
Huang, 2020			Women have significantly higher levels of depression, anxiety, and loneliness than men (related to gender traits); Hospitals should focus on providing psychological support to nurses; providing timely psychological assistance; training in coping strategies; providing adequate medical protective equipment.		Taking a variety of interventions to block the spread of infectious diseases to form a medical environment where COVID-19 stops spreading in hospitals. Create an optimistic environment and guarantees for personal safety for nurses.
Liu, 2020			Compliment medical personnel for their dedication in fighting COVID-19, which could encourage medical workers and make them feel honoured and proud to participate in this difficult mission, authorities should also focus on implementing measures to target workers' mental health; government and healthcare authorities should proactively implement appropriate measures, such as providing psychological counselling services, to prevent, alleviate or treat increased anxiety among medical staff during the COVID-19 epidemic	Governments should focus on potential psychological problems among suspect cases in medical staff, and provide effective mental health measures to alleviate suffering	
Qi, 2020			Interventions should be administrated for frontline medical workers aiming to maintain their healthy condition and guarantee their professional performance. Exposure to long working hours and irregular work shifts may attribute to stress, fatigue and chronic diseases		
Khee, 2004					Group sessions seemed helpful; they brought upon a

	INTERVENTIONS/ RECOMMENDATIONS DURING THE CRISIS			
First author, year	RESILIENCE			
	Information (receiving for professionals)	Information (providing by professionals)	Psychosocial support and treatment	Monitoring health status of professionals
				Form and content of (psychosocial) support source of mutual support and also understanding among all which greatly impacted the overall strategies utilized in the battle against SARS.
WHO, 2019		A blame-free environment in which health workers can report on incidents; report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health; advise management if health workers are experiencing signs of undue stress or mental health challenges that require supportive interventions.	Allow health workers to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health and protect health workers exercising this right from any undue consequences; access to mental health and counselling resources	

Table 3: Interventions/ recommendations during the crisis: tasks and responsibilities & working conditions

	INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS									
First author, year	TASKS AND RESPONSIBILITIES			WORKING CONDITIONS						
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
Al-Dorzi, 2016	A nurse was assigned to screen all staff and visitors on symptoms.	The nurse-to-patient ratio was mostly 1:1, except for one patient on ECMO (2:1). Also, 1-2 additional nurses were deployed in each unit to assist in procedures.		Rotating residents were not allowed to work in the ICU (only attending staff). Two pregnant ICU nurses were redeployed to low-risk units.						
Bai, 2004							Provide suitable accommodation to health professionals who are concerned about infecting loved ones. Yet, staff in quarantine has a higher risk on acute stress and early termination of working in healthcare			
Belfroid, 2018				Use of buddies to put on and check protective						

	INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS									
First author, year	TASKS AND RESPONSIBILITIES			WORKING CONDITIONS						
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
				equipment are highly appreciated						
Chan, 2005		Work allocation and scheduling should be reviewed to relieve nurses' stress.	Vacation leave may have to be granted to some needy nurses.							
Chen, 2005									Adequate compensation (for work and risk)	
Chen, 2007		Total number of hours of care might be a significant predictor of mental health (reasonable duty schedules needed)	Shifts: 1-2 week of care; 2 weeks of self-quarantine and 2 weeks of duty.			Discrimination against Healthcare workers (because of their work with SARS patients)				
Chen, 2006			Rescheduling holidays for sufficient rest time							
Gearing, 2007	Significant/leading role of social workers in interdisciplinary teams to support hospital staff, and patients and their families (positive)									
Grace, 2005					support or discussion group through the use of web-based technology; talking to others/increased collegiality and					

INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS										
First author, year	TASKS AND RESPONSIBILITIES		WORKING CONDITIONS							
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
					teamwork→ camaraderie, courage, professionalism, dedication to patient care, altruism, cooperation, mutual support, unity in a common cause, the spirit of pulling together through a crisis					
Jeong-Sil, 2018						need for social support to encourage healthcare workers to stay committed to patient care while struggling with infectious diseases → provide accurate information (by gov.) to prevent vague public fear which could lead to misunderstanding and prejudice against healthcare workers. In terms of stigmatization regarding medical staff: social phenomenon of people avoiding not only hospital healthcare workers but also their families in fear of infection			Respect the autonomy of nurses: provide sufficient compensation and safety mechanisms to facilitate their participation in patient care	

	INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS									
First author, year	TASKS AND RESPONSIBILITIES		WORKING CONDITIONS							
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
Kang, 2018		Be aware of burnout over time because of the heavy workload								
Lai, 2020	Pressure on nurses when they were assigned to join the SARS team (negative)									
Lee, 2005	Senior nurses mentoring the junior nurses.		Reasonable staffing/shift	Pressure on (some) nurses when they were assigned to join the SARS team.	Importance of meetings to improve teamwork and reduce conflict between doctors and nurses	Conflict between their duty and their own safety in the workplace; Nurses suffered from stresses related to worries about colleagues, patients and family members. Death of the head nurse as a major stressor. (GRIEF)	Tension (because of limited availability of rooms/bed etc.) between doctors and nurses hurting the relationship.	Having adequate and sufficient protective equipment is most important.	Bonus pay for dangerous work	Engaged health promoting behaviours (more rest, exercise and balanced diet). Part of coping strategies of nurses.
Lehmann, 2016			Shorter shift durations (<12 hours) may entail lower levels of fatigue							
Li, 2020	Adopt various levels of interventions for frontline nurses during the diverse stages of medical support for patients (positive)									
Liu, 2019			Reasonable shift arrangements were adopted to avoid							

INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS										
First author, year	TASKS AND RESPONSIBILITIES		WORKING CONDITIONS							
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
			fatigue at work							
Maunder, 2004a						Reassurance of healthcare workers that their livelihood is not at risk if they are not able to work owing to illness or infection control precautions.		Adequate supplies of personal protection equipment.		
Maunder, 2004b	Being assigned to unfamiliar tasks (negative). Doing work within usual area of competence and expertise (positive).				Perceived stigma and disrupted contact with colleagues (negative).			Positive view on protective equipment and hospital procedures and resources (positive).		
Maunder, 2006	Opportunities for healthcare workers to contribute to decision-making in the workplace.									
Maunder, 2003	Staff members not involved in patient care were deemed non-essential and asked to stay at home > felt isolated and ineffective (= negative). Rather redeployed roles, felt more satisfying.		Blurred line between staff and patients > caring for colleagues increased anxiety of competences and skills (= negative).	- Senior staff acting as role models by making use of support services and bringing others with them. - Efforts to overcome interpersonal isolation, from sharing jokes on the nursing station to conference calls.			A drop-in lounge in an open setting with soothing music, comfortable chairs and snacks.	Being well-equipped, maximally protected by isolation precautions. Provision of appropriate equipment and supplies.	Staff were prevented by provincial directives from working in multiple institutions, which imposed a financial burden on staff whose income depends on working in several	Eating and drinking, which require removing a mask, were done alone or outside the hospital (= negative).

INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS										
First author, year	TASKS AND RESPONSIBILITIES		WORKING CONDITIONS							
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation institutions (= negative).	Possibility to eat and drink
O'Boyle, 2006		Triage system to process patients based on acuity and ethical principles (positive)		novice nurses work with senior nurse to enhance safety		increased security to protect nurses and commitment from institutions to take care of ill or injured nurses.	a quiet area as respite from the clinical environment and a place to sleep	methods to protect themselves, their families and patients is crucial	a system to prepare and compensate for potentially loss of staff	Food and water necessary for continued functioning
O'Sullivan, 2009		Awareness of feelings of guilt due to personal (e.g. fear to infect others) and professional (e.g. obligation to work) dilemmas (positive)								
Smith, 2017	Successful patient care (positive)				behavioural health worker available for counselling services and informal conversations/positive team environment/Discussion on mental health focused on compassion fatigue; personal interest; group training activities; informal conversations					
Son, 2019a								For a safe environment: providing appropriate protection measures for		

INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS										
First author, year	TASKS AND RESPONSIBILITIES		WORKING CONDITIONS							
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
								hospital workers and their families		
Son, 2019b								providing protection (e.g., vaccines, protective clothing), especially healthcare workers to build resilience		
Speroni, 2015b								space for voluntarily caring for patients with external ventricular drains; possibility to opt out	Specialized teams/trained staff with proper techniques and equipment	
Styra, 2008					buddy system (pairing an experienced healthcare workers with a less experienced healthcare worker); opportunities for healthcare workers to exchange and address concerns,					

	INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS									
First author, year	TASKS AND RESPONSIBILITIES			WORKING CONDITIONS						
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition share strategies	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
Tam, 2004	Willingness to work on SARS units might prepare healthcare workers better to cope with psychological stress.				Adequate effective team communication and feedback.	Avoiding close social contact (transmitting infection) was increasing stress of healthcare workers. Providing a safe and well-structured work environment will minimize the acute stress effect & will foster resilience of health care workers' mental status		Worries that protective measures were inadequate (more than worries about direct exposure to SARS patients).	Adequate practical support: insurance, compensation	
von Strauss, 2017	need for practical exercises specific for the task	Reduction of workload (positive)				Healthcare worker needed to be "altruistic and brave"				
Wu, 2008		Awareness of long lasting mental health consequences, such as alcohol abuse (positive)				Being quarantined during the crisis increased the risk for alcohol abuse				
Wu, 2009		Awareness of long lasting mental health consequences, such as alcohol abuse (positive)				Being quarantined during the crisis increased the risk for post-traumatic stress syndrome				
WHO, 2018	Advanced task planning (positive)									

INTERVENTIONS / RECOMMENDATIONS DURING THE CRISIS										
First author, year	TASKS AND RESPONSIBILITIES		WORKING CONDITIONS							
	Tasks / responsibilities / task mix	Intensity / weigh of tasks and responsibilities	Work pattern	Team composition	Team building	Open and safe work culture	Rooms and facilities	Availability of materials	Compensation	Possibility to eat and drink
WHO, 2019			maintain appropriate working hours with breaks					An adequate supply of protective gear.	Medical coverage for all medical personnel and their families was imperative.	Sufficient food.