

COVID-19 and surgical life: cross-sectional survey

M. I. Bellini ^{1,*}, C. Lewis², N. Welch³, I. Anderson⁴ and V. Papalois⁵

¹Azienda Ospedaliera San Camillo Forlanini, Rome, Italy

²Oxford University Hospital, Oxford, UK

³Nottingham University Hospital, UK

⁴Salford Royal Hospital, UK

⁵Hammersmith Hospital, Imperial College Healthcare NHS Trust, London, UK

*Correspondence to: Azienda Ospedaliera San Camillo Forlanini, Rome, Italy (e-mail.irene.bellini@gmail.com)

Dear Editor

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has disrupted the UK National Health Service (NHS)¹. All surgical specialties have been affected by the diversion of resources to treat patients with coronavirus disease 2019 (COVID-19)².

The Association of Surgeons of Great Britain and Ireland (ASGBI) captured the experience of members related to the effect of the pandemic on professional and personal lives using an anonymized online 14 questionnaire survey distributed to its membership. Nine questions (Fig. 1, I-IX) aimed to capture the effect on the provision of surgical services, safety of patients and surgeons, professional and personal wellbeing, career plans, training, research and development; two questions assessed

testing strategies and three questions (Fig. 1, X-XII) captured the feelings of pessimism or optimism related to professional and personal futures, as well as the future of the NHS. Participants could also offer open comments. Data were analysed using a mixed-methods approach.

The survey was completed by 108 people, 65 per cent at consultant level. Some 74 per cent of participants expressed serious concerns related to the quality of services during the pandemic, with 45 per cent believing this affected patient safety. Forty-two and 45 per cent of respondents felt their own and their colleagues' safety respectively was significantly compromised. Lack of clarity of testing policies was one important contributing factor. Strikingly, 53 and 62 per cent of the participants rated their professional and personal/family well-being respectively as

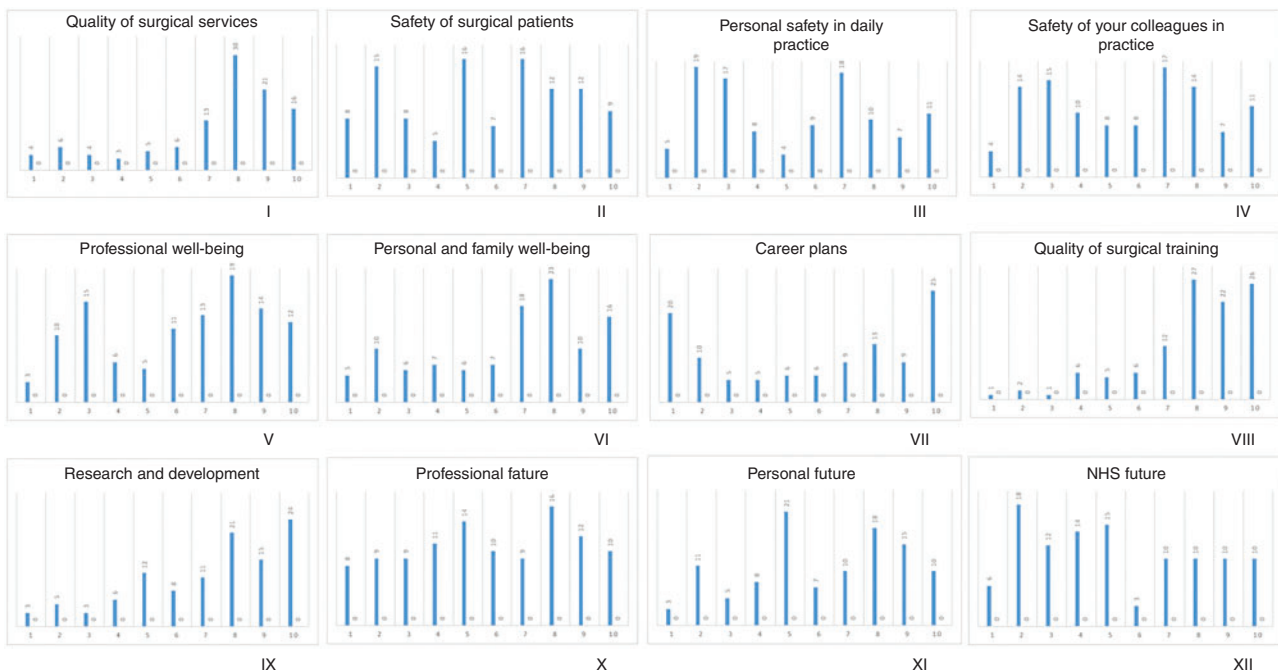


Fig. 1 Effect of the pandemic on the personal and professional life of surgeons, and levels of pessimism or optimism

Personal and professional life of surgeons: I-IX, rating 1–10 (1, 'not affected at all'; 10, 'significantly compromised'). Levels of pessimism/optimism: X-XII, rating 1–10 (1, 'very pessimistic'; 10, 'very optimistic').

Received: January 05, 2021. Accepted: January 17, 2021

© The Author(s) 2021. Published by Oxford University Press on behalf of BJS Society Ltd. All rights reserved.

For permissions, please email: journals.permissions@oup.com

seriously compromised. More than half of the participants stated that the pandemic imposed serious disruption on their career plans, and 80 per cent that it had a negative effect on surgical training. Almost half of respondents had a negative view about their professional and personal future, and 60 per cent had a negative view about the future of the NHS.

These data show the current challenge to maintain the running of routine healthcare services in the NHS, with serious concerns relating to the working environment. Notably, a high percentage of COVID-19 infections among healthcare professionals appear to go undetected³. Testing seems to be a priority for a safe working environment: respondents in this survey confirmed availability of testing for 80 per cent of symptomatic staff, but for only 31 per cent of asymptomatic staff. Testing strategies were also reported as unclear and uneasy to follow, leading to uncertainty in halting the spread of virus as a nosocomial infection. This could potentially be reversed if increased screening were to be more accessible. Ultimately, a safe and effective vaccine will hopefully control the pandemic, but additional measures to prevent the spread of SARS-CoV-2 are also required. These interventions will still be needed while vaccination is rolled out, as it will take several months to confer herd immunity on a population basis⁴. A clear vision and a coherent strategy are required to mitigate the effects of the pandemic on the professional and personal well-being of NHS staff, and to deal with the aftermath of its effect on the health service.

Finally, participants emphasized that web-based technologies are playing an important role in counteracting social distancing and in providing additional educational tools for training and for patient care⁵. Although many will remember SARS-CoV-2 as a source of disruption, it is likely that the new modalities developed in education and patient care will be better suited to address today's emerging needs and realities.

Disclosure. The authors declare no conflict of interest.

References

1. Mayol J, Fernández Pérez C. Elective surgery after the pandemic: waves beyond the horizon. *Br J Surg* 2020;**107**:1091–1093
2. Bellini MI, Tortorici F, Capogni M. Kidney transplantation and the lockdown effect. *Transpl Int* 2020;**33**:1142–1143
3. Kuehn BM. Health care worker SARS-CoV-2 infection is flying under the radar. *JAMA* 2020;**324**:1600
4. Lerner AM, Folkers GK, Fauci AS. Preventing the spread of SARS-CoV-2 with masks and other 'low-tech' interventions. *JAMA* 2020;**324**:1935–1936
5. Bellini MI, Pengel L, Potena L, Segantini L; ESOT COVID-19 Working Group. COVID-19 and education: restructuring after the pandemic. *Transpl Int* 2020; doi: 10.1111/tri.13788 [Epub ahead of print]