The COVID-NOW Project - Oncology Workforce Wellbeing and Work During COVID

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COVID-19 and Oncology

Burnout and Distress: ESMO Hears How COVID-19 Impacted Oncologists

Burnout among cancer professionals during COVID-19

Coronavirus: 50,000 cases of cancer left undiagnosed due to Covid disruption, research shows

COVID-19 pandemic halts cancer care and damages oncologists' wellbeing

Oncologist Distress and Burnout Has Increased During COVID
The COVID-NOW Project: who are we?

• 12 month project (May 2020-21) led by The Royal Marsden Hospital NHS Foundation Trust

• Multi-disciplinary team across the UK

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The COVID-NOW Project: what are we doing?

Aim:
- Understand the experiences of UK NHS oncology staff during COVID-19 pandemic
- Examine levels of wellbeing and work outcomes
- Identify and understand influential factors
- Make evidence-based recommendations

How:
- Collecting data at different time points since COVID-19
- Across staff groups and occupations in NHS involved in cancer care delivery/oncology
- Online surveys and interviews
- So far.... First round data collected
## Round 1: Survey (June 2020)

**N=1038**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>237 (23%)</td>
</tr>
<tr>
<td>Nurses</td>
<td>326 (31%)</td>
</tr>
<tr>
<td>Allied health professionals</td>
<td>204 (20%)</td>
</tr>
<tr>
<td>Pharmacy staff</td>
<td>112 (11%)</td>
</tr>
<tr>
<td>Support services</td>
<td>152 (15%)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (1%)</td>
</tr>
</tbody>
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| Years in Oncology | 12 ± 9 years |

<table>
<thead>
<tr>
<th>Primary place of practice</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist cancer</td>
<td>730 (71%)</td>
</tr>
<tr>
<td>University teaching hospital</td>
<td>157 (15%)</td>
</tr>
<tr>
<td>District general hospital</td>
<td>127 (12%)</td>
</tr>
<tr>
<td>Multiple sites</td>
<td>7 (1%)</td>
</tr>
<tr>
<td>Others</td>
<td>5 (1%)</td>
</tr>
</tbody>
</table>

![Map of the UK showing distribution of participants by region](image)

Total participants, n=1164; n=1038 who completed >33% of survey included in final analysis.
Preliminary findings – Impact of COVID-19

- **30%** (n=290/975) reported change in primary role since COVID-19

  - **69%** ↑ use of modes of e-communication
  - **56%** ↑ telephone consultations
  - **51%** ↑ meetings (including video)
  - **51%** Change in work patterns/shifts
  - **46%** ↑ administrative work

- **10%** (n=91/956) redeployed

- **Personal protective equipment (PPE)**
  - **50%** (n=351/696) fit-tested (of those with roles involving patient contact)
  - **82%** (n=572/696) felt they have sufficient PPE to carry out professional duties (very often to always)
  - **66%** (n=631/954) felt able to do job without compromising personal safety
“You’re constantly bombarded with changing rules, regulations and guidelines and trying to keep up with all of that can be really overwhelming at times. It just feels like everybody has got something to say about everything and actually the people on the ground are the ones who have to try and deal with all of that.” (Professional Services)

“So on a day to day basis, it’s become incredibly busy. We were already quite a busy unit but actually things have just increased sort of tenfold. There have been so many amendments for a lot of our studies. So our workload has just increased massively which has really put a pressure on all of us to enable that we get all of these changes implemented as soon as possible.” (Consultant/Surgeon)
Impact of COVID-19

• **Patient care**, n=705
  - 94% felt *patient management* altered
  - 38% felt able to *provide same standard of care* to patients
  - 69% believes patients’ *access to standard of care* treatment has been compromised
  - 79% believes patients should have same *access to same standard of care* treatment

• **Treatment**, n=705
  - 60% believes changes to treatment have affected (or will affect) *survival* outcomes
  - 66% believes changes to treatment have affected (or will affect) *quality of life* outcomes
Wellbeing and Burnout

**Poor Wellbeing (WHO-5) (score <50)**
- Doctors: 33%
- Nurses: 38%
- Pharmacy Staff: 49%
- Support Services: 55%
- Allied Health Professionals: 42%

**Burnout (score ≥3)**
- Doctors: 36%
- Nurses: 32%
- Pharmacy Staff: 39%
- Support Services: 32%
- Allied Health Professionals: 34%

Total 42% of whole cohort
Work ability and engagement

**Work Ability Index**

- **Doctors**: Work ability at its best
- **Nurses**: Work ability at its best
- **Pharmacy Staff**: Work ability at its best
- **Support Services**: Work ability at its best
- **Allied Health Professionals**: Work ability at its best

**Engagement**

- **Doctors**: Work ability at its best
- **Nurses**: Work ability at its best
- **Pharmacy Staff**: Work ability at its best
- **Support Services**: Work ability at its best
- **Allied Health Professionals**: Work ability at its best

*Completely unable to work*
“And probably the best thing that has come out if it, I think, is that whole sort of unity at work and everybody coming together as a team and working together as teams just, you know, just standing together and going ‘right, how are we going to face this?’ and just getting on with it, I found quite inspirational. I did to be honest, it was just good to see how everybody just rose up and went, ‘right, okay, we’ve got this problem, this is how we are going to deal with it.’” (Nurse)

“I know some of it came out and not necessarily from the government but Clap for Carers. I think the impact of that was massive. I just remember the first couple of times that happened, just being so overwhelmed and you know those sorts of things that are quite small, actually make a big difference, but those sorts of things didn’t necessarily come from the government. They came from people...[...]...So that supported by other things, so that you really know how much you’re valued.” (Pharmacist)
What’s next?

- Second round of data collection this month – please spread the word (COVIDNOW@rmh.nhs.uk | @COVID_NOW)
- Analysis of data and compare with round 1
- Share the findings
- Produce evidence-based guidance and recommendations for supporting NHS oncology workforce during COVID and beyond

ACKNOWLEDGEMENTS:

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Round 1: Survey (June 2020)
N=1038

<table>
<thead>
<tr>
<th></th>
<th>Number (%)</th>
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<tbody>
<tr>
<td>Mean age</td>
<td>42 ± 11 years</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Woman</td>
<td>855 (83%)</td>
</tr>
<tr>
<td>Man</td>
<td>178 (17%)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>903 (87%)</td>
</tr>
<tr>
<td>Asian</td>
<td>85 (8%)</td>
</tr>
<tr>
<td>Black</td>
<td>20 (2%)</td>
</tr>
<tr>
<td>Mixed/Multiple ethnic group</td>
<td>18 (2%)</td>
</tr>
<tr>
<td>Arab</td>
<td>1 (0.1%)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married/Civil partnership/In a relationship</td>
<td>804 (77%)</td>
</tr>
<tr>
<td>Divorced/Separated/Widowed</td>
<td>58 (6%)</td>
</tr>
<tr>
<td>Single</td>
<td>176 (17%)</td>
</tr>
<tr>
<td>Have dependents &lt;18 years</td>
<td>424 (41%)</td>
</tr>
<tr>
<td>Live alone</td>
<td>146 (14%)</td>
</tr>
<tr>
<td>Caring (unpaid) for family member or friend</td>
<td>148 (14%)</td>
</tr>
</tbody>
</table>

14% (n=140/1027) have health condition that can put self at high risk of being seriously ill from COVID-19