# Experiences of Renal Healthcare Practitioners during the COVID-19 Pandemic: an international survey

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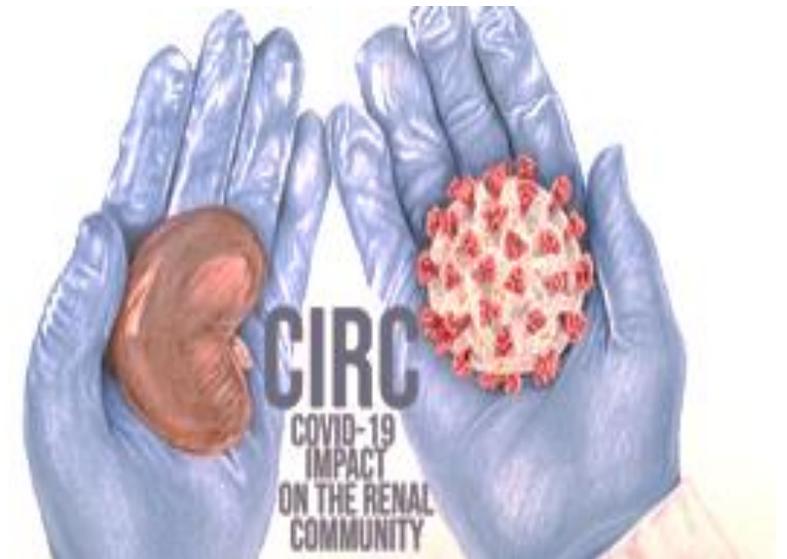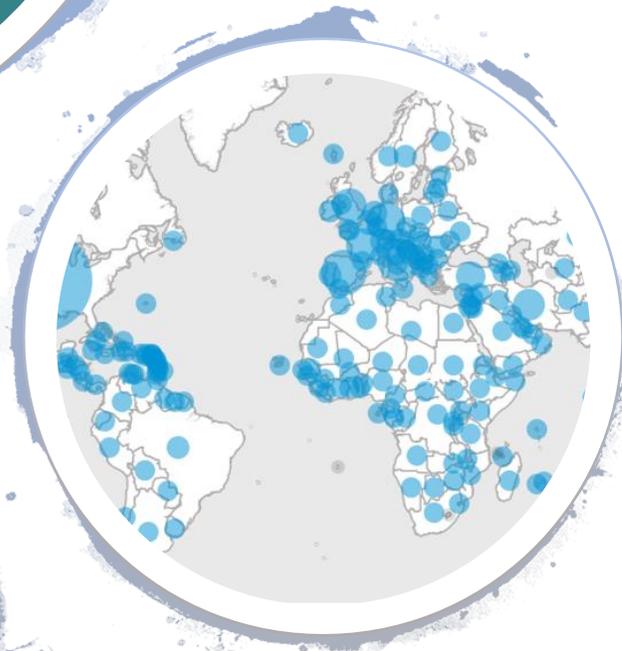
Introduction:
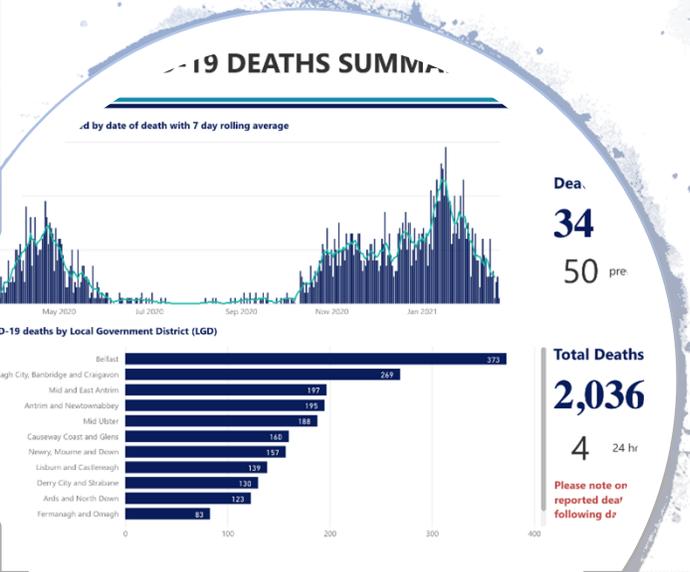
Background:

Kidney disease (and particularly those patients receiving renal replacement therapy) at an increased risk of severe COVID-19.

High incidence of acute kidney injury (AKI).

Limited attention to nephrology HCP.
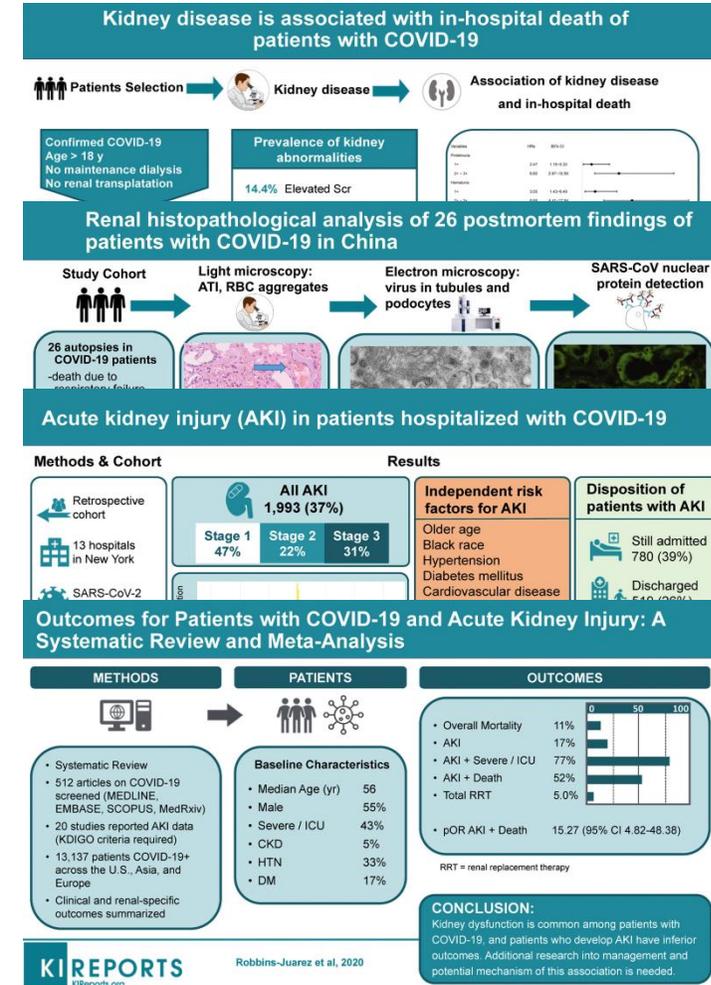
Objectives:

Knowledge about the impact of COVID-19 on renal HCP is extremely limited (Kersten et al. 2014).

Need for evidence across renal HCP on burnout and stress levels.

Aim to explore the impact of COVID-19 on renal HCP using standardized measures.

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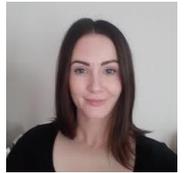
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Design, setting participants and measurements:

Are you a Renal Healthcare Practitioner?

In collaboration with the EDTNA/ERCA we are completing "An exploration of the Experiences of Renal Healthcare Practitioners Globally during the COVID-19 Pandemic" survey.

https://qubnursing.fra1.qualtrics.com/jfe/form/SV_03alc9AruVtsqI5

Online self-designed survey on COVID-19.

Standardised questionnaires included General Health Questionnaire-12 [GHQ-12] and Maslach Burnout Inventory [MBI].

Key findings:

251 HCP participants

28 countries

86% female

86.9% were nurses

21.5 years healthcare experience & 16.3 years in renal speciality

40% felt fear attending work

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Burnout (MBI):

36% reported emotional exhaustion (EE).

18% high depersonalization (DP).

21% low personal accomplishment (PA).
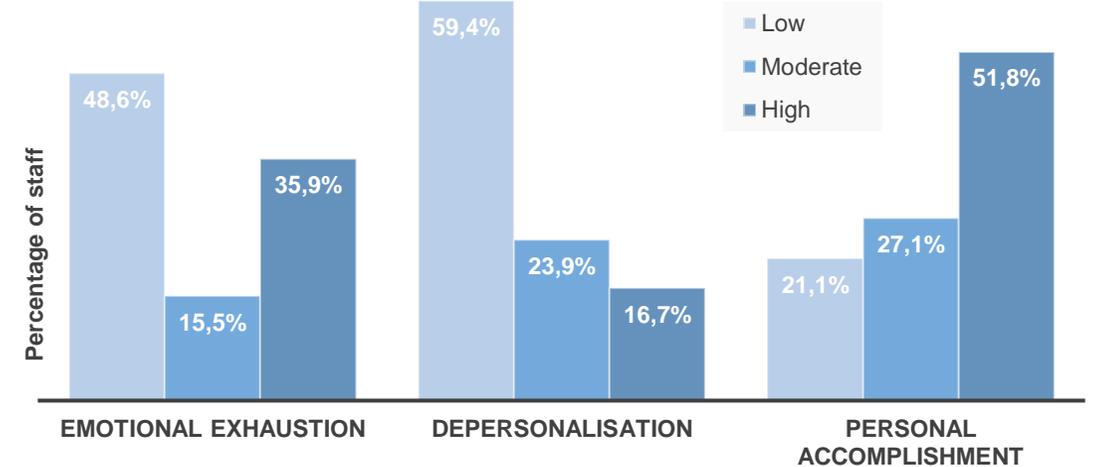
(*cut-offs EE >27; DP >10; PA <33)

Cut-offs reached: *4% three domains; 15% two domains; 32% one domain*

Must acknowledge diagnostic criteria not well-specified in the literature (Doulougeri et al, 2016), MBI subscales are not homogeneous in literature.

Mental health distress (GHQ-12):

49.8% of HCP had a significant level of mental distress (bi-model method). Mean score was 14.0 (CI 95% 13.2-14.8) (Likert method).

Higher than the general population (Pierce et al. 2020) and HCP working in emergency, intensive care and anesthetic medicine (Roberts et al. 2020) during the same period.

Timing of psychological assessments and importance of follow up to assess trajectory of distress.

Systematic review highlights GHQ-12 is reporting varies widely (Gomez-Salgado et al. 2020).

Further evidence required within HCP nephrology specialities.

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Conclusion:

High levels of emotional exhaustion and mental health distress were present in our sample of renal HCPs.

Further study exploring experiences of renal HCPs across nine countries.

Future studies should consider a longitudinal study to capture changes in distress over time, for individuals and groups of patients along the renal pathway.
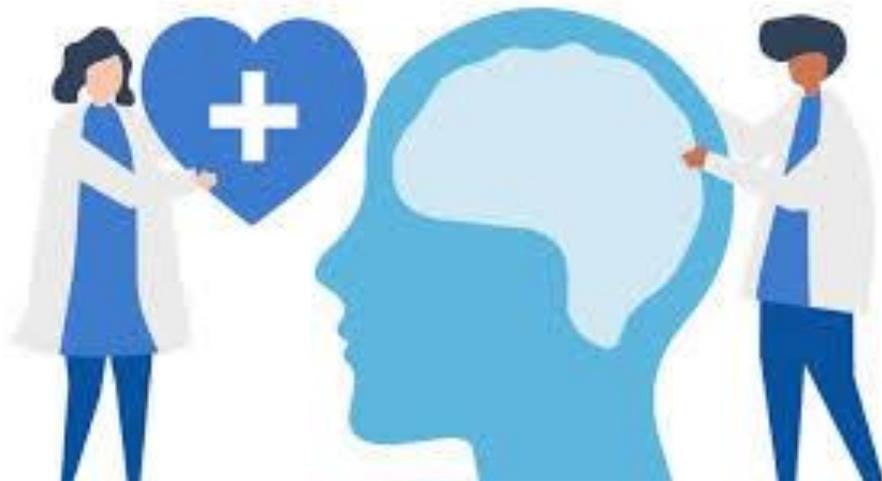
Findings support the incorporation of dedicated psychosocial support in the renal care pathway.

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