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Research Article

Maternity Staff Survey on Social Distancing Measures at Work during the COVID-19 Pandemic -

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ABSTRACT

Objective: To identify the ability of healthcare workers in maternity departments in the UK to maintain social distancing in the work place during the COVID-19 pandemic with a secondary aim to identify perceived beliefs and attitudes amongst staff regarding spread of infection within hospitals.

Study design: A cross-section survey-based study amongst healthcare workers from all professional backgrounds working in maternity departments in the UK during the COVID-19 pandemic in April 2020.

Results: A total of 220 responses to the survey were obtained from maternity staff across the UK of which 85% felt social distancing in the maternity setting was not practically possible. As many as 80% reported feeling social distancing was breached more than 5 times a day. Perceived barriers to social distancing from other colleagues included; lack of facilities (84%), nature of work in maternity services (72%), not viewing colleagues as asymptomatic carriers (52%) and the lack of universal testing of staff (41%). Barriers to social distancing from patients included; nature of the work in maternity (84%), uncertainty of a patient's COVID-19 status (40%), lack of awareness amongst patients (37%) and inadequate PPE (23%). As many as 75% of staff felt anxious about contracting the virus on more than several days in the preceding 2 weeks of the study with 81% reporting fear of contracting the virus was affecting patient care.

Conclusion: Healthcare workers like everyone else, are vulnerable to the virus itself and the anxieties that come with the pressure to work in close contact with infected patients and other exposed colleagues. Containment of the COVID-19 outbreak in hospitals will require robust strategies to reduce the risk of nosocomial spread through universal screening of patients and staff, re-configuring clinical areas to minimise spread of infection and ensuring staff readiness to deal with COVID-19 patients through continued education and provision of appropriate PPE. Fostering an environment focused on staff safety and wellbeing should be of paramount importance to ensure optimal patient care.

Keywords: Social distancing; Maternity staff; COVID-19

INTRODUCTION

COVID-19 is a rapidly communicable disease that has been classified as a pandemic by the World Health Organisation [1]. Modelling of the pandemic presumes an infection fatality ratio of 0.9% and a hospital admission rate of 4.4%, with 30% of those admitted needing critical care admissions [2]. It is estimated that as many as 20% of healthcare workers will not be able to work due to illness or self-isolation [3]. In the absence of a vaccine or a pharmacological cure, the most practical strategy against COVID-19 is to minimise contact between the infected and unaffected through early identification of positive cases and social distancing. Social or physical distancing measures aim to reduce the peak of the pandemic and the resulting pressures on hospitals [4].

As key workers providing an essential service, most healthcare professionals cannot work from home and must interact daily with each other, as well as COVID-19 positive patients. Preventive measures in the healthcare setting are therefore critical to prevent the spread of nosocomial infection, as well as reduce the risk of staff sickness. These measures include the ability to maintain a social distance where possible amongst healthcare workers and between patients, in addition to infection control procedures such as the appropriate use of Personal Protective Equipment (PPE), adequate laboratory testing, triage and isolation of patients with suspected and confirmed disease [5].

This survey aims to identify the ability of healthcare workers in maternity departments in the UK to maintain social distancing in the work place during the COVID-19 pandemic with a secondary aim to identify the perceived beliefs and attitudes amongst staff on the spread of infection within hospitals.

MATERIAL AND METHODS

An anonymous survey was circulated amongst staff of all professional backgrounds and seniority working in maternity services at Newham University Hospital in London as well as across the UK, between 24-30th April 2020. This was distributed electronically

to other units as well as via printed forms at Newham University Hospital, and included questions regarding demographics, ability to maintain social distancing measures at work, perceived barriers to achieving this and questions pertaining to staff wellbeing.

RESULTS

Demographics

A total of 220 responses to the survey were obtained though not all questions were answered by every responder. The majority of responders worked at Newham University Hospital where the study was primarily carried out (69%), a majority of the responders were female (83%), aged 35-44 years (27%), and were from black, Asian and minority ethnic groups (63%). Staff groups consisted of midwives (40%) of varying seniority including matrons and midwife consultants, obstetricians including consultants (13%), specialty registrars (15%) and senior house officers (9%) and a further 15% of staff that included theatre nurses, healthcare assistants, administrative staff and domestics.

Social distancing in the workplace

A large majority of responders (85%) felt social distancing in the maternity setting was not practically possible. As many as 80% reported feeling social distancing was breached more than 5 times a day. A large majority (87%) felt social distancing was not possible in communal areas such as corridors and workstations. Up to 75% felt this was not possible during handover as over half (51%) reported that 10-20 people or more would attend the handover meeting. A total of 67% of responders reported MDT ward rounds were still carried out in their units though only 41% reported that the entire team would enter the bed space of a patient with no suspicion of COVID-19. Moreover, 68% felt social distancing from colleagues in break rooms, offices and the canteen was not possible. Regarding travel to work, a majority of 70% used private transport and 72% were confident they could maintain social distancing whilst entering hospital and getting to their clinical areas of work.

Regarding perceived barriers to social distancing from other



colleagues; lack of facilities featured predominantly (84%), followed by nature of work (72%), not viewing colleagues as asymptomatic carriers (52%) and the lack of universal testing of staff (41%). Frequent meetings were cited by 29% and inadequate PPE accounted for 24%.

Regarding barriers to maintaining social distancing with patients, a large majority (84%) felt that the nature of the work in maternity made this difficult, followed by uncertainty of a patient's COVID-19 status (40%), lack of awareness amongst patients (37%) and inadequate PPE (23%)

Staff wellbeing

Up to 75% of staff felt anxious about contracting the virus on more than several days in the preceding 2 weeks the study was conducted, with 34% within this group reporting anxiety nearly every day. A majority of 76% also felt anxiety about spreading the virus to family or friends on more than several days in the past fortnight. A significant proportion (81%) felt that the fear of contracting the virus was affecting patient care on more than several days in the last 2 weeks with 46% reporting a new loss of confidence in an existing role. A total of 70% also felt their working relationships with colleagues was affected on more than several days, while 81% reported the fear of contracting the virus would lead to staff shortages at work.

DISCUSSION

While the pandemic has had many impacts, this study focused in particular on the effect it has had on the ability of healthcare workers in maternity departments to adequately maintain social distancing at work and by extension, their ability to carry out their work safely. Healthcare workers like everyone else, are vulnerable to the virus itself and the anxieties that come with the pressure to work in close contact with infected patients. At a moment in history where the rest of the population are advised by governments to maintain social distancing measures around the world, health care workers are unable to adequately do so and continue to work within the same infrastructure not especially geared to deal with a highly communicable disease of this kind.

This survey of 220 healthcare workers in maternity departments across the UK, revealed an overwhelming majority of (85%) responders felt that social distancing was not possible at work. As suggested by as many as 84%, the lack of facilities was felt to be the largest barrier. Unfortunately, without a significant investment in resources it is unlikely existing infrastructure can be increased without affecting overall capacity. However, strategies such as re-configuring spaces not optimally utilised and separating clinical areas with only suspected or confirmed COVID-19 patients with specifically assigned staff may help overcome this barrier.

A significant number of responders, also felt that the nature of the work that was unique to the care of obstetric patients in labour, meant that social distancing was not possible between colleagues (72%) and patients (84%). This is another factor specific to the environment of the maternity departments that is unlikely to change. However, strategies such as implementing drills to ensure staff readiness to deal with obstetric emergencies in COVID-19 patients and a focus on educating staff on the correct use of PPE may help mitigate this to an extent. Maternity specific protocols should also be developed and continuously updated as new evidence regarding this novel virus emerges.

Universal testing of staff may also ease the concerns of many

healthcare workers in maternity departments, as more than half the responders (52%) cited the notion of not viewing colleagues as potential asymptomatic carriers of the illness, led to a lack of social distancing. By extension, universal testing for all patients may also reduce the spread of nosocomial infection, as felt by 40% of the responders especially in asymptomatic patients or those that don't disclose mild symptoms possibly due to the fear of being treated differently or losing access to a service.

It is no doubt that the prevailing healthcare crisis has led to a rising sense of anxiety especially amongst healthcare workers at the frontlines. A survey by the BMA showed nearly a third of doctors have reported that mental health conditions linked to their work such as anxiety, depression, and burnout have been made worse by the COVID-19 pandemic [6]. This is clearly demonstrated in the results of this survey, where as many as 75% of responders felt a heightened sense of anxiety surrounding becoming unwell with the disease or spreading it to members of their own family (76%).

This has unfortunately led to a knock-on effect on patient care, where as many as 81% of responders felt the fear of the virus was affecting patient care. Quality maternity care requires fostering a trusting partnership between healthcare professionals and families which can be enhanced by good eye contact, touch and reassuring tones used during consultations in the antenatal and postnatal period but especially so in labour [7]. The need for PPE and restrictions on personal engagement may leave staff with a sense of violation of their moral norms and standards of usual practice when providing care to patients especially within the maternity setting [7].

Fostering an environment focused on staff safety and wellbeing should be of paramount importance to ensure optimal patient care. This may be facilitated by ensuring staff access to pastoral care and adjustments of shift patterns to reduce continuous periods of exposure to work thereby minimising risk of burnout.

The responders in this study included professionals working in maternity services from a varied range of backgrounds and is therefore likely to be representative of the views of most workers, though it did not include Anaesthetists working on labour ward. The conclusions that can be drawn from this survey are however, limited as it focused on the perceived rather than actual measurements of social distancing.

CONCLUSION

In summary, containment of the COVID-19 outbreak in hospitals will require robust strategies to reduce the risk of nosocomial spread. Though the results of this survey may not be representative of the wider healthcare setting it is evident that social distancing measures are often difficult to maintain in the maternity setting and are unlikely to be effective as a single intervention. Therefore, to ensure staff safety and engagement; infrastructure, protocols and PPE need to be optimised to protect healthcare workers and patients.

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