JBUON 2021; 26(3): 654-655
ISSN: 1107-0625, online ISSN: 2241-6293 • www.jbuon.com
Email: editorial_office@jbuon.com

SPECIAL ARTICLE

The COVID-19 survey pandemic: a critical approach

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Introduction

Amidst the COVID-19 pandemic, there has also been an outbreak of surveys targeting oncology professionals asking numerous questions ranging from availability of Personal Protective Equipment (PPE) to service operational issues and others covered loosely by the concepts of "stress", "burnout", "wellbeing" and "resilience". These surveys originate from sources with different objectives, for example, employers, professional regulators, unions, professional societies and colleges, but so far, there has not been any attempt to reflect on their usefulness.

We can presume the rationale behind this surge in surveys is that first, it will allow medical practitioners to provide important policy-relevant data and information [1]. The assumption behind this is that the engagement of clinicians and clinical involvement will bring benefits to the patient experience. A second reason to conduct these surveys will be to gain information if the pandemic affects the wellbeing of doctors negatively. The assumption behind this is that by improving their wellbeing, it will lead to increased productivity, care quality, patient safety, patient satisfaction, financial performance and the sustainability of our health services [2].

Based on this rationale, one can, therefore, make a *prima facie* claim that completing these surveys is useful; they take a short time to complete (hence cost very little) and provide valuable information for decision-makers. However, we argue that without drastic changes to the type of scales used and the method by which the use of the results is monitored, this claim is only aspirational.

First, there is not currently a method by which to track what actions will be brought forward as a result of the findings from these surveys; this statement refers to information collected both about service operational issues but also about the wellbeing of doctors. For operational service issues, one can at least say that due to the COVID-19 situation, the voice of the clinician is listened to, and the bureaucratic constraints which typically exist that hinder it can be penetrated. What is not clear, however, is what is happening with the results from the loosely defined wellbeing surveys.

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Received: 21/11/2020; Accepted: 05/12/2020

Surprisingly, although oncologists who are exposed to chronic doses of psychological trauma by the fact that the group patients they work with have an average annual death rate of 33% [3], as a professional group have not been studied, in striking difference to other professionals including even comedians [4]. Although there is evidence to suggest that personality traits relate to career choices among physicians [5], the personality traits and types of oncologists remain unknown. A small study conducted with oncology nurses [6] showed the strongest self-selection for the ISFJ (Introverted, Sensing, Feeling and Judging) type of the Myers-Briggs Type Indicator, but from this study alone, no generalisations can be made. By knowing which personality traits and types are most common to oncologists, the approaches to interventions to support them can be more refined. Furthermore, the solutions offered to oncologists who have been found to already have a burnout rate reaching the 32% [7] are more or less to 'toughen up' to become more resilient so they can withstand more stress.

In this context, it is unclear what the practical usefulness of the surveys asking oncologists to complete about what they define as "wellbeing" is. The tools commonly used, such as the Impact of Events Scale (IES), the Multidimensional Scale of Perceived Social Support (MSPSS), the Patient Health Questionnaire (PHQ) and the Generalised Anxiety Disorder (GAD7), have nothing to do with wellbeing and lot more with mental illness whilst any results obtained will be known much later and this at a group and not the individual level.

To improve the impact of these surveys, we propose first that they explain what actions they intend to take with the results from the outset; this will allow participants to evaluate if they wish to take part or not. Second, there needs to be much more thought about the psychosocial measures used, which need to provide immediate feedback and move away from measuring mental illness to wellbeing. Finally, research to study the personality types and traits of oncologists is well overdue.

Conflict of interests

The authors declare no conflict of interests.

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