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## Commentary

## A commentary on 'COVID-19: Results of a national survey of United Kingdom healthcare professionals' perceptions of current management strategy – A cross-sectional questionnaire study'



## ARTICLE INFO

## Keywords

COVID-19

Coronavirus

Management strategies

Public health

For many people the COVID-19 pandemic has resulted in time away from normality and with this, greater time for reflection. However, for those working on the front line there has been scarce time for such, with many key workers finding that the demands placed on them grew significantly. Reading 'COVID-19: Results of a national survey of United Kingdom healthcare professionals' perceptions of current management strategy – A cross-sectional questionnaire study' [1] has prompted a moment to reflect. Since being published in May 2020, there have been numerous changes to the public health measures in England: relaxation of lockdown, the introduction of a three-tiered system of restrictions, a second national lockdown, the introduction of a fourth tier of restrictions, Christmas, a third national lockdown. As we now move away from national restrictions in all areas of the UK, supporting healthcare professionals (HCPs) should be returned to focus. After almost a year and a half of the pandemic, there are high levels of stress and anxiety amongst NHS staff [2]. COVID-19 is likely to remain a significant burden in the near future, therefore supporting and engaging staff is going to be vital in retaining them within the profession and continuing to deliver high-quality care [3].

An important point highlighted by Rafaih et al. is that 89% of respondents did not agree that available personal protective equipment (PPE) was sufficient. Data published by the Office for National Statistics regarding deaths registered between 9th March and July 20, 2020 show that health and social care workers had a rate of death involving COVID-19 up to 2.6x greater than the general population [4]. It is fair to accept that this datum represents the first wave of the pandemic, and we have to consider whether the logistical issues that arose as a result of the unprecedented international demand for PPE contributed to this discrepancy in death rates. The study by Rafaih et al. certainly demonstrates that these issues were felt acutely by HCPs working on the front-line, and was likely a source of significant frustration and anxiety.

One criticism of the work by Rafaih et al. is that it is not representative of the frontline workforce; respondents were 66.53% doctors and 25.81% nurses/healthcare assistants. In April 2020 data published by

NHS Digital shows that in England, doctors and nurses/healthcare assistants composed 11.09% and 65.24% of the workforce respectively. Describing this as a national survey of UK healthcare professionals' perceptions is slightly misleading due to the overweighting afforded to the opinions of doctors. This is likely due to the survey being distributed via channels directly linked with the authors (e.g. social media), who are both doctors. These methods of dissemination also provide a geographical bias, as recognised by the authors, and raise a further challenge to the study's description as a 'national UK survey'. Ideally the survey should have been distributed in a more uniform manner, in order to reduce the risk of bias and to enable it to be wider reaching. Despite this, the results of this study have been very useful.

Moving forwards, we believe that there is scope to resurvey HCPs. It would be interesting to see how respondents answered the same questions over a year later, compared to at the start of the pandemic. There should be a specific focus on whether HCPs felt that adequate PPE became more available as the pandemic progressed. It would be interesting to then compare current opinion to the data on mortality rates over the subsequent pandemic peak in order to establish if there is a link and to help evaluate if lessons were learnt. Testing frontline staff was another point supported by the vast majority of respondents in the study; with this process now in place it would be pertinent to reassess their views. A repeat survey would also give the authors opportunity to assess the chronic burden on HCPs and whether support mechanisms have been adequate, much like SARS-CoV-2 we expect that perceptions will have variants.

The consequences of COVID-19 have been far reaching and the impact on frontline HCPs profound. It would be easy to simply focus on moving forwards and dealing with the practical elements of the pandemic, much in the way HCPs have had to. However, we must reflect on what has happened in order to assess the impact it has had on HCPs and to understand if support mechanisms have been adequate. Ultimately, we must learn how to better protect and support HCPs in the future, because without them the health of our health service would be

DOI of original article: <https://doi.org/10.1016/j.ijso.2020.05.042>.

<https://doi.org/10.1016/j.ijso.2021.106202>

Received 1 December 2021; Accepted 2 December 2021

Available online 1 January 2022

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at risk.

### Ethical approval

N/a.

### Sources of funding for your research

Nil.

### Author contribution

Connor John Barker – Lead on writing and data curation. Lauren Wallace - Writing and data curation. Eilish Catherine McKenna - Writing and data curation. Kiron Koshy – Conceptualisation, writing, review and editing.

### Research registration Unique Identifying number (UIN)

1. Name of the registry: N/a.
2. Unique Identifying number or registration ID:
3. Hyperlink to your specific registration (must be publicly accessible and will be checked):

### Guarantor

Kiron Koshy.

### Declaration of competing interest

Nil.

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Connor John Barker  
*James Cook University Hospital, Middlesbrough, UK*

Lauren Wallace  
*Royal Victoria Infirmary, Newcastle upon Tyne, UK*

Eilish Catherine McKenna  
*James Cook University Hospital, Middlesbrough, UK*

Kiron Koshy\*  
*James Cook University Hospital, Middlesbrough, UK*

\* Corresponding author. Newcastle upon Tyne Teaching Hospitals, Newcastle, Queen Victoria Rd, Newcastle upon Tyne, NE1 4LP, UK  
*E-mail address: [Kironk7@gmail.com](mailto:Kironk7@gmail.com) (K. Koshy).*