



Healthcare Providers' Attitudes Toward Patients with SARS-CoV-2 Infection in the United States

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BACKGROUND

- ❖ During the first surge of SARS-CoV-2, significant concerns regarding the availability of personal protective equipment (PPE) were raised amongst healthcare workers.
- ❖ Our aim was to explore healthcare workers' attitudes regarding working with SARS-CoV-2-infected patients in two highly affected hospitals in New York.

METHODS

- ❖ Cross-sectional, self-administered survey study of a convenience sample of healthcare providers.
- ❖ Survey consisted of 17 multiple-choice questions including demographic information, ethics and willingness to care for patients with SARS-CoV-2 infection.
- ❖ Subgroup analyses were performed using Fisher's exact test.

CONCLUSIONS

- ❖ High levels of stress were reported amongst all interviewed healthcare workers during the beginning of the pandemic.
- ❖ Despite this self-reported duress, the overwhelming majority of providers were willing to treat patients with SARS-CoV-2 infection.

Demographics	Number (%)
Occupation	
Attending physician	50 (14.9%)
Resident physician	61 (18.2%)
Nurse	163 (48.7%)
Others	61 (18.2%)
Department	
Anesthesiology	30 (9.1%)
Emergency Medicine	5 (1.5%)
Internal Medicine	37 (11.2%)
Obstetrics and Gynecology	164 (49.6%)
Pediatric	49 (14.8%)
Surgery	32 (9.7%)
Living situation	
Not living with family	78 (23.6%)
With family—no children	90 (27.2%)
With family—with children	160 (48.3%)

RESULTS

- ❖ Of 340 healthcare providers approached, 338 (99.4%) consented to the survey
- ❖ While 326 (97.3%) providers were concerned about putting their family/coworkers at risk of infection after caring for a patient with SARS-CoV-2, only 30 (8.9%) were unwilling to treat a patient with SARS-CoV-2 infection.
- ❖ Nurses were more likely than other health professionals to think it was ethical to refuse care for SARS-CoV-2 infected patients, worried more often about contracting infection, and were most likely to report high levels of stress ($p = .022$, $p = .006$, $p < .001$, respectively).
- ❖ Providers who live with family and/or have children were more likely to believe it was ethical to refuse care than those that did not.

Perspective Questions	Number (%)
How often have you worried about contracting COVID-19 from a patient?	
Never/Once in a while	73 (21.6%)
Quite often/All the time	265 (78.4%)
Has the concern of acquiring COVID-19 infection as a result of patient care added to your stress level?	
Not at all/Very little	63 (18.9%)
Quite a bit/A lot	271 (81.1%)
If you had provided care to a patient with COVID-19 infection and you were currently asymptomatic, how concerned would you be that you would put your family/friends/coworkers at risk of COVID-19 infection?	
Not at all concerned	9 (2.7%)
Somewhat concerned/Very concerned	326 (97.3%)
How willing would you be to provide care for a patient with COVID-19 if the care required by the patient is in your field of expertise?	
Always/somewhat willing to treat	268 (79.3%)
Neutral	40 (11.8%)
Somewhat/very unwilling to treat	30 (8.9%)
Think it is ethical to refuse to provide care for COVID-19 infected patients	37 (11.1%)
Think it is ethical to refuse to provide care for patients with HIV/AIDS	27 (8.0%)
Think it is ethical to refuse to provide care for patients with influenza	27 (8.0%)

Perspective questions	Living with children	Living alone or without children	p
How often have you worried about contracting COVID-19 from a patient?	137 (85.6%)	119 (70.8%)	0.001
Has the concern of acquiring COVID-19 infection as a result of patient care added to your stress level?	139 (88%)	124 (74.7%)	0.003
Think it is ethical to refuse to provide care for COVID-19 infected patients.	24 (15.1%)	12 (7.2%)	0.033
Think it is ethical to refuse to provide care for patients with HIV/AIDS	17 (10.6%)	9 (5.4%)	0.102
Think it is ethical to refuse to provide care for patients with influenza	16 (10.1%)	10 (6%)	0.22