The World Health Organization (WHO) released a worldwide public health alert on the emergence of a new epidemic viral disease, called the novel coronavirus SARS-CoV-2 (COVID-19)(1). The fast spread of the disease made it clear that it was a pandemic we were facing. As we speak, more than four million people in more than 100 countries have been infected and almost 300,000 have died (1). The COVID-19 virus is very contagious and transmits by droplets and spreads e.g. when a person coughs or by contact (2).

In Denmark, the initial stage for handling the COVID-19 pandemic started late February where the Danish Health Authority expand the numbers of hospitals that could handle COVID-19 patients. Preparing for an increasing number of patients suspected with COVID-19 but at the same time also prepare to deal with an increasing numbers of severely ill patients suffering from COVID-19 the Danish Healthcare System had to undergone major restructuring (3). To ensure adequate staffing and resources during the pandemic the restructuring of Danish Healthcare System in the hospitals healthcare professionals were put into an unprecedented situation having to be allocate to new and different task in different settings.

Several factors may influence healthcare professionals in doing essential service during the pandemic. When healthcare professionals are working in the frontline it is crucial that the healthcare professionals caring for the COVID-19 patients, possess an enhanced knowledge of hygiene and additively use protective equipment such as face masks and visors to avoid becoming infected (4). Furthermore, a redeployment of some healthcare professionals to quickly to develop new skills caring for severely ill COVID-19 patients while others are in their usually workplace but doing other tasks.

The framework for the project is based on a person-centred approach and practice, which is a relational practice that is established through good relationships between all health professionals, patients / citizens and relatives. The person-centred approach is supported by values such as: mutual respect and understanding, respect for the individual and the right to self-determination McCormack and McCance(5). The person-centred approach is inspiration for the interview guide used in the project.

**Aim**

Investigating experiences and attitudes about changing work tasks and work culture changed by the Covid-19 pandemic in health professionals with direct patient contact.

Subproject 1 seeks to answer the following five research questions:

- Preparation: How well did you feel prepared for the new tasks you were to perform?
- Cooperation / Terms: How has it been to be redeployment / home in readiness in COVID-19 period?
- Tasks: How does the COVID situation affect / influence your tasks?
- Contact with COVID patients: How have you experienced having to undertake the care and treatment of potential / verified COVID-19 patients?
- Leadership: How did you experience leadership in relation to the COVIP-19 period?
Method
The study is a descriptive study using semi structured focus group interviews to collect data. Since the study includes health professionals from eight departments and we aimed to collect reflected experiences from as many people as possible we chose semi-structured focus-group interview. The primary goal of this method is to use interaction data from discussions among participants to increase the depth of the inquiry and unveil aspects of the phenomenon assumed to be otherwise less accessible (6). The focus-group interview thus provide a setting for the relative homogeneous group to reflect on the question asked by the interviewer. It is suitable when collecting data as experiences and from several persons and you are looking for the knowledge that is generated by the dynamic effect from the participants’ reflections. Group interactions may accentuate members’ similarities and differences and give rich information about the range of perspectives and experiences.

The group interviews were to be held at the hospital. A person from our research group conduct the interview while another acts as observer and made sure time schedule is kept. Each group interview have eight participants representing different disciplines as nurses, doctors, physiotherapists etc. Each department will have one or more group interview depending on how large the department is. Participants are health professionals working in clinical settings and whose work is/ has been affected by the COVID-19 –situation.

The interviews are recorded and transcribed verbatim.

Analyses
The chosen analysis-strategy is Thematic Analysis (TA) as recommended by Braun and Clark(7). TA is an accessible and theoretical flexible method of qualitative analysis that gives the researcher a method for systematically identifying, organizing and offering insight into patterns of meaning (themes) across the data set.

Furthermore, TA is an inductive approach to data coding, and analysis is a bottom-up approach driven by what is in the data.

The analysis process consist of a six-phase approach, which, according to Clarke and Braun, should not be viewed as a linear model, where one cannot proceed to the next phase without completing the prior phase; rather analysis is a recursive process (Clarke and Braun 2013).

The six phases are;

1. Familiarization with the data: The researchers become familiar with all the transcripted data by reading it and noting initial analytic observations.
2. Coding: The coding involve generating initial labels for important features of the data of relevance for the research question. The codes capture both a semantic and a conceptual reading of the answers. The researchers code data and in the end of the phase their codes are collated and extracted.
3. Searching for themes: A group of researchers search for common themes across all interviews. By collating the codes the researchers construct XX initial themes. This is an active process driven by identifying similarities in the data.

4. Reviewing themes: The researchers reflect on whether the constructed themes tell a convincing and compelling story about the data and begins to define the nature of each individual theme. During the process, it is necessary to collapse as well as split some of the initial themes, which result in a new process of theme development.

5. Defining and naming the themes: A detailed analysis of each theme is conducted. Hereby the essence of the found themes are identified and a concise and informative name for each theme is constructed.

6. Writing up: The writing-up involved weaving together the analytic narrative and data extracts to tell the reader a coherent and persuasive story about the data. By that, the writing has been an integral element of the analysis process.

Participants
Health professionals represented being directly involved in care and in Covid-19 emergency from eight departments were invited to participate in a focus-group interview (ref). Types of focus groups are stratified with inspiration from (8). In the stratification, emphasis is placed on variation in relation to ensuring diversity in the focus groups (9), thus creating a dynamic and interactive relationship in the groups (10).

The specific departments assess which and how many focus groups can be established, as well as the final composition of the focus groups.

A. Health professionals who have been temporary replaced to other departments (primarily Covid-19 sections and intensive care unit)

B. Healthcare professionals who have been on standby and/or have experienced changes in tasks and structures in their own departments.

Inclusion criteria
- Healthcare professionals who have direct patient contact in their daily work
- Healthcare professionals, where it is known that the clinical work tasks, have changed.

Exclusion criteria
- Students
- Newly employed (employment after 01.01.2020)
- Managers (included in sub-project 2)
Recruitment
- Written mail / invitation to the departmental managers, which is distributed among the staff, after which they address the project manager / project manager in each department. Written and / or oral follow-up after one week.

- The health care professionals who have been replaced in other departments are contacted and asked directly.

References


6. van Eyk H, Baum F. Evaluating health system change--using focus groups and a developing discussion paper to compile the “voices from the field”. Qual Health Res. 2003 Feb;13(2):281–6.


