To develop evidence-based interventions to support doctors' wellbeing and promote resilience during COVID-19 (and beyond)

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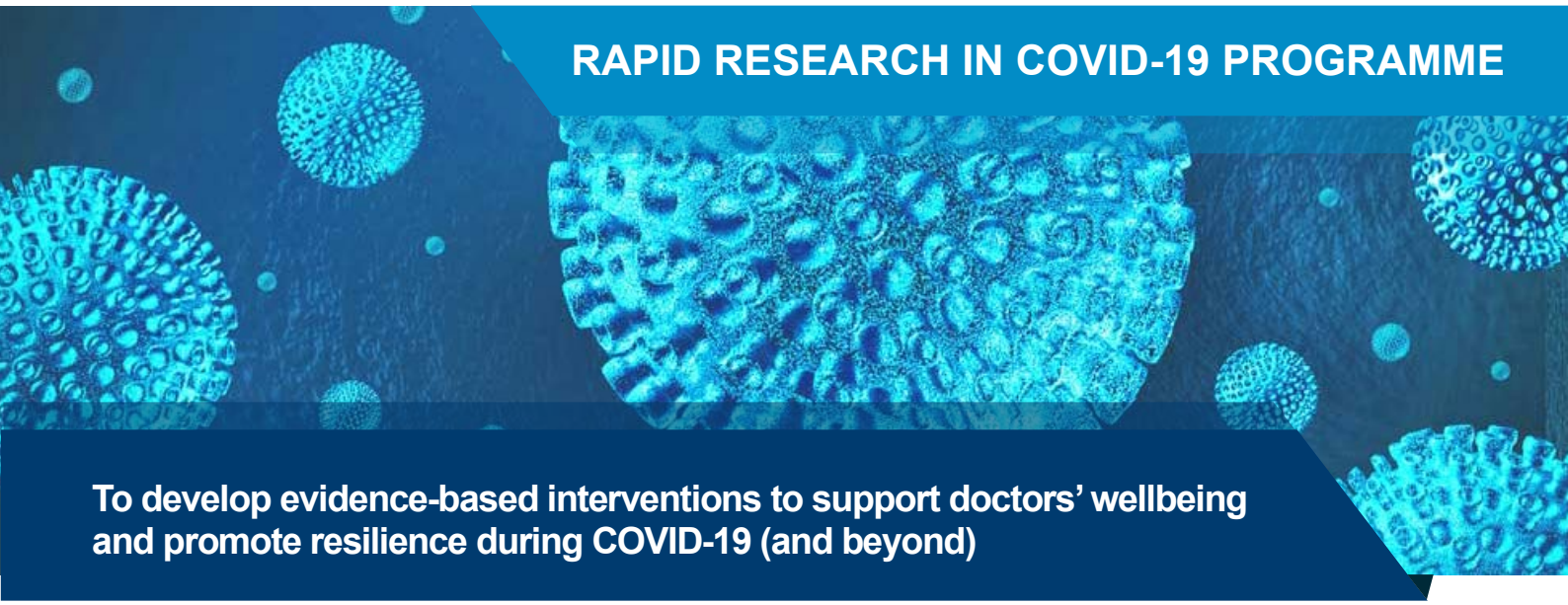
RAPID RESEARCH IN COVID-19 PROGRAMME



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AIMS

This study aimed to form a robust evidence base to inform the development and implementation of interventions to support the wellbeing of and promote resilience within doctors in Scotland. To achieve this, we needed to understand how doctors across the career continuum experienced transitions related to the COVID-19 pandemic, and how this affected their wellbeing in multiple domains. The Scottish Medical Education Research Consortium (SMERC) is uniquely placed to undertake this study as it is a collaboration of all five Scottish medical schools and NHS Education for Scotland (NES).

KEY FINDINGS

Key findings from this research include:

- The COVID-19 pandemic has magnified already existing challenges to doctors' wellbeing;
- A scoping literature review found no robust theory or evidence-based interventions for supporting the wellbeing of doctors during a pandemic;
- All 100 participating doctors experienced multiple interacting transitions in role, workplace, home and educational contexts which impacted on them in psychological, physical, social and cultural domains;
- Secondary care doctors highlighted significant changes to working practices, environments and increased complexity of decision-making exacerbated by cancellation of elective work;
- In primary care, doctors found new working practices, including the sharp decrease in face-to face contact highly challenging. This changing role is perceived to be losing public confidence and is a source of distress to some GP's;
- Many staff are experiencing uncertainty about the future and have flagged feeling exhausted, stressed and anxious especially with the upcoming reality of the second wave, winter pressures, workload and dealing with delayed presentation of other diseases;
- Trainee doctors are experiencing disruption in their education and training, for example, redeployment or cancellation of exams;

- Organisations are frequently failing to display to staff, especially senior staff, how much they are valued. This is demonstrated by, for example, removal of some Rest & Recuperation (R&R) spaces, reduced access to informal psychological support, inconsistent communications from senior managers.
- Positive experiences include greater collaboration and team working both within and across specialties, use of virtual meetings saving on travel and the recognition that their skills as a doctor are required;
- Uncoordinated, duplicative, and, at times, overly prolific communications from multiple organisations during the first wave added a further burden and stress to doctors' work;
- Doctors perceived the acceptability and ease of accessing formal and informal support to be difficult. Three key areas were prioritised to design interventions based on this issue: institutional support, supporting psychological safety and supporting physical safety;
- Differences in experience were apparent suggesting, even within this single profession, a one-size fits all intervention is not appropriate.

WHAT DID THE STUDY INVOLVE?

This study used a pragmatic rapid research design underpinned by a theoretical framework. There were 4 workstreams:

Workstream 1 (months 1 – 4): Rapid scoping literature review

An extensive search of medical literature, using established databases, was completed and no prior work on interventions focussing on doctors' wellbeing during a pandemic was identified. The review was therefore broadened to cover all healthcare workers operating under any crisis.

Workstream 2 (months 2-6): Data collection

Following appropriate ethical and institutional approvals, a purposive sample of doctors across the career continuum, specialties and geographic location (including remote and rural) was undertaken with recruitment via email and social media. A three stage qualitative data collection phase included: (1) initial interviews in which participants experiences of multiple transitions during the first wave of the COVID-19 pandemic were explored. This included their experiences as an individual, in their workplace, their home life and their educational context; initial thematic data analysis informed the intervention development in Workstream 3. (2) longitudinal audio diaries collected over a 2-4 month period in which doctors shared ongoing experiences of transitions related to COVID-19; (3) a second interview in which participants experiences were revisited and the project interventions discussed.

Workstream 3 (months 3-6): Intervention design and implementation (informed by workstreams 1 and 2)

Two expert panel/stakeholder virtual workshops, facilitated by the research team, provided perspectives on outcomes, prioritisation and design of interventions based on initial findings from Workstream 2. The format was underpinned by a theoretical ramework and the resultant output was that five interventions should be developed which aimed to enhance accessibility and acceptability of seeking support for psychological wellbeing both formally and informally and to demonstrate that organisations value and support staff.

Workstream 4 (months 5-6): Evaluation of intervention development
Qualitative evaluation of the proposed interventions was a key component of Workstream 2 second interviews. Prior to interview, background information on the five developing interventions was provided and participants were asked to evaluate their perceived acceptability and utility.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Findings Workstream 1: The literature search returned 10529 references. After a rigorous analysis of these papers, only 13 papers remained for inclusion, summary and reporting. The quality of the papers was deemed poor and not appropriate for informing the development of an intervention (6 were prospective studies and 7 were purely descriptive). The papers lacked a theoretical basis for intervention development which increased the significance of our work.

Findings Workstream 2: Doctors (n=100) from all Scottish health boards across the career continuum and specialty spectrum participated in the initial interviews. Of these, 67 participated in the diary phase of the study. Second interviews have also been completed with 83 participants. Since March 2020, participants reported that they had experienced multiple interacting transitions in role, workplace, home and educational contexts which had impacted on them in psychological, physical, social and cultural domains. Diaries from secondary care-based doctors highlighted significant changes to working practices and environments. In primary care, diaries reveal that the lack of direct patient contact is particularly challenging.

A key concern was that many staff are experiencing ongoing uncertainty about the future and have flagged burn-out, stress and anxiety especially with the reality of the second wave, winter pressures and dealing with delayed presentation and workload of other diseases. An additional worry for trainee doctors was the uncertainty regarding the immediate and long-term impact on their education and training.

Doctors have observed a decline in both organisational and public support. This has been manifested organisationally in the perceived removal of some R&R spaces and reduced access to informal psychological support following the first COVID-19 wave. Additionally, primary care doctors expressed a concern for a loss of public confidence in their practices due to the reduction in face to face care. Furthermore, doctors articulated a perceived lack of acceptability accessing, readily available and free formal and informal support, a need that has increased as a result of the COVID-19 pandemic.

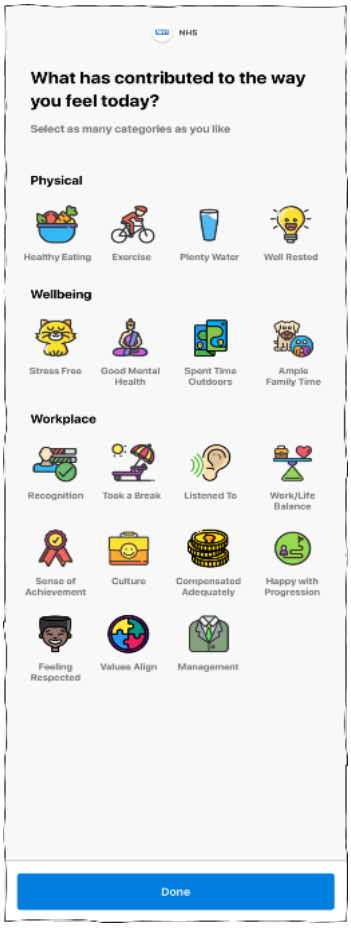
Intervention development and implementation (Workstream 3):

(1) The **website** (PRoMIS)is currently publicly available to all health and social care professionals. We are collaborating with the website managers to use our emerging evidence to develop this further, focusing on enhancing accessibility to psychological support and usability.
(2) To engage the medical workforce in discussing their wellbeing, we have developed five **composite narrative animations**. The first animation will be completed by end October 2020 and promoted via social media. The five animations represent the multiple experiences of the doctors interviewed for the project from different career grades and in different specialties

specifically: a GP; Senior hospital doctor; Senior Specialty trainee; Junior Specialty trainee; and Foundation doctor.

(3) To encourage doctors to access wellbeing support, we are developing an intervention to provide **informal in-person support.** Our intervention involves retired doctors and psychologists (on a voluntary basis) trained to provide wellbeing support to doctors within an R&R space. Informal one-to-one support, informal support to groups (face-to-face or online), active signposting to wellbeing resources and referral to formal psychological support will be offered.

(4) To encourage boards to consider reintroducing/enhancing/signposting hospital R&R **wellbeing spaces**, we have produced a persuasion document that outlines the benefits that these spaces offer in terms of wellbeing and the organisational commitment to staff wellbeing and an infographic. This document will be sent to NHS Boards emphasising the importance of these spaces and highlighting where staff can readily access them.



(5) We are collaborating with NHS Lothian and NHS Tayside to develop an additional component to their employee and wellbeing app (Trickle) which currently allows staff to provide feedback to their organisation. The additional part to the app will take a proactive approach to supporting and valuing staff prompting them each day with the question "**How was your day?".** Responses will be recorded together with factors that affected their day. Feedback is then provided on what made mostly positive days and/or negative days with some suggestions as to how to make the negative more positive.

Initial Intervention Evaluation (Workstream 4):
Participants have initially evaluated the interventions positively. Doctors have indicated that they feel heard through participation in this study and are supportive of the interventions that have been prioritised. Doctors at different stages of their career require different types of support and our research indicates that multiple interventions are required. All our partners in the various interventions will be undertaking a longer-term evaluation in conjunction with the research team.

WHAT IMPACT COULD THE FINDINGS HAVE?

Doctors: This major study has provided a significant body of evidence relating to doctors' mental health and wellbeing and what is required to support them in their day-to-day work. Development and implementation of not just our interventions but other sources of help and support based on the evidence will enhance their wellbeing and sense of being valued in these times of great uncertainty.

Patients: Evidence-based interventions focussed on psychological safety and organisational support for their staff have the potential to improve the wellbeing of the healthcare workforce, with potentially positive impacts on long term patient care. This ultimately contributes to individual workforce and organisational resilience. Doctors are, first and foremost, people with personal, professional and strategic concerns around caring for others.

Policy: This study will help inform the NHS and Scottish Government in shaping policies which ensure that prioritisation of doctors' wellbeing, feeling valued and supported at an individual and organisational level become embedded, beyond the global pandemic.

Practice: Facilitating access and positive dialogue around support seeking behaviours will help organisational cultures to evolve. This emphasis on hearing and valuing their staff can be manifested in new working practices, team working, camaraderie, greater collaboration across specialties, and responsive decision making. Organisations thrive when staff have a voice.

HOW WILL THE OUTCOMES BE DISSEMINATED?

Dissemination will be open and rapid, including traditional forms (open access publications, reports, conferences), alongside more practical and modern methods (SoMe, infographics, apps, resource hubs). Composite narratives will be produced and made available to key stakeholders together with the opportunity to meet and discuss the evidence.

Further research (with additional funding) would allow the participants to be interviewed in March 2021 (a year post initial COVID-19 lockdown) as part of a follow up which would provide an extensive longitudinal dataset giving a unique account not only of the impact of the pandemic but "the beyond" which is as important, if not more important. It would also allow long term follow-up of the interventions, which is important in determining their sustainability, acceptability and utility.

CONCLUSION

Wellbeing in general, eg anxiety, fatigue, exhaustion, depression was already a significant healthcare workforce issue. COVID-19 has exacerbated this issue with a recognised impact on patient safety and care. Our research indicates it is likely to become more problematic during the second wave and particularly if the winter proves difficult, especially with the removal of key and valued lifelines implemented during the first stage of pandemic.

NHS Scotland's greatest asset is the staff who deliver it. Staff health and wellbeing are key to healthcare and patient safety. It is imperative that the NHS ensures staff feel valued and fully supported through this crisis and beyond. In order to benefit Scotland's population, the health and wellbeing of staff who deliver medical care must be better supported. This project provides the evidence for designing and delivering support that ultimately benefits the population of Scotland.

RESEARCH TEAM & CONTACT

SMERC Team consisting of: Dr Kim A Walker (PI) Dr K Gibson Smith (UoA) Dr L Gordon, Dr G Scanlan (UoD) Dr G Aitken (UoE) Prof L Pope (UoG) Dr A Laidlaw, Dr J Cecil (UoStA) Prof P Johnston (NES)	kim.walker@abdn.ac.uk kathrine.gibsonsmith@abdn.ac.uk l.y.gordon@dundee.ac.uk, g.scanlan@dundee.ac.uk gill.aitken@ed.ac.uk lindsey.pope@glasgow.ac.uk ahl1@st-andrews.ac.uk jc100@st-andrews.ac.uk peter.johnston@nes.scot.nhs.uk
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ADDITIONAL INFORMATION

This project was awarded £223,980 in funding from the Chief Scientist Office.
The project has completed all the data collection and has started to implement the interventions. Initial evaluation has taken place.