

Editorial

Editorial: safe healthcare teams during the coronavirus outbreak

The coronavirus (COVID-19) has taken the world by surprise, and at the time of writing (10 March 2020) it is spreading across communities and countries like wildfire.¹ With so much publicity and the various knock on effects on the global economy and stock markets, it seems that coronavirus has rapidly taken over our lives.

By the end of February 2020, some two months after the outbreak of COVID-19 began in Wuhan, China, some 82,000 cases and 2,800 deaths have been reported.² In one of the authors (RSO) hospital, in the last few days the surgical high dependency unit has been closed due to coronavirus. There seems to be growing panic amongst the public with many stockpiling various household goods³ and even hostility between supermarket shoppers being witnessed in an attempt to secure out of stock items such as toilet paper.⁴

Human factors and coronavirus

As healthcare providers, we are neither immune to the COVID-19 virus itself (Fig. 1), or the ever-increasing anxiety and concern for our wellbeing during this crisis. We

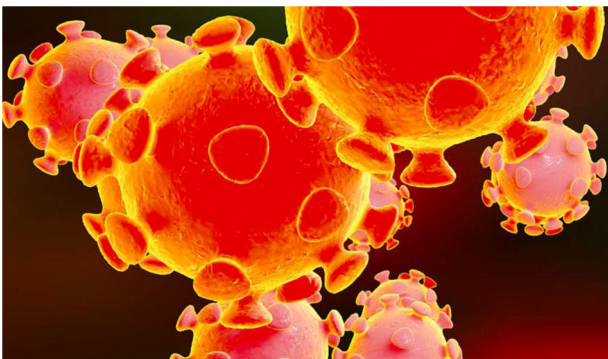


Fig. 1. Structure of COVID-19.

should of course practice regular hand hygiene and other simple measures to minimise any risk of virus spread. However, the psychological effects of COVID-19 should not be underestimated.⁵ When working under stressful situations, tensions can rise leading to anger and even breakdown in team working.^{6,7} Under such circumstances we are much more likely to make a mistake and raise the risk of patient harm. It is therefore important to remember to stop even for just a few moments, enabling diffusion, reassessment of any escalating situation and regrouping of the team.

At all times but particularly during this difficult period, we should be looking out for each other, providing support for both medical and allied profession team members, as well as actively empowering everyone to be able to speak up without fear if they have any concerns. This is good practice to maintain vigilance and enhance the situational awareness of the team⁸ at all times, but even more so during this crisis.

The importance of adequate hydration, nutrition, taking breaks and sleep cannot be emphasised enough to optimise ourselves at work and ensure we deliver the best care for patients. There are plenty of publications highlighting how physical performance and cognitive function can deteriorate by missing lunch or not drinking fluids regularly.^{9–11} Since the latter deteriorates slowly, we are usually not even aware that this is happening.

Type A personality, feeling out of control, and incivility

Many surgeons have a type A personality¹² and like to feel that they are in control for most, if not all the time. There is a good chance that coronavirus will disrupt our control in many areas including loss of beds (including ITU) for elective surgery, staff sickness with resulting to alterations “normal” working practice or diminished teams providing care, all of which might leave us with the feeling of having “lost control”. It is important not to become angry with other

teams trying to secure beds or other resources for our elective operating lists, but instead to look at the wider situation unfolding before us. Most colleagues regret their incivility to others. Not only might this damage present and future working relationships but when it happens on a regular basis this behaviour can also raise the risk of burnout for the perpetrator.¹³

Risks associated with unfamiliar teams

The UK government has suggested that recently retired doctors might be re-employed to help with the current coronavirus situation. While this seems a good idea in principle, and teams should be able to work together by following standard operating procedures (SOP), increased vigilance would be required by permanent staff to look out for, and support these colleagues to ensure that they are practising to a safe standard. Potential issues with documentation, communication, and handover are all possible sources of error, particularly given that many NHS Trusts have become paperless, a new system for which retired colleagues may not be familiar.

Doctors and their families get sick too

We sometimes fail to look after ourselves and can have a relatively poor work-life balance. In medicine, surgical specialties are well known for this and burnout amongst surgeons is increasing.¹⁴ In this uncertain and worrying time, it is important to have protected quality time away from work. There is a potential conflict between the requirement of healthcare provision during this outbreak and our own personal needs. However, the government has issued clear guidance about self-isolation if there is any doubt of coronavirus infection.¹⁵ This is definitely not the time to be stoical about going to work under the misapprehension that “the team cannot function without me”.

The course and development of the coronavirus outbreak over the next few weeks and months is unknown. However in these difficult times ahead, we wanted to raise awareness of the importance of looking after ourselves and our teams, which in turn leads to the best care for our patients.

Conflict of interest

We have no conflicts of interest.

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P.A. Brennan *

Queen Alexandra Hospital, Portsmouth, PO6 3LY, UK

R.S. Oeppen

University Hospitals Southampton, Southampton,

SO16 6YD

* Corresponding author. Tel.: +44 2392 286376;

Fax: +44 2392 286089.

E-mail address: Peter.brennan@porthosp.nhs.uk

(P.A. Brennan)