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WP4 (Taiwan) Civil Society Engagement Report

Expert Panel Survey on Healthcare Professionals

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Civil Society Engagement Report: Expert Panel Survey on Healthcare Professionals*

As part of WP4 Taiwan’s civil society engagement, we conducted three sets of expert surveys to understand how people in legal professions, medical service providers and the local civic tech communities evaluate Taiwan’s COVID-19 responses. All three surveys consist of three parts: 1) demographic information, 2) general attitude toward COVID-19 responses and 3) field-specific questions.

For context, Taiwan was one of the last strong holds of zero-COVID policy and did not officially shift to “live with COVID” until May 2022. The Taiwanese border was fully closed to non-nationals as early as mid-March 2020 and only gradually reopened starting from March 2022. For most part of the first two years of the global pandemic, Taiwan only had a small-scale community outbreak in Spring 2021, with the daily count peaked at around 700 new cases in one day. Vaccination began to roll out in spring 2021 and by January 2022, more than 70% of the population had received the first dose. The community outbreak in the Spring of 2022 was briefly suppressed in March but bounced back again, with the daily count of new COVID cases surpassing 1K per day for the first time in mid-April.

From the onset of the pandemic, healthcare personnel were designated as “warriors in the battle against the epidemic” by the Central Epidemic Command Center (CECC). In the name of protecting these “warriors”, restrictions were imposed in February 2020 that prohibited them from traveling abroad—even during personal leave—unless prior approval was obtained from their institutional supervisors. This limitation on freedom of movement sparked dissatisfaction among healthcare workers, and legal experts noted that the measure lacked a proper legal basis. However, because subsequent border control policies required all returning nationals to self-isolate at home for 14 days, which significantly discouraged international travel for the public, the criticism of the travel restrictions imposed on healthcare workers gradually faded.

During the pandemic, various prevention measures and the pursuit of “zero confirmed cases” significantly increased the workload of healthcare personnel. Tasks included meticulous contact tracing by the Taiwan

* Statistical analysis was conducted by WP4 Taiwan Junior researcher Guan-Hung Liu (National Cheng Kung University). We would like to thank everyone who participated in the survey.

Centers for Disease Control (CDC), PCR testing support by hospitals, and supervision of home isolation by local public health offices. According to news reports, the nursing staff turnover rate in Taiwan steadily increased after the pandemic, rising from 10.13% in 2021 to 11.73% in 2022, and reaching 12.6% in 2023.¹ This survey therefore focused on labor rights of healthcare workers during the three-year pandemic period, particularly examining leave policies and government subsidies related to epidemic prevention work hours. In addition to travel restrictions, these measures included both disguised salary cuts such as cuts in working hours, inability to claim overtime and requirements to take unpaid leave, and limited salary subsidies.

85 healthcare workers responded to our online survey and completed questionnaire. Among them, about thirty percent were physicians and 56% were nurses. Nearly half identified their political stance as supportive of the Democratic Progressive Party (DPP) or broadly pan-green.

Regarding the central government's pandemic response, 68% of all respondents expressed satisfaction or strong satisfaction. Those who were dissatisfied cited reasons such as lack of transparency and fairness in decision-making, poor and unfair policy content, and excessive infringement of civil rights. About 22.4% expressed dissatisfaction with local government bodies' policies, noting issues such as unclear direction in the latter stages of pandemic control and poorly coordinated measures that added to the burden of healthcare workers.

Regarding the CECC's travel restriction policy for healthcare workers, one-fourth of respondents learned about it through hospital announcements, and another quarter through news reports. Nearly 70% disapproved of the restriction, citing reasons such as violation of personal freedom of movement, lack of necessity for epidemic control, overly broad application across professions (with the restrictions not discriminating between the different levels of risk), and failure to achieve its intended purpose as in practice the intrusions into healthcare professionals' rights failed to protect staff. Over half of respondents felt the government reasonably prioritized the quality and quantity of epidemic prevention supplies and personal protective equipment. However, nearly half felt that what could be

¹ Cian-Ling Wang & Hao-Min Huang, *Biggest Nurse Exodus in 30 Years: Ward Closures, Surgical Time Limits, and ER Gridlock Amid a Deepening Nursing Shortage*, THE REPORTER (Dec. 18, 2024), <https://www.twreporter.org/a/data-reporter-health-emergency-nursing-shortage>.

regarded as reasonable working hours for healthcare workers during the pandemic were “hardly considered” (48.2%) by the health authority, and the same proportion felt the same about salary subsidies (49.4%).

As for institutional policies, about 50% of respondents indicated that their hospitals did not implement disguised salary cuts through unpaid leave. However, nearly 10% reported severe instances. Around 30% said that their hospitals reduced performance or bonus pay during the pandemic. Nearly 40% indicated that their work hours increased without them being able to claim overtime. The survey shows that unpaid leave and reduction in performance bonuses occurred at higher rates during the pandemic compared to non-pandemic times.

Although 80% of respondents received epidemic prevention allowances from the government or medical institutions, over half said the payments were significantly delayed—sometimes by over six months—and that the amount was unreasonable (56.5%). Additionally, although more than half of respondents were aware that contracting COVID-19 through work was eligible for occupational injury insurance compensation, only 12.2% applied. Among the 57.1% who were infected but did not apply, the most common reason was the complexity of the verification process.

Finally, we asked whether healthcare workers experienced discrimination from the public during the pandemic. Although the government highlighted them as “frontline warriors”, they still faced discriminatory behaviors such as: relatives or neighbors keeping their distance (20.9%), stigmatization by patients and families in general wards (16.5%), refusal of service by taxi drivers (5.2%) and shop owners (5.2%), and refusal to rent by landlords (2.6%). While discrimination against family members of healthcare workers was less common, one particularly concerning case was that some children were politely denied school attendance by teachers. These combined labor and social pressures led nearly 90% of respondents to report that their work-related stress levels during the pandemic were significantly higher than usual.

Many hospitals published commemorative books after the pandemic to honor the dedication of their staff. However, more concrete improvements in working conditions might be a more meaningful way to encourage healthcare workers to remain committed to clinical care, before the next pandemic.