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Impacts of the COVID-19 pandemic on training, morale and wellbeing among the UK renal workforce

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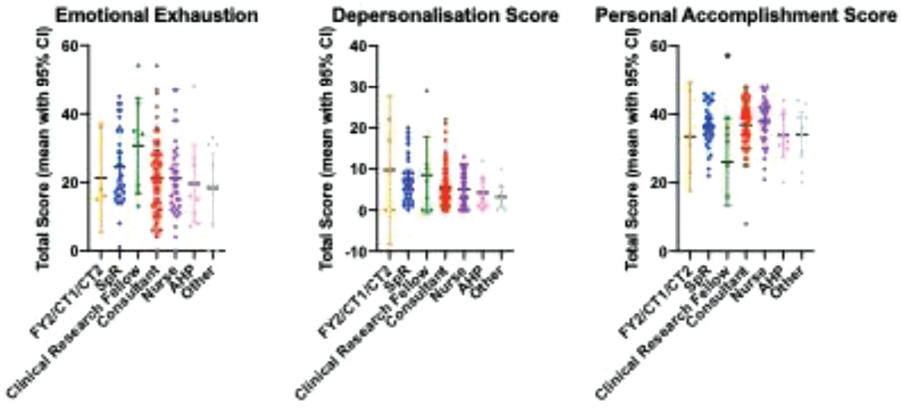

Fig 1. Burnout scores within the renal workforce.

Introduction

The impact of COVID-19 on training, morale and wellbeing has not yet been determined. Using the UK renal workforce as a study population, we explored these issues.

Methods

An online questionnaire (incorporating the Maslach Burnout Inventory score[1]) was developed in SurveyMonkey and sent to all members of the Renal Association.

Results

Overall demographics (195 respondents): 68 consultants, 52 trainees, 3 clinician scientists, 43 nurses, 11 allied health professionals (AHPs) and 18 'other'.

Wellbeing:

- Overall, levels of burnout seen in the first wave of the COVID-19 pandemic were low.
- Place of work during the COVID-19 pandemic (renal vs general / acute medicine vs intensive care) had no effect on burnout scores, neither did ethnicity or working pattern (full vs less-than-full time (LTFT)).
- Differential burnout scores were seen among workforce groups (Fig 1). The highest levels of emotional exhaustion were seen in registrars and clinical research fellows (CRFs) (although this did not reach statistical significance), with CRFs also experiencing low levels of personal accomplishment ($p=0.01$). Concerningly, gender differences were seen, with significantly lower levels of personal accomplishment found among female physicians ($p=0.003$).

Medical workforce: 86% of the medical workforce were working full time and 14% LTFT during the pandemic. 46% were living with a child or children under 18 years old and 15% were living alone.

Shielding: 10% of medically trained respondents were shielding (4% of trainees) and 64% were able to work remotely. 90% felt tasks allocated were suitable for their role although 50% of trainees felt they did not have appropriate supervision.

Impacts on working patterns and educational opportunities: Over half of all medical job roles were changed (Table 1), with most reporting an increased workload. Disappointingly, over a quarter of trainees and 13% of consultants did not feel supported by their department during the pandemic.

Effects on training:

- 77% of trainees felt their training has been affected – the majority citing lack of access to specialty outpatients, transplantation and procedures.

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Table 1. Effects on working patterns and educational opportunities for consultants and trainees

Consultants	Trainees
57% changed job role	52% changed job role
66% increased workload, 32% no change, 2% decreased	46% increased workload, 44% no change, 10% decreased
25% increased acute med workload, 3% seconded to ICU, 32% increased renal workload (22% no change)	27% increased acute med workload, 6% seconded to ICU, 25% increased renal workload (37% no change)
75% rotas restructured (firm based in 33%)	79% rotas restructured (firm based in 36%)
52% negative effects on fatigue, 61% negative effect on work–life balance	42% negative effects on fatigue, 40% negative effect on work–life balance
30% increased senior support, 66% increased sense of team	24% increased senior support, 40% increased sense of team
47% of rotas have returned to normal	60% of rotas have returned to normal
>25% had to amend working pattern for childcare provision	6% had to amend working pattern for childcare provision
13% did not feel supported by their department through the pandemic	27% did not feel supported by their department through the pandemic
72% loss of educational opportunities, 56% loss of developmental opportunities	69% loss of educational opportunities, 56% loss of developmental opportunities
83% increase in use of online webinars, 47% increase in use of national guidelines/protocols	78% increase in use of online webinars, 44% increase in use of national guidelines/protocols
41% increase in use of local guidelines/protocols. 34% increase in use of senior input or local decision support groups	56% increase in use of local guidelines/protocols. 38% increase in use of senior input or local decision support groups
42% increase in access/use of pre-print article, 47% increase in use of social media	40% increase in access/use of pre-print article, 44% increase in use of social media

- 14% will need training length extended or are unable to receive their certification of completion of training (CCT) as planned.
- 23% stated the pandemic had impacted on their immediate/future work plans, largely surrounding research grants, ability to go out of programme for research (OOPR) and cessation of penultimate year assessment (PYA).
- All felt that some aspects of training improved, particularly access to remote working/education and discussions surrounding prognosis / end-of-life care.

Other impacts of COVID-19: Flexibility around home working and subsequent better work–life balance was noted, as well as a 'reduction in wasteful interactions, particularly outpatients'. Lack of leave, constant rota changes and high frequency / work intensity were highlighted negative effects.

Conclusion

This is the first description of the effects of COVID-19 on the renal workforce. Uniquely it includes nursing and AHP staff, vital to the pandemic response. Findings may be generalisable to all medical specialties. Pleasingly, low levels of burnout were seen overall, but differential scores seen in female physicians and trainees needs further exploration. Significant impacts on working patterns, educational opportunities and training were described, although COVID-19 improved some aspects of working life. ■

Conflicts of interest

None declared.

Reference

1 Maslach C, Jackson SE, Leiter MP (eds). *Maslach Burnout Inventory manual*, 3rd edition. Palo Alto: Consulting Psychologists Press, 1996.