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Reflections of IPC Professionals during COVID- 19: A Global Cross-sectional Study

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Knowledge is Sacred | Lyndon Davis

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Acknowledgement of Country

I acknowledge the traditional custodians of the land on which I live and work, the Gubbi Gubbi/Kabbi Kabbi, whose sovereignty was never ceded. I acknowledge their leaders, past, present and future. I acknowledge the sorrow of the Stolen Generations and the continuing pride, strength and resilience of Aboriginal and Torres Strait Islander Peoples.



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Background

- IPC professionals play a vital role in the COVID-19 pandemic
- Their experiences remain underexplored compared to other healthcare disciplines
- Understanding their experiences informs future outbreak preparedness and workforce support

Research Aims & Methods

- Investigate IPC professionals' preparedness, response capacity, and experiences during COVID-19
- Identify barriers and enablers to inform future pandemic planning and policy
- Cross-sectional online survey
- Translated into 5 languages
- Distributed globally via WHO GOARN and IPC professional networks
- Quantitative data analysed descriptively; qualitative data thematically analysed

Participants & Results

- 86 responses from 19 countries
- Majority from Australia (49%), Canada (17%), UK (8%).
- 55% worked in government hospitals
- 57% had dedicated IPC roles.
- 73% had >5 years of IPC experience.

Key Themes

1. Establishing IPC as critical expertise
2. Confronting the psychological toll of IPC work
3. Navigating shifting guidance and policy
4. Managing resource scarcity and workforce strain

Establishing IPC as Critical Expertise

- IPC professionals expected to lead without adequate recognition or authority
- Not considered 'front-line' despite pivotal role
- Some gained valuable experience and career development
- Reported tension with public health leadership structures

Psychological Toll of IPC Work

- High workload and emotional exhaustion reported
- PTSD and burnout common; some left the field
- 66% reported significant additional workload strain
- Many found meaning and pride in teamwork and contribution

Navigating Shifting Guidance

- Frequent, inconsistent changes to policy undermined trust
- Staff hostility and confusion reported
- Jurisdictional differences complicated IPC implementation

Resource Scarcity and Workforce Strain

- Ongoing shortages of PPE, infrastructure, and staffing
- IPC teams often managed COVID-19 without support for regular programs
- Leadership decisions at times prioritised cost over safety

Discussion & Limitations

- IPC professionals faced moral distress, structural neglect, and emotional strain
- Despite this, they showed leadership and adaptability
- IPC is often undervalued relative to public health, despite being essential to emergency response

- Self-reported survey; potential response bias
- Majority of participants from high-income countries
- Cross-sectional snapshot at one point in time

Implications

- Formalise IPC leadership roles across health systems
- Provide psychosocial and workforce support
- Embed IPC as a leadership domain within emergency preparedness frameworks
- Strengthen collaboration between IPC, clinicians, and public health

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