

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

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COVID-19 and Oncology

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Coronavirus ● This article is more than 5 months old

Cancer patients will live for less time because of NHS care suspension

Perspective > Medscape UK > ESMO 2020

COMMENTARY

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

Dr Susana Banerjee
DISCLOSURES | September 20, 2020

Burnout among cancer professionals during COVID-19

Talha Khan Burki

Published: September 24, 2020 • DOI: [https://doi.org/10.1016/S1470-2045\(20\)30584-2](https://doi.org/10.1016/S1470-2045(20)30584-2)

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

This figure could double to 100,000 by October 2021 if cancer care services not fully restored, warns Macmillan Cancer Support

Samuel Lovett | @samueljlovett | Thursday 29 October 2020 09:14 | comments



NEWS RELEASE 14-SEP-2020

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

Data from latest research presented at the ESMO Virtual Congress 2020

EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY

News > Medscape Medical News > Conference News > ESMO 2020

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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⁴Lancaster University, Lancaster

⁵The Clatterbridge Cancer Centre NHS Foundation Trust, Liverpool

⁶University College London Hospitals NHS Foundation Trust, London

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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

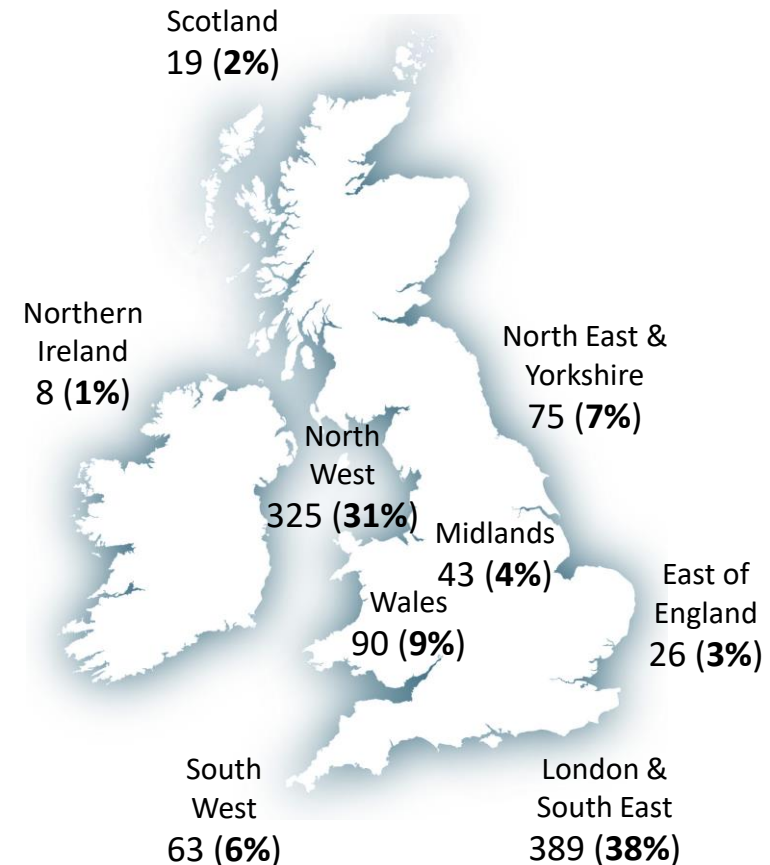
How:

- 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

	Number (%)
Occupation	
Doctors	237 (23%)
Nurses	326 (31%)
Allied health professionals	204 (20%)
Pharmacy staff	112 (11%)
Support services	152 (15%)
Other	7(1%)
Years in Oncology	12 ± 9 years
Primary place of practice	
Specialist cancer	730 (71%)
University teaching hospital	157 (15%)
District general hospital	127 (12%)
Multiple sites	7 (1%)
Others	5 (1%)



Preliminary findings – Impact of COVID-19

COVID NOW

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



↑ use of modes of e-communication

69%



↑ telephone consultations

56%



↑ meetings (including video)

51%



Change in work patterns/shifts

51%



↑ administrative work

46%

- **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**

Round 1: Interviews (N=17)

“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

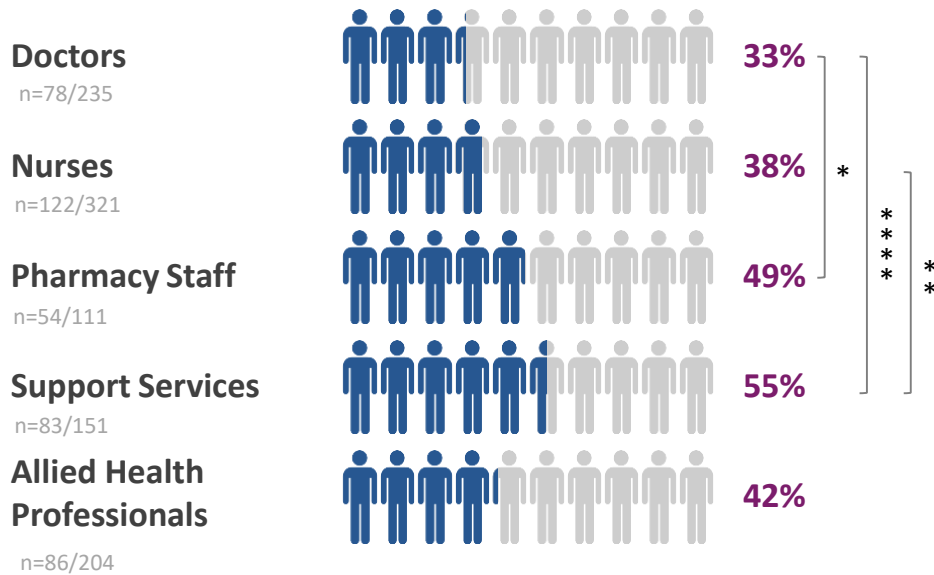
- Treatment, n=705



- **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

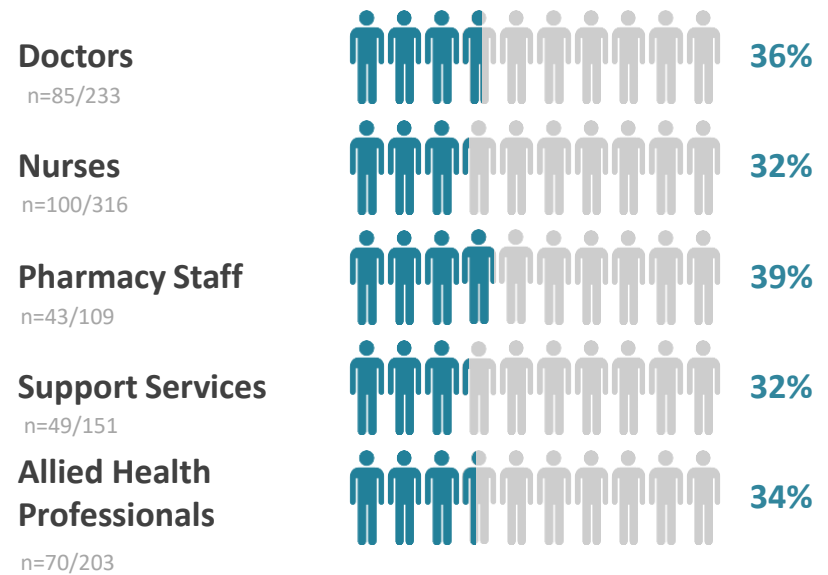
Wellbeing and Burnout

Poor Wellbeing (WHO-5) (score <50)



**Total
42%
of whole cohort**

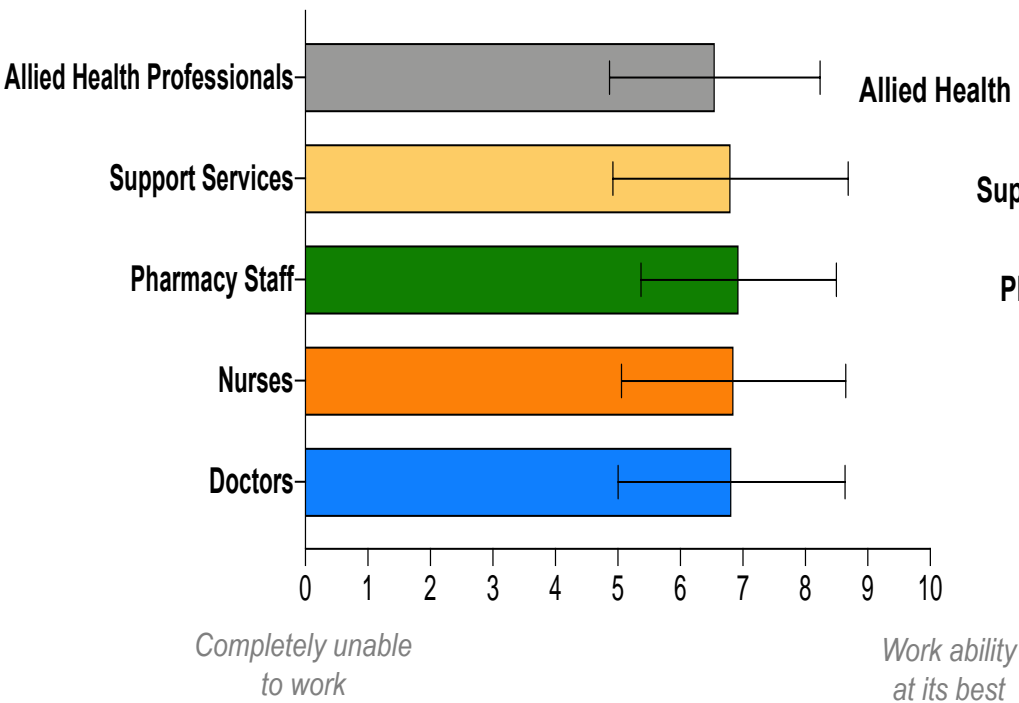
Burnout (score ≥3)



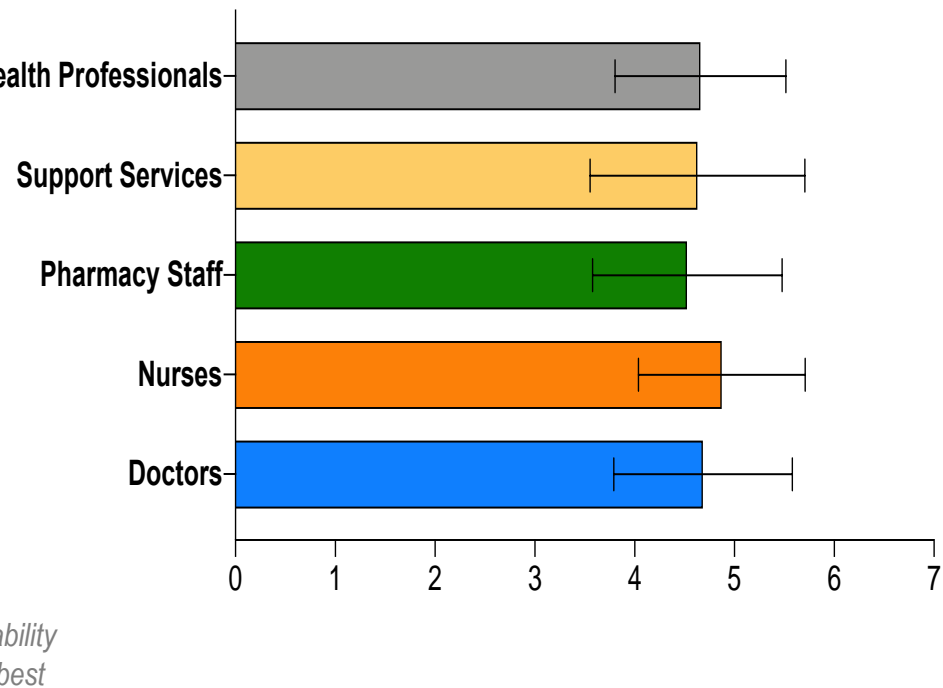
**Total
34%
of whole cohort**

Work ability and engagement

Work Ability Index




Engagement



“And probably the best thing that has come out of 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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COVID-NOW investigators and study team

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Collaborative for Healthcare; Royal College of Radiologists; UK Oncology
Nursing Society.



Round 1: Survey (June 2020)

N=1038

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

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