



UK Sudanese healthcare workers' wellbeing amid COVID-19 Pandemic

A SURVEY REPORT, JUNE 2020

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List of Abbreviations

BAME	Black and minor ethnicity
BMA	British Medical Association
COVID-19	Coronavirus disease 2019
DAUK	Doctors' Association UK
HCW	Healthcare worker
ICNARC	Intensive Care National Audit and Research Centre
NHS	National Health Service
SDU-UK	Sudan Doctors' Union – UK Branch

Executive summary/Abstract

Healthcare workers (HCWs) from Black and minor ethnicity (BAME) backgrounds have been shown to be at increased risk of death from coronavirus disease 2019 (COVID-19). Two Sudanese doctors and one London NHS transport worker were among the first HCWs to die of COVID-19 in the UK. The Sudan Doctors' Union-UK branch (SDU-UK) aimed to explore the well-being of Sudanese healthcare workers in the UK during the COVID-19 pandemic, to define the physical, psychological, and social challenges these individuals are facing, and to identify potential methods of providing support.

A questionnaire was created online and distributed to UK-based Sudanese HCWs practicing in the UK, between April 2020 and May 2020, using different social media platforms.

A total of 240 responses were received, of which 223 were deemed to be valid. The median age was 39 [interquartile range (IQR): 34–46], 55% were male, and almost all of the participants were doctors (97%). Responses were received from all regions of the UK, with the highest number of submissions received from the Midlands. Only a third received risk assessment in relation to COVID-19 and approximately 29% of those who appeared to have been redeployed or who had their rota pattern changed were dissatisfied with the new arrangements. A majority (62%) were working on the frontline, and a high proportion (55%) were exposed to COVID-19 cases frequently (i.e. most days of the week or more frequent). More than one-third reported undergoing self-isolation due to COVID-19 symptoms, and 22% reported concerns regarding their physical health, whereas 89% indicated a degree of stress or pressure at work associated with COVID-19. Moderate or extreme concerns regarding the higher rates of death among Sudanese and BAME HCWs were reported by 73% of respondents.

Childcare difficulties, financial constraints, and the fear of infecting family members were among the major concerns raised by participants. Recommendations for the SDU-UK provided by survey participants included the provision of both psychological and social support, through regional representatives, promoting contact information or hotlines to provide mental health and wellbeing consultations and engaging in research to investigate the vulnerability of BAME HCWs to COVID-19. The SDU-UK should continue its advocacy role in collaboration with other BAME-representing bodies, to highlight any shortfalls in the BAME risk assessment process or the Immigration Health Surcharge exemption decisions.

1. Introduction

Death rates from coronavirus disease 2019 (COVID-19) have been observed to be higher among Black and minor ethnicity (BAME) groups compared with those among White ethnic groups, which contrasts with data from previous years in which Asian and Black ethnic groups presented lower rates of all-cause mortality than White groups¹. This finding has sparked an on-going discussion regarding the inequality of mortality rates associated with ethnicity¹⁻³.

In the UK, the Intensive Care National Audit and Research Centre (ICNARC) showed that approximately one-third of the 9,777 patients who were admitted to intensive care by June 12, 2020, were of non-White ethnicity, despite these ethnic minorities representing less than 20% of the general population². A survival analysis among confirmed COVID-19 cases showed that, when adjusted for age, Black males were 4.2-fold more likely to die from a COVID-19 than White males and Black females were 4.3 times more likely to die than White females³. Individuals of Asian and other Black ethnicities presented with 10% to 50% higher risks of death, when compared with the White British population¹. The risk was found to be particularly high among people identifying as Bangladeshi, Pakistani, Indian, and Mixed ethnic groups^{2,3}.

This increased risk among minority populations is not limited to the UK. In the USA for instance, African Americans appear to be disproportionately affected by COVID-19, in a similar manner as the BAME population in the UK, with data showing that 33% of deaths in hospitals occurred in individuals with Black backgrounds, which was disproportionate, as Black individuals only comprised 18% of the total population in the study⁴.

The majority of the National Health Service (NHS) staff who died during the pandemic were from BAME backgrounds, especially the first few doctors who died. Evidence suggests that BAME NHS staff are more vulnerable to infection associated with COVID-19. Reports have indicated that more than 90% of the doctors who have died from COVID-19 in the UK, thus far, belonged to BAME backgrounds. A recent analysis of 106 NHS staff who died, demonstrated that despite BAME doctors constituting approximately 44% of the NHS medical staff, fully 94% of the 19 doctors and dentist who have died from COVID-19 were BAME⁵. Interestingly, 94% of those were males. A similar finding was observed among nurses and midwives, with 71% of the 25 nurses and midwives who died from COVID19 were BAME. Moreover, 98 of the 106 NHS staff who have died served in patient-facing roles⁵.

Various groups have demanded that BAME doctors and NHS staff should be risk-assessed and offered roles away from their usual frontline duties when deemed appropriate or indicated, according to the risk assessment results. While a formal review had been undertaken by the UK government to explore the impacts of ethnicity and gender on susceptibility and mortality due to COVID-19¹, the analysis did not take consider the risks associated with occupation. This constitutes a limitation given that

occupational exposure to COVID-19 is an important confounding and contributing factor.

More recently, a consensus document has been released focusing on risk reduction for NHS staff at risk of COVID-19 infection and how employers can assess the risks of COVID-19 exposure for BAME workers⁶.

1.1. Rationale

Among UK-based Sudanese healthcare professionals (HCWs), concern has grown that they may be more susceptible to COVID-19, especially as two Sudanese doctors and one paramedic were amongst the first to die from COVID-19 in the UK. Two additional UK-based Sudanese doctors have died recently⁷. This survey was administered by the Sudan Doctors Union-UK branch (SDU-UK), to ensure the well-being of its members and to explore potential methods for helping and supporting UK-based Sudanese HCWs during these difficult times.

1.2. Specific Objectives

- 1- To assess the exposure of UK-based Sudanese HCWs to COVID-19 in the workplace;
- 2- To establish whether any risk assessments have been undertaken in preparation for COVID-19;
- 3- To explore the physical, psychological, and social impacts of the COVID-19 pandemic on UK-based Sudanese HCWs; and
- 4- To establish any suggestions or recommendations for improving the well-being of UK-based Sudanese HCWs.

2. Methods

The survey was created electronically, using the Jotform online website. The survey was initially piloted, and the comments received from participants during the pilot phase were used to devise the final version of the survey (**see Appendix**). A link to the survey website was posted through the SDU-UK online platforms and was sent directly to SDU-UK members, through different social media outlets, and these members subsequently circulated the survey to other Sudanese HCWs based in the UK.

The inclusion criterion was any Sudanese HCW who is currently practicing in the UK. All participants were required to state their eligibility at the beginning of the survey. Two cycles of distribution were undertaken, between April 28, 2020, and May 18, 2020. Quantitative data were analysed using Microsoft Excel, whereas a thematic approach was applied for the analysis of the qualitative components of the survey.

A returned questionnaire was considered incomplete if fewer than 50% of the questions were answered. All incomplete forms were excluded from the analysis. In view of the online nature of the form, any duplicated submissions were removed prior to the final analysis. Where a response was not provided or a question was skipped, the result was presented as 'missing'.

Participants who indicated any concerns regarding their mental or physical health were advised to contact their occupational health departments and/or inform their line managers. Alternatively, the contact emails for the SDU-UK academic and social offices were provided at the end of the survey, if any participants had any further queries.

3. Results

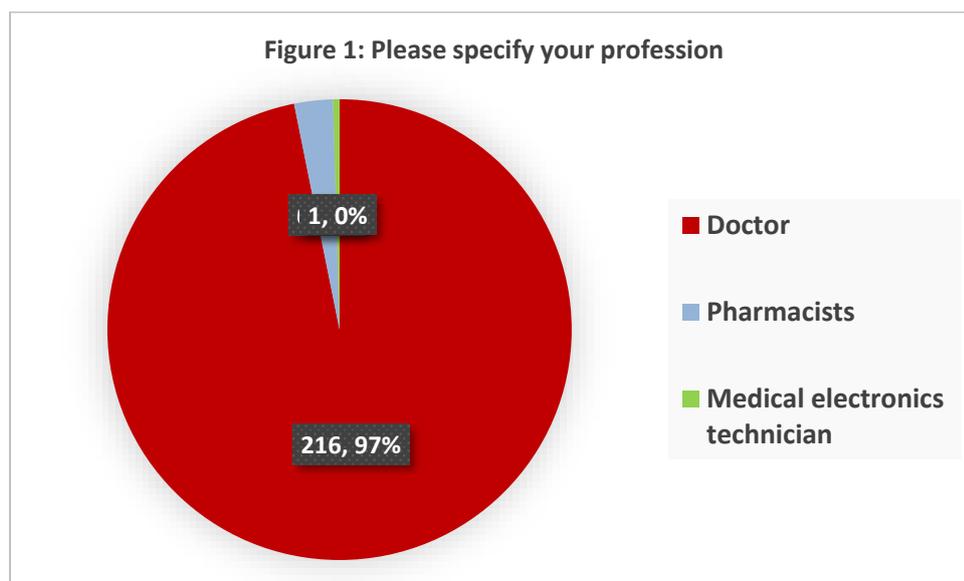
The total number of responses received was 240, of which 2 were deemed incomplete and 15 were identified as duplicate submissions. The number of surveys included in the final analysis was 223.

3.1. Basic characteristics of the participants

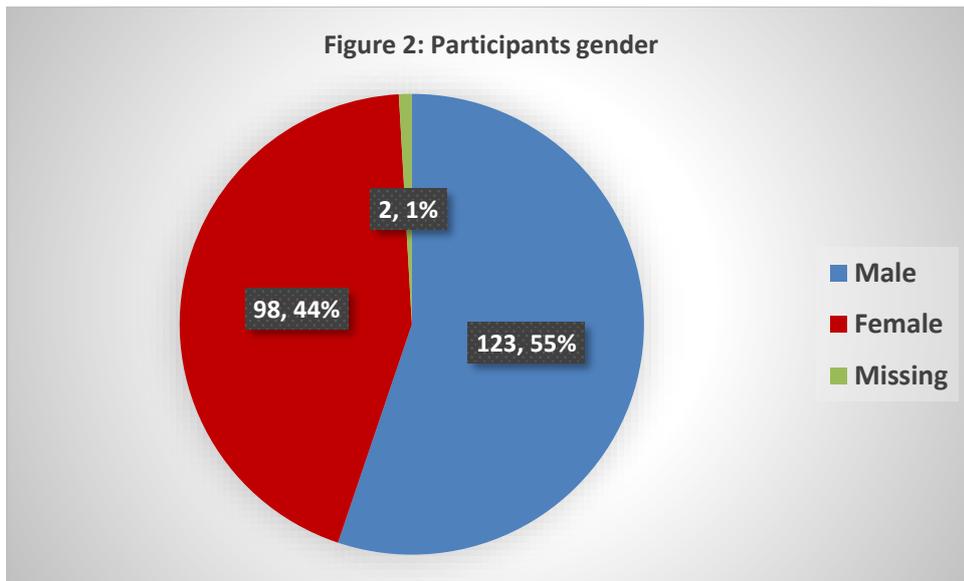
Age was reported by 217 respondents (Table 1). The median age was 39 [Interquartile range (IQR): 34–46].

Age	N = 217
Median	39 (IQR: 34–46)
Mean	41 (SD: 9.3)
Range	23–67

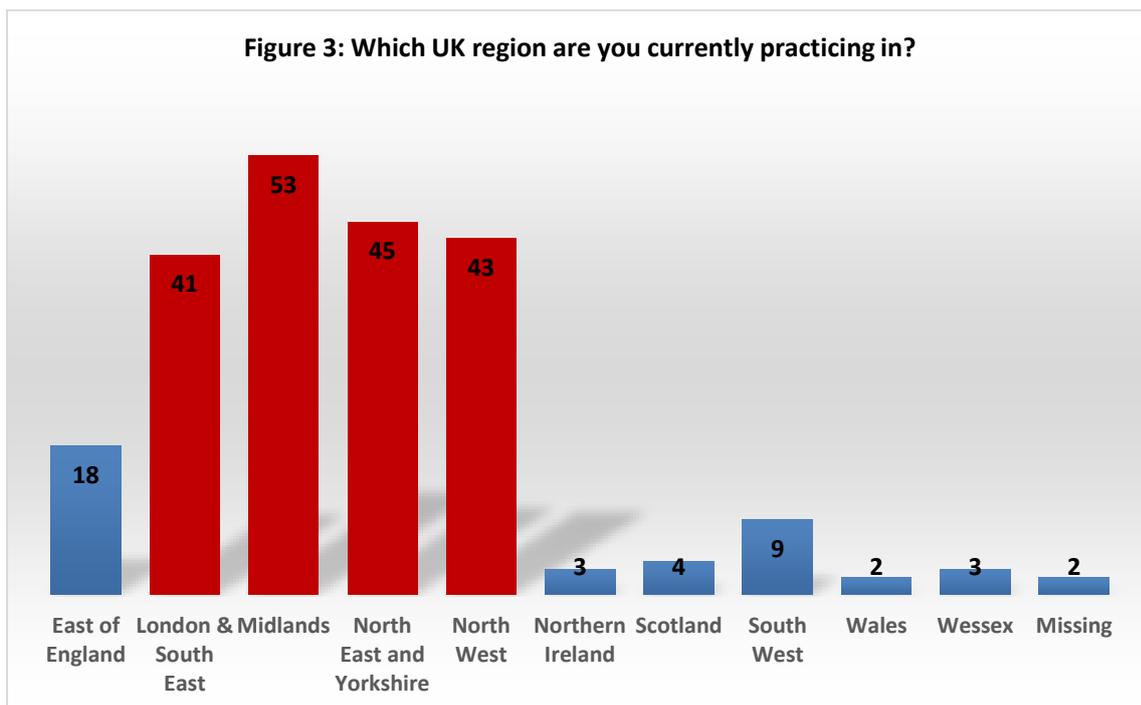
Table 1: The mean and median ages of the survey participants (n = 217) IQR, interquartile range; SD, standard deviation.



The vast majority of the respondents were doctors (97%), with only six pharmacists, and one medical technician participating (Fig. 1)

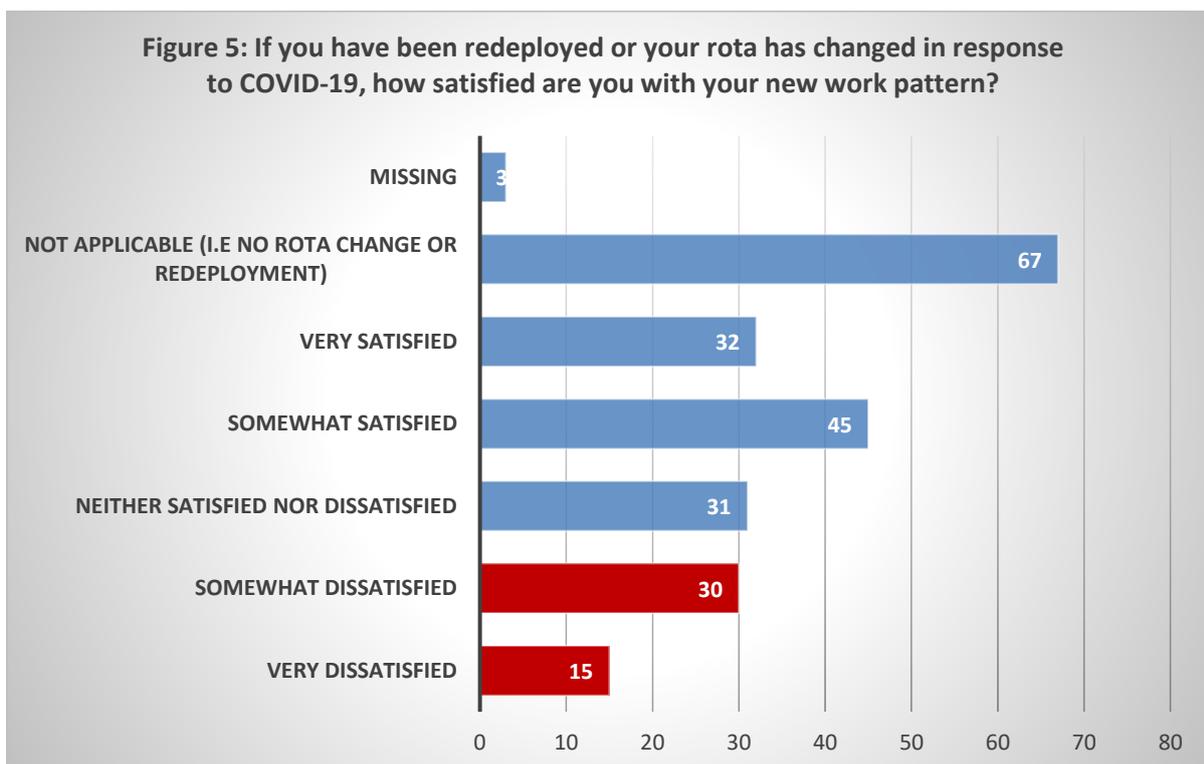
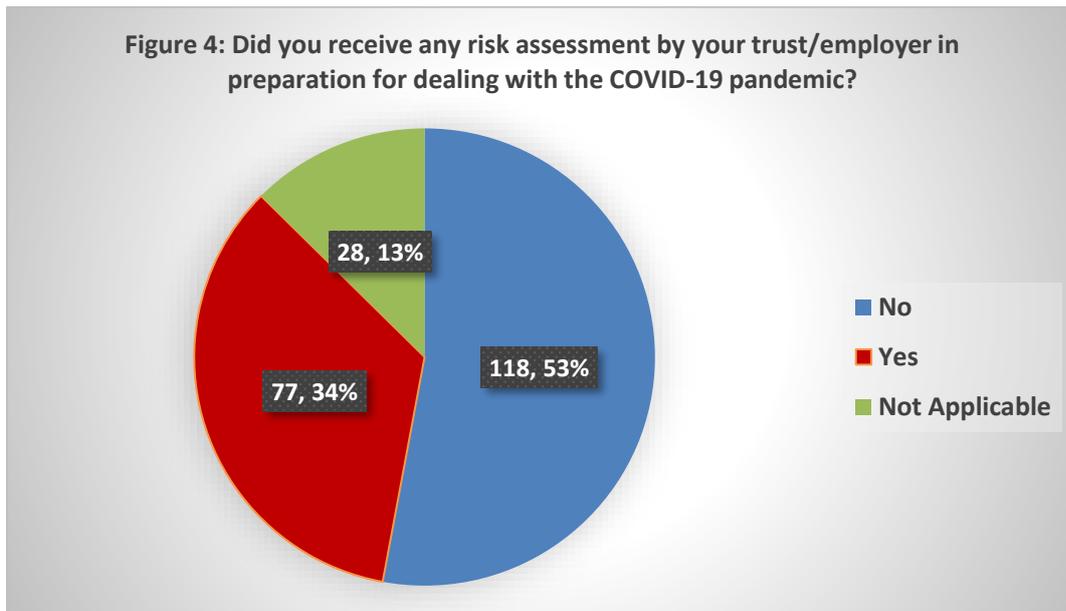


Overall, the numbers of males and females who responded to the survey were comparable (Fig. 2). However, a slightly higher number of males responded to the survey than females (n = 123, 55%).



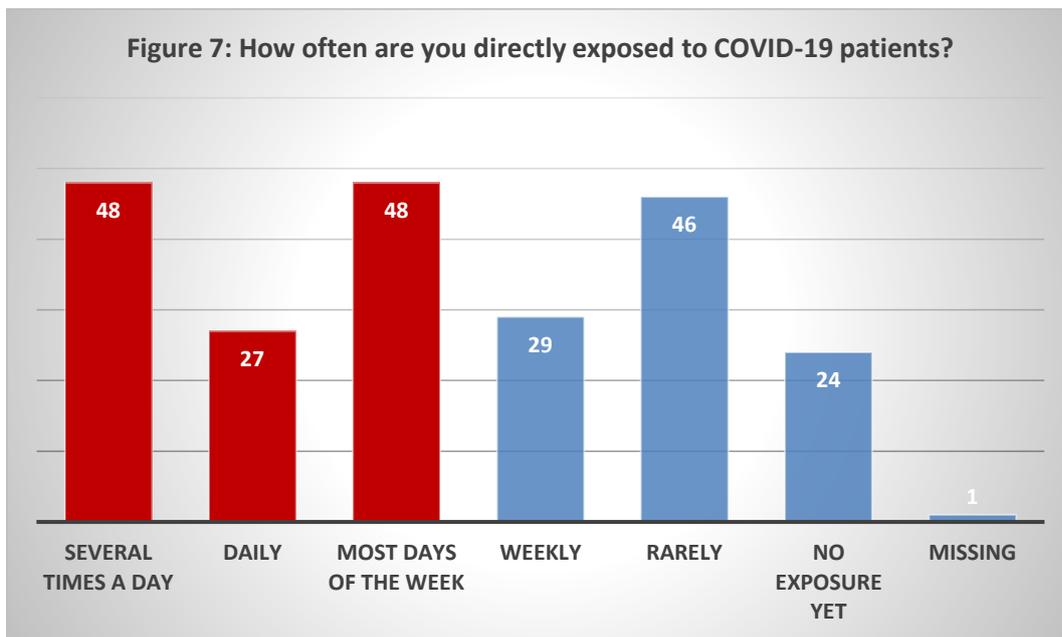
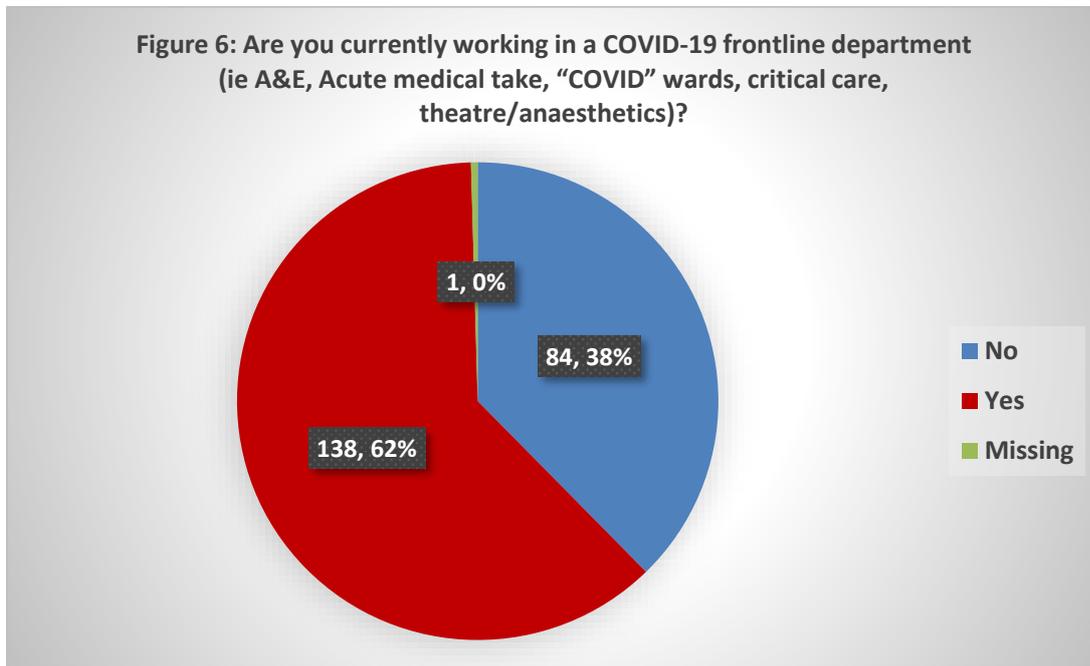
Responses were received from healthcare workers from various regions of the UK. The highest percentage of responses was received from doctors and other HCWs practicing in the midlands (n = 53; 24%), followed by North East and Yorkshire (n = 45; 20%), North West (n = 43; 19%), and London and South East (n = 41; 18%; Fig. 3).

3.2. Risk assessment



Only one-third of respondents had undertaken any specific risk assessment during the preparation phase for handling the COVID-19 pandemic (Fig. 4). When asked about their level of satisfaction following redeployment and/or changes in rota patterns, 45 (20% of the total participants, and 29% of the 153 respondents who appear to have experienced rota changes or were redeployed) reported feeling somewhat or very dissatisfied with the new arrangements (Fig. 5). Approximately 30% (n = 67) were not subjected to any redeployments or rota changes.

3.3 Exposure to COVID-19



The majority of the survey respondents (n = 138; 62%) stated that they worked in a COVID-19 frontline department at the time of survey response (Fig. 6). More than half of the respondents (n = 123; 55%) reported a high frequency of direct exposure to COVID-19 cases, either daily, most days of the week, or several times a day (Fig. 7).

3.4 Impacts of the COVID-19 pandemic on physical health

Figure 8: Over the last 2 months, have you ever had to self-isolate because of COVID-19 symptoms?

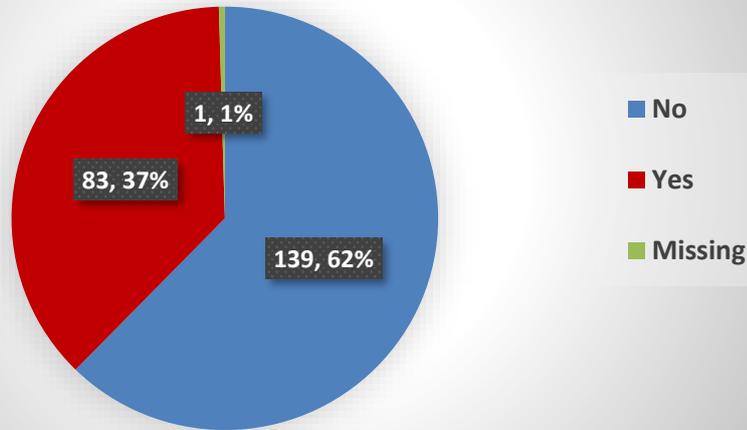


Figure 9: Have you got any concerns about your physical health at present?

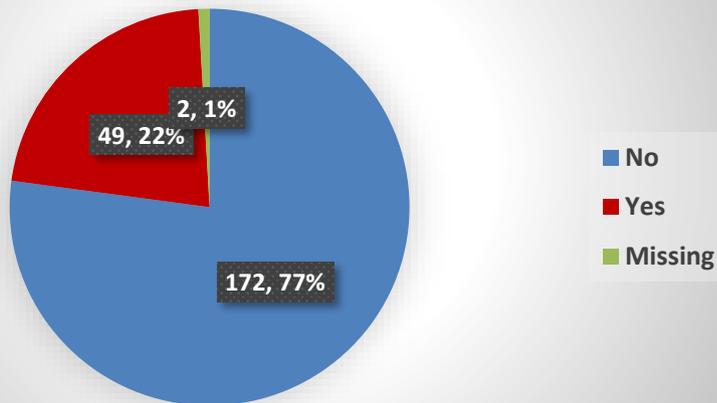
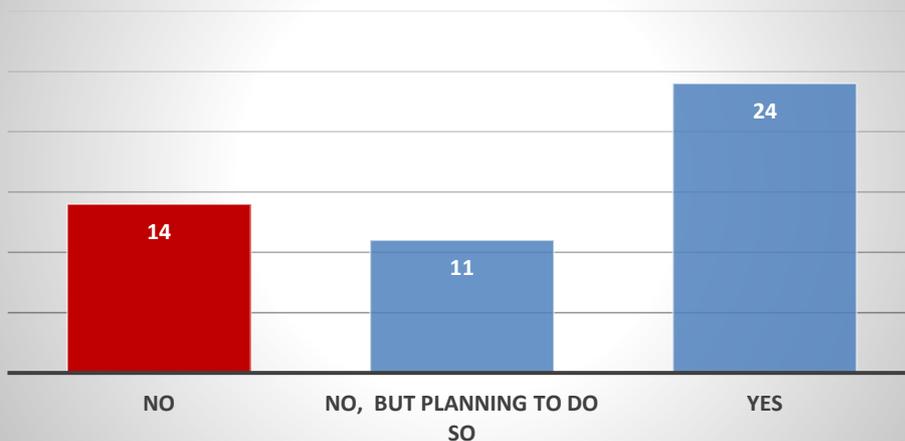
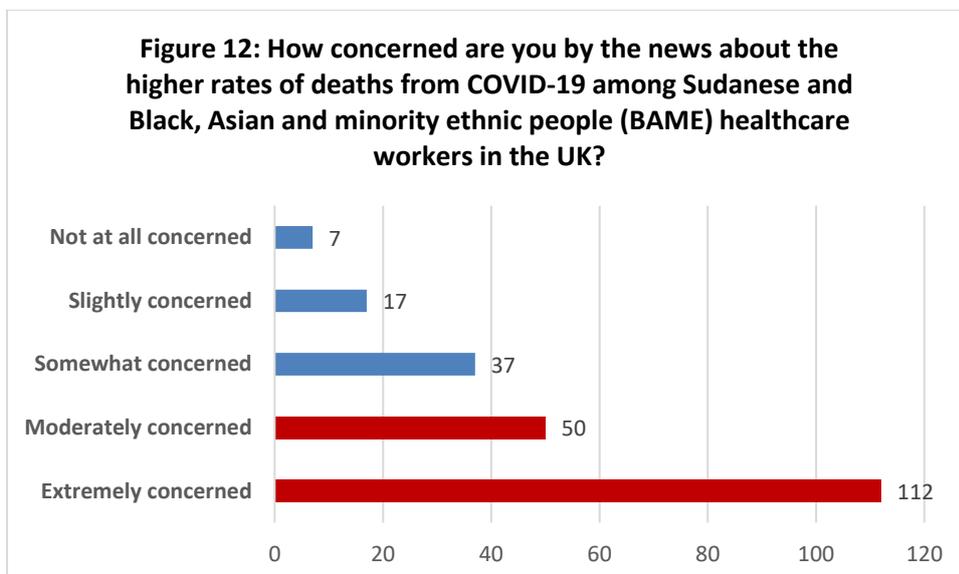
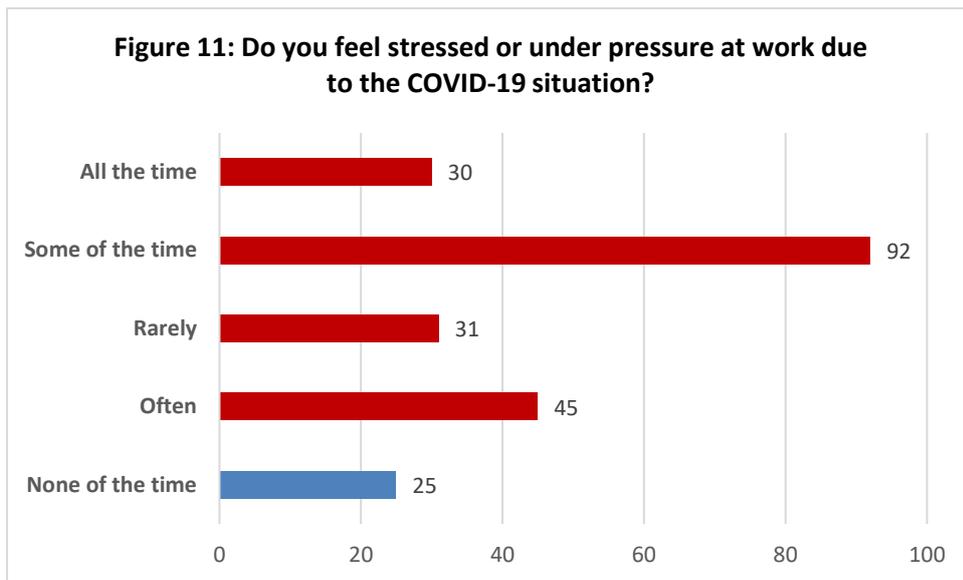


Figure 10: If yes to the previous question, have you contacted your occupational health department?



More than one-third (37%) of the respondents reported undertaking self-isolation due to COVID-19 symptoms during the 2 months preceding the questionnaire (Fig. 8), and 49 (22%) stated that they had concerns regarding their physical health (Fig. 9). Of those 49, 14 (29%) did not seek help from their occupational health departments, whereas 11 (22%) were still planning to contact occupational health (Fig. 10).

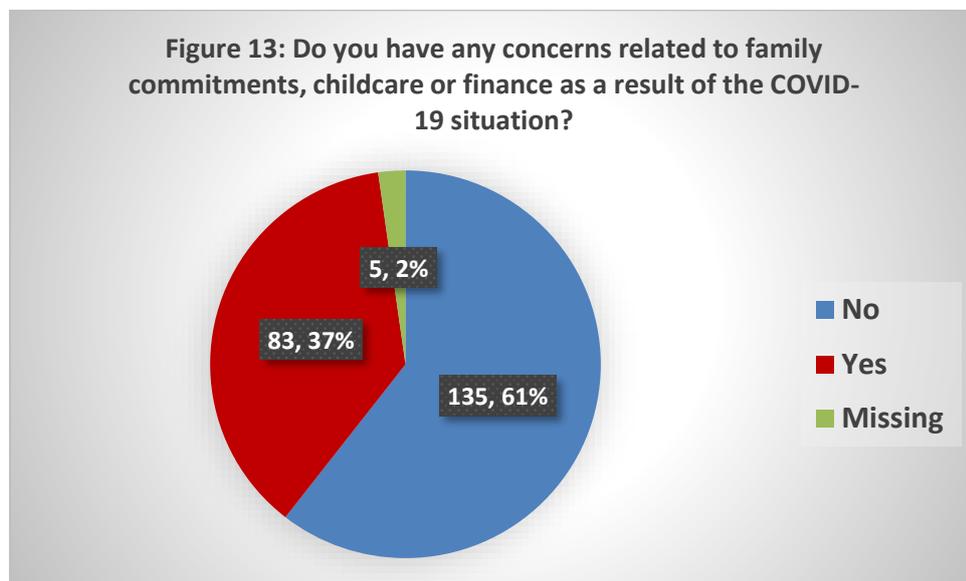
3.5. Psychological impacts of the COVID-19 pandemic



The vast majority of respondents (198; 89%) indicated feeling any degree of stress associated with COVID-19 at work. Of those, 30 felt stressed or under pressure all the

time (Fig. 11). The majority (n = 162; 73%) were either moderately or extremely concerned about the high rates of death among Sudanese and BAME HCWs (Fig. 12). Only 7 were not at all concerned.

3.6. Impacts of COVID-19 on social circumstances



More than one-third of the respondents (n = 83) declared that they had concerns related to their social circumstances during the COVID-19 pandemic (Fig. 13). These concerns appear to be primarily focused on financial barriers, childcare arrangements, and anxiety regarding infecting family members at home (Table 2)

Barrier	Further details
Childcare challenges	<ul style="list-style-type: none"> - Nurseries in the area closed for key workers - Both parents are working
Financial constraints	<ul style="list-style-type: none"> - Unable to do locum work
Fear of infecting household members	<ul style="list-style-type: none"> - Needing to move to temporary accommodations to avoid infecting vulnerable family members
Others	<ul style="list-style-type: none"> - Family outside the UK and unable to bring them into the country due to the lockdown

Table 2: Summarizes the social constraints related to COVID-19 and their impacts on the survey respondents.

3.7. Suggestions for the SDU-UK

Participants were asked to provide suggestions or recommendations regarding how the SDU-UK can help and support UK-based Sudanese HCWs during the COVID-19 pandemic. A summary of the thematic analysis of their 117 comments is listed in Table 3, together with recommended action points.

Themes	Specific suggestions	SDU-UK action points
<p>Advocacy for UK-based Sudanese BAME doctors</p>	<ul style="list-style-type: none"> - Write to relevant organizations and stakeholders - Team up and collaborate with other BAME-representing bodies - Highlight BAME workers as a vulnerable group in the healthcare workplace - Prompt updates and timely sharing of COVID-19-associated deaths in the Sudanese community - Pressure NHS employers to conduct thorough risk assessments for Sudanese and BAME workers - Initiate a Petition of enquiry into the deaths of BAME HCWs associated with COVID-19 and the lack of PPE provisions by the government. - Loud participation in the media and other forums to raise the concerns of the BAME community 	<ul style="list-style-type: none"> - SDU-UK, together with British Medical Association (BMA) and other BAME-representing bodies, addressed the Health Secretary, Public Health England, and NHS England, highlighting the defects in the recently published COVID-19 disparities in outcomes report (June 7, 2020)⁸ - SDU-UK continues to publish tributes and obituaries for the Sudanese HCWs who die during the COVID-19 pandemic

<p>Reaching out to Sudanese doctors and HCWs in the UK</p>	<ul style="list-style-type: none"> - Active and direct contact with UK-based Sudanese HCWs - Specify a number to be a point of contact for any COVID-19-related issues - Create a database of all Sudanese doctors in the UK, including names, posts, and addresses. - Formation of regional support groups or networks in various UK regions 	<ul style="list-style-type: none"> - Specify a clear and accessible mechanism for how SDU-UK and its social affairs office can be easily contacted for COVID-19-related matters. The contact pathway should be disseminated to all UK-based Sudanese HCWs - Creating a database could be achieved by introducing a separate online form that allows doctors to choose between either giving their details alone or providing details and becoming official members of the SDU-UK - The idea of a regional representative of the SDU-UK should be adopted during this term
<p>Research development</p>	<ul style="list-style-type: none"> - Participate in research exploring the number of BAME HCWs who die of COVID-19 - Explore scientific explanations for this concerning observation of high rates of death among Sudanese and BAME doctors 	<ul style="list-style-type: none"> - The SDU-UK has initiated official collaborations with investigators from UCL, Leicester, Nottingham, and Oxford universities to investigate if, and how, ethnicity affects the clinical outcomes of COVID-19 in HCWs and to examine the impacts of the COVID-19

		<p>pandemic on the physical and mental health of BAME HCWs.</p>
<p>Regular provision of advice and support for the health and well-being of members</p>	<ul style="list-style-type: none"> - Provide advice to HCWs on how to avoid risk when working under unfavourable conditions. - Education and the promotion of health and well-being - Organize virtual events to allow members to discuss their concerns and to socialize. - Webinar updates, using various social media platforms - Establishing a hotline for queries and support for Sudanese HCWs and their families - Issue advice for older Sudanese doctors, based on the BMA announcement, not to work in the frontline in contact with COVID-19 patients. - Encourage Sudanese HCWs to contact Occupational Health - Guide Sudanese health workers to available resources and guidelines 	<ul style="list-style-type: none"> - An online webinar on risk assessment and global occupational health was organised by the SDU-UK on May 10, 2020. - Further input from Sudanese-based occupational health specialists is required to provide ongoing support through individual consultations when indicated. - SDU-UK has initiated The SDU Café for the members, which is an online virtual café and social gathering organised by SDU-UK & the Sudanese Psychiatrists Association in the UK
<p>Financial support and help with child care arrangements</p>	<ul style="list-style-type: none"> - Removal of health insurance (Immigration Health Surcharge) 	<ul style="list-style-type: none"> - A letter was sent to the Health Secretary by the SDU-UK, asking to

	<ul style="list-style-type: none"> - Write to NHS employers asking for special consideration for families in which both parents are key workers - Provide all those living alone and single parents with a number to call to report that they are self-isolating - Financial incentives such as tax relief and loan support, for all backgrounds 	<p>remove the Immigration Health Surcharge on April 13, 2020. The government has responded by removing the NHS surcharge for all NHS workers⁹.</p> <ul style="list-style-type: none"> - SDU-UK to closely monitor the implementation process of the governments' decisions - SDU-UK could explore writing to the BMA or the Doctors' Association UK (DAUK), regarding issues pertaining to childcare challenges, to formulate an action plan
<p>Mental health & emotional support</p>	<ul style="list-style-type: none"> - Psychological support with a focus on coping with child care and financial constraints - Ensuring privacy when giving psychological consultation/advice, due to cultural sensitivities 	<ul style="list-style-type: none"> - A proposal could be made to the Sudanese psychiatrists in the UK to organise a virtual psychological support clinic or a hotline for advice
<p>Other</p>	<ul style="list-style-type: none"> - Help with/provide antibody testing - Reach out to those who are stranded after coming to this country for varied reasons (exams, visits, etc) - Help with the interpretation of 	<ul style="list-style-type: none"> - Testing for COVID-19 is now widely available for all NHS workers - A health awareness programme, consisting of recorded short videos and lectures, was

	<p>some evidence and guidelines</p> <ul style="list-style-type: none"> - Measures to remove Sudanese HCWs from the frontline if deemed risky - Sudanese and BAME members should be encouraged to take consultant and managerial positions to make a difference 	<p>provided by the SDU.</p> <ul style="list-style-type: none"> - The SDU-UK is in direct contact with the Sudanese Junior Doctors' Association in regards to the stranded junior doctors who had their exams cancelled and are unable to return to Sudan. A donation has been made to facilitate accommodations. Furthermore, assistance is being provided with visa extension and finding clinical attachments
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Table 3: Recommendations and suggestions made by participants in response to the last question of the survey: How do you think the SDU-UK can help and support UK-based Sudanese health workers during the COVID-19 pandemic?

3.8. Other themes

Some of the participants provided further comments regarding the root problems and possible justifications for the disproportionately high death rates among Sudanese and BAME doctors. These comments appear to suggest that this problem is the result of multiple, cumulative cultural, and environmental factors. They also felt that BAME staff may have reason to fear voicing their concerns. The importance of equality and diversity and the prevention of workplace discrimination was also mentioned. Some of the quotes are listed below:

“Unlikely there will be a directly mitigating role, as predisposition seems to be arising from complex and cumulative cultural and environmental factors.”

“I feel the minorities in NHS are more affected because generally they don't say no if asked to change the place of work or get re-deployment, they don't argue and this can be due to fear of loss of jobs or need to please managers”

“Reduce work place racism and targeting”

“Stop managers from challenging doctors when they go out of there way to protect themselves”

“Equality and diversity and inclusion”

“We work 10 times more and get noticed less”

4. Final Recommendations

- 1- SDU-UK should continue advocating for Sudanese and BAME doctors and other HCWs and liaise with professional BAME organisations as well as the BMA/DAUK to ensure that appropriate risk assessments are being undertaken.
- 2- Clear mechanisms regarding how to easily contact SDU-UK and its social affairs office for COVID-19-related matters must be established. The contact pathway should be disseminated to all UK-based Sudanese HCWs.
- 3- SDU-UK should closely monitor the implementation process of the government's decisions regarding the exemption of NHS workers from the Immigration Health Surcharge.
- 4- SDU-UK should continue its collaborations with the various academic institutions, to explore scientific explanations for the high rates of deaths among Sudanese and BAME HCWs.
- 5- The SDU-UK reach should be improved by appointing regional representatives for the union. Furthermore, the creation of an electronic database that includes all UK-based Sudanese HCWs will enhance the membership and may facilitate the provision of support and advice to UK-based Sudanese doctors.
- 6- Challenges associated with childcare arrangements were frequently quoted particularly by families in which both parents are key workers. The SDU-UK should consider exploring this issue further and perhaps liaising with the BMA/DAUK to find a solution to this problem for this specific group.
- 7- Further input from Sudanese-based occupational health specialists is required to provide ongoing support through individual consultations when indicated.
- 8- SDU-UK should put forward a proposal to the Sudanese psychiatrists in the UK to establish a virtual psychological support clinic or a hotline for advice in order to help mitigate the psychological impacts of COVID-19 on UK Sudanese HCWs.

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Appendix: The survey

• UK Sudanese Healthcare Workers' Wellbeing Survey amid COVID-19 Pandemic

Sudan Doctors' Union – UK branch (SDU UK)

- Recent observations indicate a growing concern that UK Sudanese healthcare professionals may be more susceptible to COVID -19 with two Sudanese doctors and one paramedic being amongst the first to die of it. To ensure the wellbeing of our members, the SDU UK executive committee would appreciate if you could participate in the following anonymized survey.

Please fill out the survey ONLY if you are a Sudanese healthcare worker AND currently practicing in the UK.

- Are you a Sudanese healthcare worker practicing in the UK? *

Yes No (please do not fill out the survey)

- Please specify your profession *

Doctor Nurse Pharmacist Paramedic Dentist

- Age

- Gender

Male Female

- Which UK region are you currently practicing in?

East of England London & South East Midlands North East and Yorkshire North West Wessex South West Scotland Northern Ireland Wales

- Are you currently working in a COVID-19 frontline department (ie A&E, Acute medical take, "COVID" wards, critical care, theatre/anaesthetics)?

Yes No

- Did you receive any risk assessment by your trust/employer in preparation for dealing with the COVID-19 pandemic?

Yes No Not applicable (i.e no rota change or redeployment)

- If you have been redeployed or your rota has changed in response to COVID-19, how satisfied are you with your new work pattern?

Very satisfied Somewhat satisfied Neither satisfied nor dissatisfied Somewhat dissatisfied Very dissatisfied Not applicable (i.e no rota change or redeployment)

• How often are you directly exposed to COVID-19 patients?

Several times a day Daily Most days of the week Weekly Rarely No exposure yet

• Over the last 2 months, have you ever had to self-isolate because of COVID-19 symptoms?

Yes No

• Have you got any concerns about your physical health at present?

Yes (please note that if you have any concerns about your physical or mental health you are advised to immediately get in touch with your local occupational health department and/or inform your line manager) No

• If yes to the previous question, have you contacted your occupational health department?

Yes No No, but planning to do so

• Do you feel stressed or under pressure at work due to the COVID-19 situation?

None of the time Rarely Some of the time Often All of the time

• How concerned are you by the news about the higher rates of deaths from COVID-19 among Sudanese and Black, Asian and minority ethnic people (BAME) healthcare workers in the UK?

Not at all concerned Slightly concerned Somewhat concerned Moderately concerned Extremely concerned

• Do you have any concerns related to family commitments, childcare or finance as a result of the COVID-19 situation?

No

• How do you think the SDU-UK can help and support UK-based Sudanese health workers during the COVID-19 pandemic?

• Submit

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• If you have any further concerns, please do not hesitate to contact our academic or social affairs office at:

academic@sdu.org.uk; social@sdu.org.uk