



Peer Review of 'Does Gender or Religion Contribute to the Risk of COVID-19 in Hospital Doctors in the UK?

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Full Text

Authors report an online questionnaire-based study which explored the impact of gender and religion in addition to workplace measures associated with risk of COVID-19 in 1206 hospital doctors in the UK; majority (94%) from BAME backgrounds. A quarter of the respondents had either confirmed or suspected COVID-19; a similar proportion reported inadequate PPE and 2/3 could not comply with SD. One third reported being reprimanded in relation to PPE or avoidance of risk. This study demonstrated that PPE, Social Distancing and workplace measures to mitigate risk remain important for reducing risk of COVID-19 in hospital doctors. Gender and religion did not appear to be independent determinants. On multivariate analysis, inadequate PPE remained an independent predictor with a twofold (OR 2.29, (CI - 1.22-4.33), p=0.01) risk of COVID19. They concluded that employers must consolidate risk reduction measures and foster a culture of safety to encourage employees to voice any safety concerns.

Authors need to be complimented for conducting this very 'contemporary' study which was very much the need of the hour. I enjoyed reading and reviewing this paper, because:

1. The research question – is well defined.
2. The methodology is appropriate.
3. Statistical analyses in result section are appropriate, the accumulation of data is scientifically done and figures and tables highlight the trends well.
4. In discussion authors have done well to bring out basic issues affecting exposure and risks to Doctors.
5. Conclusion is supported by data; and brings out the disturbing social issue of discrimination and bullying.

It brings forth new much needed information worthy of dissemination.

Peer review by

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Daga and colleagues conducted a large survey of Health Care Workers in the NHS during the time of the peak of the pandemic. The majority of the respondents were HCWs of BAME origin. This mostly relates to the audience that Daga had access to. A greater proportion of White HCWs would have added rigour to the conclusions reached.

This however, does not take away from the importance of this report, as it provides a snapshot of the conditions which BAME HCWs faced around the time of the peak of the first wave of the pandemic.

Daga and colleagues have to be congratulated on conducting this survey, and providing this comprehensive report

I recommend publication.