

Impact of the Second Wave of COVID-19: Physician's Perspective

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Abstract: *During the second wave of COVID 19 pandemic the physicians are not only overburdened with extra work but also psychologically stressed out. Many doctors are experiencing high rates of stress, fatigue, emotional fragility and risk of burnout. Some are feeling less supported by their communities than during the first wave of the pandemic with over stress. We conducted a survey among the physicians of a district general hospital of the UK. Total 101 physicians from different specialties such as Medicine, Surgery and Orthopaedics, Paediatrics, ITU, A&E and so on took part in this survey. Our survey found that there is increased work load and immense pressure to obtain the training goals which could be the key concern behind the burnout of the physicians during this second wave of COVID 19 pandemic. To counter this, improved provision of PPE (personal protective equipment), continuous support from the hospital and the online training and its effectiveness are helping the doctors to cope in this unprecedented time.*

Keywords: COVID 19 pandemic, Second wave, PPE, physician's health

1. Background

With the UK reaching record levels of coronavirus cases during the second wave of COVID -19 infections; stress on those working in frontline health services has never been more. The health care workers are not only overburdened with extra work but also psychologically stressed out during the second wave. Adding to this the new variant of corona virus rapidly spreading over the UK is increasing additional stress to the health care workers after months of tackling coronavirus pandemic. Many doctors are experiencing high rates of stress, fatigue, emotional fragility and risk of burnout. Some are feeling less supported by their communities than during the first wave of the pandemic with over stress. The training goals were compromised and the career progression slowed down. Many studies to date suggested increased risks for the health workers caring for patients with covid-19.(1,2,3)Availability of effective PPE (personal protective equipment), improved testing capabilities including routine self-testing to find out the asymptomatic carrier, strict implementation of the infection control measures, (4,5) and promoting a compassionate and inclusive environment to maintain the emotional wellbeing is the key to survive the second wave of this pandemic. We conducted a survey on how physicians, working in different specialities in a busy hospital, are coping during the second wave of the corona virus pandemic, and how it compares with the first wave.

2. Method

During the second wave of pandemic, we conducted an online survey among the physicians in our hospital via www.smartsurvey.com with structured questionnaire over the period of 2 months from 1st November 2020 till 31st December 2020. The questionnaire was designed to know the views of the physicians how the second wave of COVID 19 pandemic was affecting their working atmosphere in comparison to the first wave. Total 101 doctors from

different specialties including Medicine, Surgery and Orthopaedics, Paediatrics, ITU, A&E participated in this survey.

3. Results

We conducted a survey among the physicians of a district general hospital of the UK. Total 101 physicians from different specialties such as Medicine, Surgery and Orthopaedics, Paediatrics, ITU, A&E and so on took part in this survey among which 41 were house officer / senior house officer, 27 were middle grades and 33 were consultants. 35% of the responders were from surgery and orthopaedics, 27% were from medicine, 11% were ED doctors, 8% were paediatrician and intensive care specialist and 19% were from various other specialties. (Figure 1)

Surprisingly, 46% physicians felt no difference in the stress about having COVID 19 infection in comparison to the first wave. 25% felt greater stress although 29% doctors felt less stress of having COVID 19 infection. More than half of the physicians agreed about the improved provision of PPE while only 13% disagreed. (Figure 2)

Staggering number of 63% doctors thought that the work load in the wards has increased although only 9% physicians thought that there was no difference in the work load. (Figure 3) 55% thinks that that the work load in emergency department has certainly increased. (Figure 4) On the contrary, only 25% physician expressed their opinion in favour increased workload in the clinic.

53% found that there was increased pressure on achieving training goals, whilst 32% found no difference. (Figure 5)

Vast majority of the participating doctors thought that they received expected level of Trust support during the first wave (Figure 6), whereas only 30% thought that they have the same support during the 2nd wave. (Figure7)

Nearly half of the physicians agreed that the online training efficiency was maintained during the second wave. However, one quarter of the participants disagreed while the

rest of the quarter found no difference. Vast majority found comfort in receiving online training.

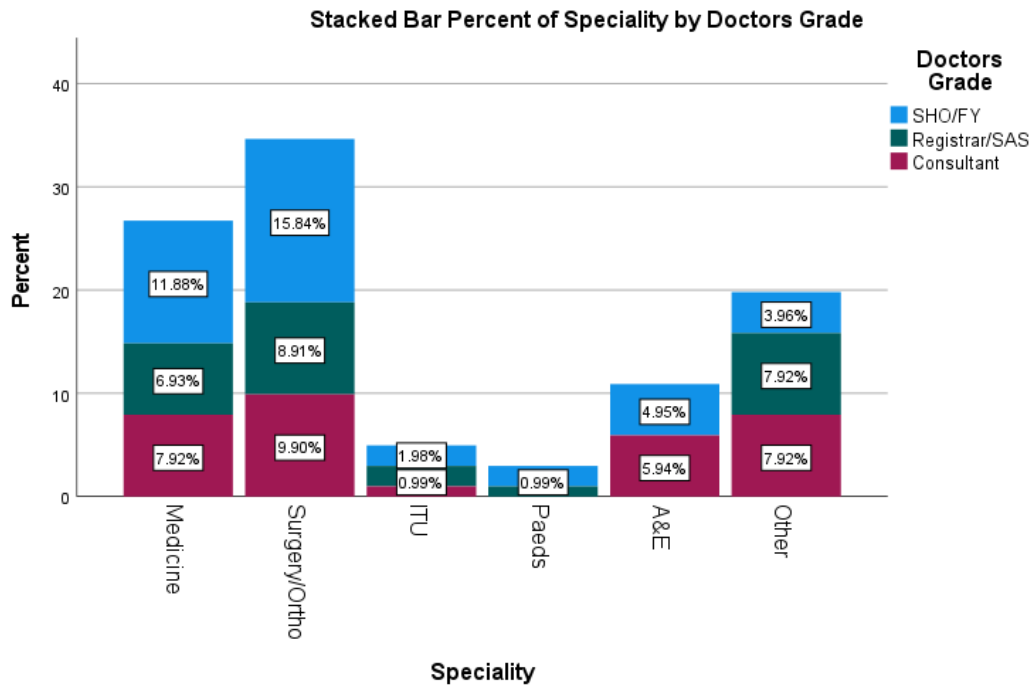


Figure 1: Bar graph showing participants from various specialties with their grade

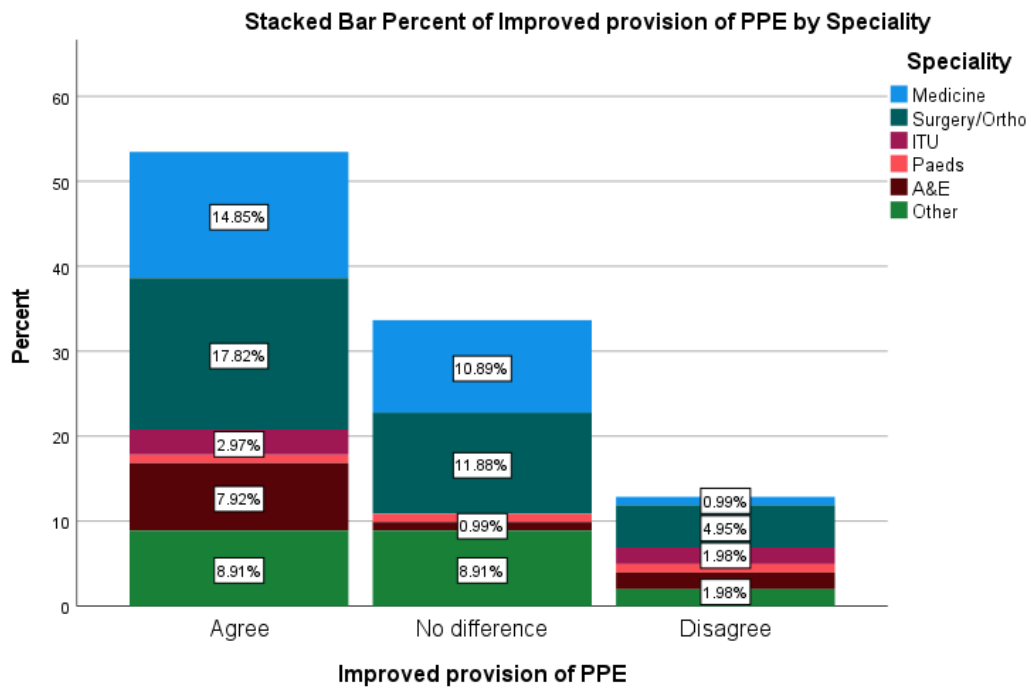


Figure 2: Showing the improved provision of PPE during second wave of Covid 19 infection.

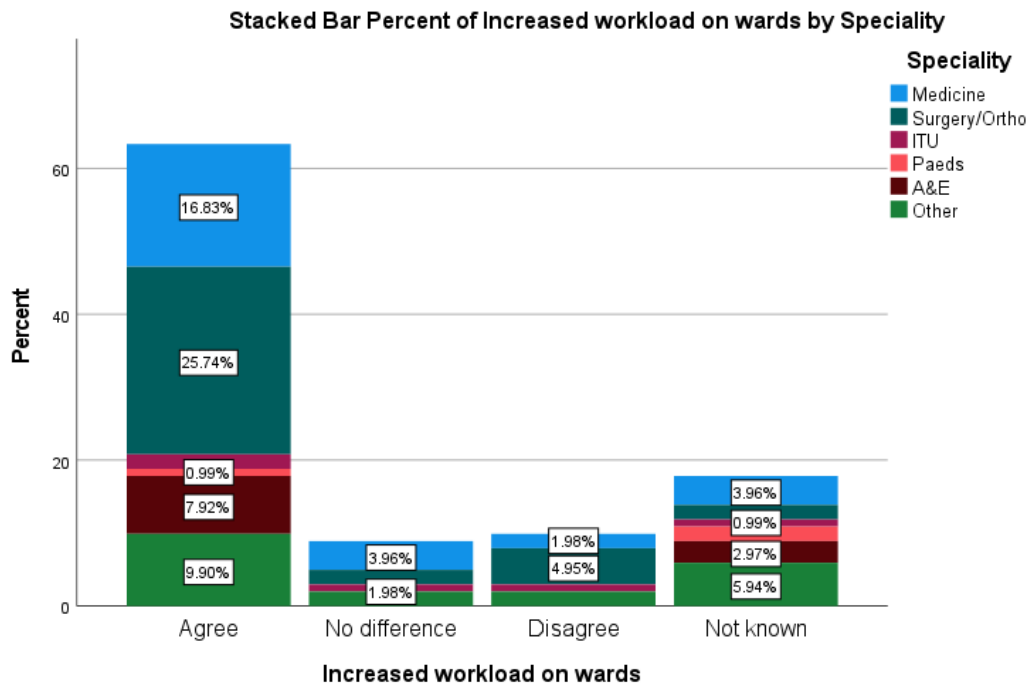


Figure 3: Showing increased work load on wards during second wave.

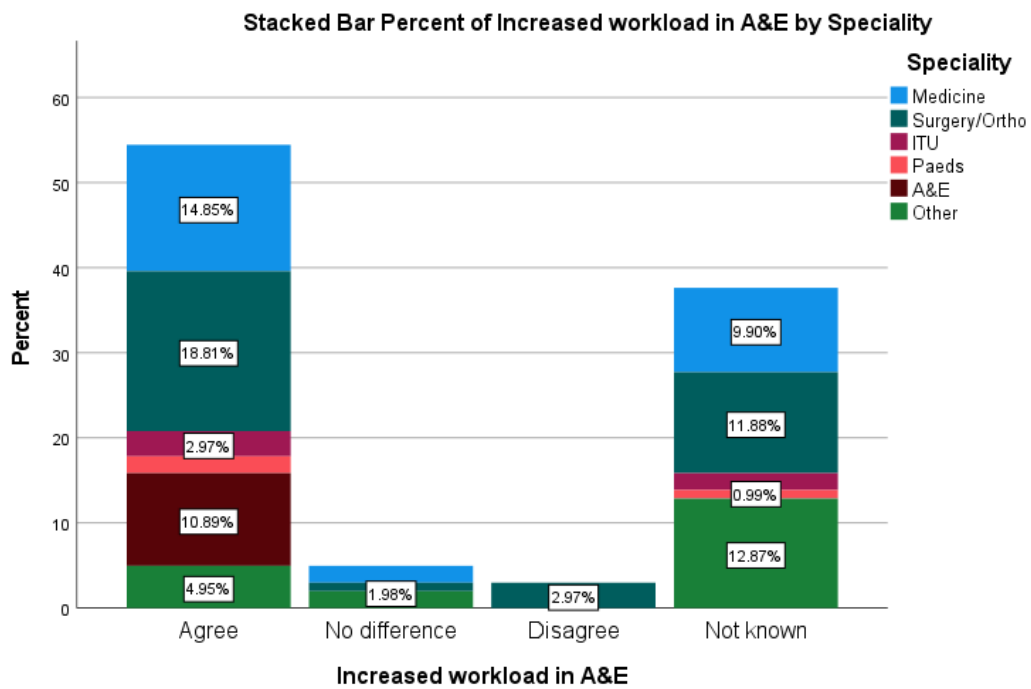


Figure 4: Showing increased work load in A&E.

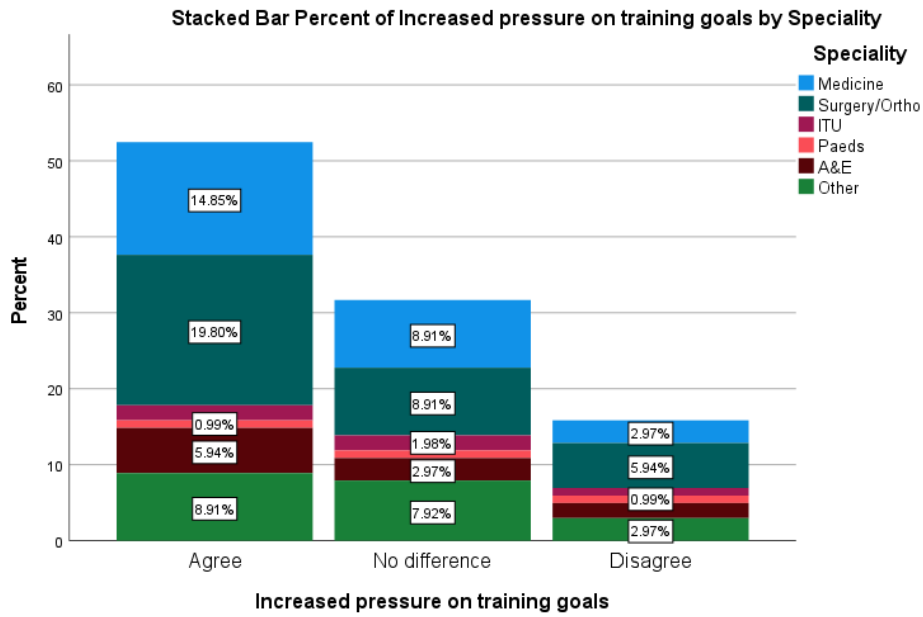


Figure 5: Bar graphs showing increased pressure on achieving training goal.

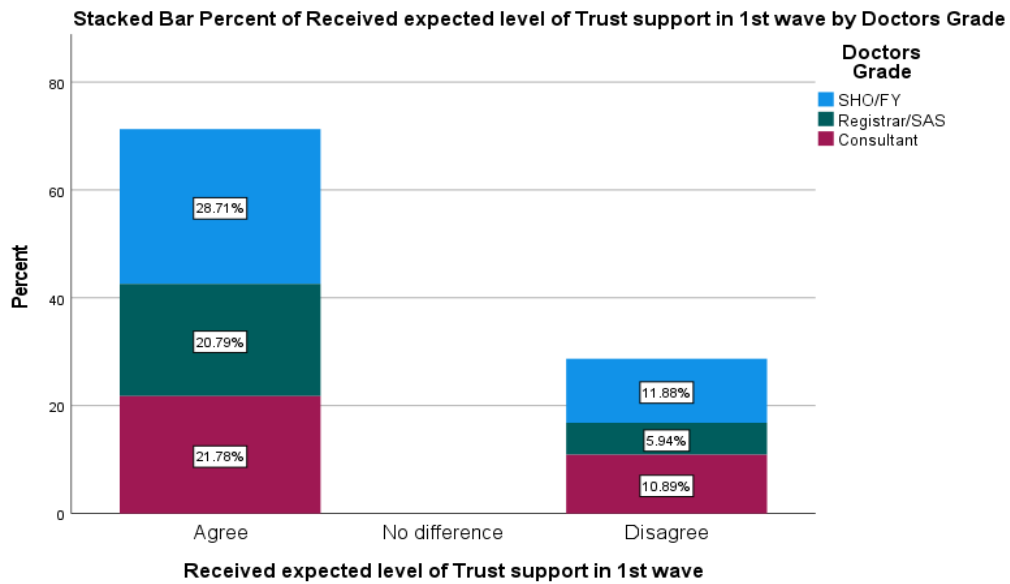


Figure 6: Showing the receipt of expected level of Trust support during first wave

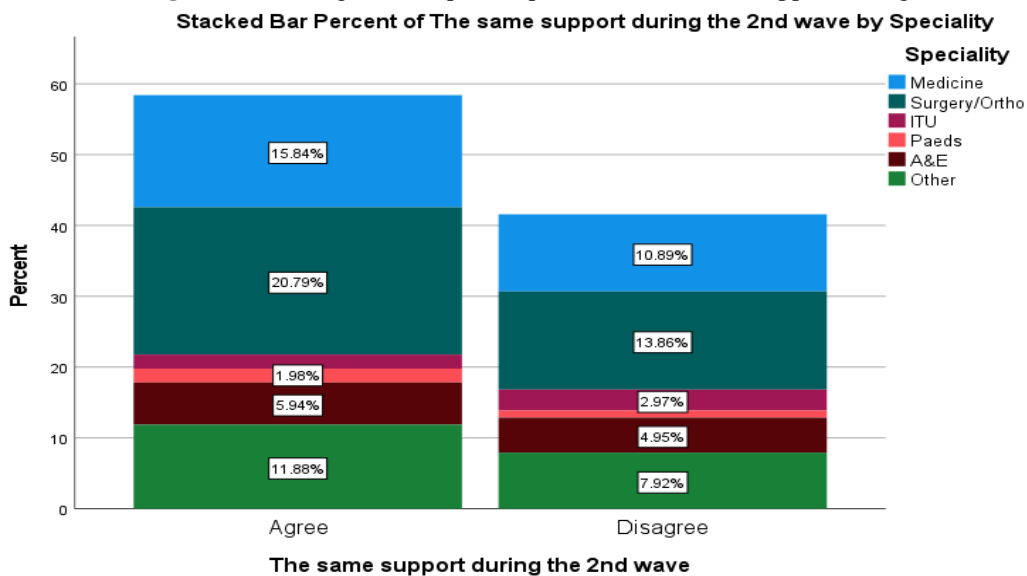


Figure 7: Receiving the same support as the first wave from the trust during first and second wave.

4. Description

The second wave of the COVID 19 pandemic affected health care professional. The physicians are under greatest pressure. This is incredibly stressful for them and they have worries about both the professional practicalities and their own health. The admissions in all regions were rising and elective cases were being cancelled. There was general fear among physicians about the impact this will have on delivering effective care. Hospitals were preparing up for this challenge. Access to Covid testing and PPE for the staff was clearly much improved than the first wave. We were moving more to the virtual world of health care.

Even though this survey was conducted among the physicians of our hospital only, the scenario is the same in other hospitals across the country. Majority of the doctors agreed the workload has increased all over the hospitals. The training need was hampered during the second wave of COVID 19. The pressure to achieve the training goal has increased dramatically. Obviously, it is due to the cancellation of routine hospital work. During this second wave of pandemic most of the doctors felt that they received similar support like the first wave from the hospital. In regard to the PPE it was agreed by the majority that provision of the PPE was improved and supply was adequate.

Strategies had been taken to ensure that the health care services are maintained for our non-COVID patients. This survey shows how the second wave of COVID 19 pandemic was affecting the physician's working atmosphere in comparison to the first wave. This had been the toughest year many of us have ever faced and, while physicians had shown extraordinary strength and flexibility throughout the pandemic.

5. Conclusion

From this survey it is evident that increased work load and immense pressure to obtain the training goals could be the key concern behind the burnout of the physicians during this second wave of COVID 19. To counter this, improved provision of PPE, continuous support from the hospital and the online training and its effectiveness are helping the doctors to cope in this unprecedented time. We recommend more multi-centre studies or national survey in larger scale evaluating the key factors behind the stress, fatigue, emotional fragility and burn out and promoting a comprehensive strategy to protect the healthcare workers, including those from ethnic minority communities having the highest risks from the COVID 19 infection.

6. Disclosure

Authors have no conflicts of interests to disclose.

7. Funding

There was no funding involved.

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