

# Supplementary data

## Supplementary Table S1. Burnout syndrome profile types

Profile Types	Emotional Exhaustion (EE)	Depersonalization (DEP)	Personal Accomplishment (PA)
Engaged	Low	Low	High
Ineffective	Low to Moderate	Low to Moderate	Low
Overextended	High	Low to Moderate	Low to Moderate
Disengaged	Low to Moderate	High	Low to Moderate
Burnout	High	High	Low

## Supplementary Pre-COVID-19 Burnout Survey

Country of origin: \_\_\_\_\_

Autonomous Community where you work: \_\_\_\_\_

Gender:

- Male
- Female
- Prefer not to answer

SEOM Member:

- Yes
- No

Age:

- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- >55
- Prefer not to answer

**Speciality:**

- Medical Oncology
- Other
  - o If you selected Other, please specify: \_\_\_\_\_

**Are you a Trainee?:**

- Yes
- No
  - o If yes, how many years of training have you completed? \_\_\_\_\_
  - o If no, how many years have you been practising oncology since completion of training? \_\_\_\_\_

**What tumour types are you currently treating? (choose more than 1 if applicable):**

- Breast
- Lung
- Gastrointestinal
- Gynaecological
- Urological
- Sarcoma
- Skin
- Other
  - o If you selected Other, please specify: \_\_\_\_\_

**What percentage of working hours is:**

- Clinical care (%):
- Research (%):
- Education (%):
- Private practice (%):
- Other (%):
  - o If you selected Other, please specify: \_\_\_\_\_

**Hospital Type:**

- Cancer Centre
- University Hospital
- General Hospital
- Private
- Other
  - o If you selected Other, please specify: \_\_\_\_\_

**Approximately how many medical oncologists are:**

- In your hospital? (If you do not know or prefer not to answer, enter -1) \_\_\_\_\_
- In your department? (If you do not know or prefer not to answer, enter -1) \_\_\_\_\_

**In an average week, how many patients do you see? (If you do not know or prefer not to answer, enter -1):** \_\_\_\_\_

**How long does it take to travel from home to work?:**

- 0-15 minutes
- 16-30 minutes
- 31-45 minutes
- 46-60 minutes
- 61-90 minutes
- > 120 minutes
- Prefer not to answer

**Does your hospital offer access to psychological support services for doctors?:**

- Yes
- No
- Prefer not to answer

**What is your average alcohol intake in units per week? (If you prefer not to answer, enter -1):** \_\_\_\_\_

**How many hours of exercise do you take part in per week? (If you prefer not to answer, enter -1):** \_\_\_\_\_

**How many hours of recreational activities do you take part in per week? (If you prefer not to answer, enter -1):** \_\_\_\_\_

**How many times have you asked for support for distress or burnout as a:**

- Trainee (If you do not know or prefer not to answer, enter -1) \_\_\_\_\_
- Post-training (If you do not know or prefer not to answer, enter -1) \_\_\_\_\_

**Do you feel you have a good work-life balance?**

- Yes
- No
- Prefer not to answer

**Are you currently in a relationship?**

- Yes
- No
- Prefer not to answer

**Do you live alone?**

- Yes
- No
- Prefer not to answer

**Do you have children?**

- Yes
- No
- Prefer not to answer

**Do you feel you have adequate vacation time?**

- Yes
- No
- Prefer not to answer

**What measures do you feel would reduce your risk of medical burnout?:** \_\_\_\_\_

## Supplementary COVID-19 impact survey

### SOCIODEMOGRAPHIC QUESTIONNAIRE

**Gender:**

- Men
- Women

**Age:** \_\_\_\_\_

**Autonomous Community where you work:** \_\_\_\_\_

**Size of hospital where you work:**

- Less than 300 beds
- Between 300 and 600 beds
- More than 600 beds

**Employment situation during the pandemic:**

- First year
- Second year
- Third year
- Fourth year
- Fifth year
- Medical oncologist for 1-5 years

**Do you have any of the following risk factors? (choose more than 1 if applicable):**

- None
- Smoking
- Autoimmune diseases
- Cardiovascular diseases
- Chronic respiratory diseases (Ex: Allergic rhinitis, Asthma)
- Mellitus diabetes

- Other
  - o If you selected Other, please specify: \_\_\_\_\_

**Have you been referred to take a leave derived from the risk factors you have during the pandemic?:**

- Do not
- Work leave of up to 15 days
- Leave from work of more than 15 days

**AFFECTION BY COVID-19 IN + MIR POPULATION**

**Have you had a COVID-19 infection documented by PCR or Serology?**

- Yes
- No
  - o **In the case of confirmed COVID-19 infection, type of infection:**
    - Asymptomatic
    - Mild (myalgia, fever, cough, odynophagia, diarrhea, nausea-vomiting)
    - Moderate: Viral pneumonia: with hospital admission / without hospital admission
    - Severe: Admission to critical unit
  - o **What implications has the infection had?:**
    - None
    - Home isolation 7-15 days
    - Home isolation for more than 15 days
  - o **Has virus disappearance of the virus been confirmed before return to work by PCR?:**
    - Yes
    - No

**Has the test been carried out being asymptomatic?:**

- I have not performed any test being asymptomatic
- I have carried out the test on my own initiative in a private laboratory
- Service / hospital protocol
- Use of non-approved material (eg: masks with non-compliance with standards)
- Close contact with confirmed case
- Others
  - o If you selected Other, please specify: \_\_\_\_\_

**AFFECTION OF TRAINING AND LABOR ASPECTS IN THE + MIR GROUP**

**Have you had job task changes during the pandemic?:**

- Yes
- No

**In case of being a resident, regarding your rotations:**

- My rotations have not been affected
- My internal rotation of the hospital where I do the residency has been altered / suspended
- My external rotation has been altered / suspended at a national center
- My external rotation has been altered / suspended at a foreign facility

**Indicate your healthcare activity in relation to COVID-19 patients (choose more than 1 if applicable):**

- I have not joined teams to assist patients affected by COVID-19
- I have joined COVID-19 hospital assistance (Support for internal medicine, pulmonology, infectious diseases, etc).
- I have joined the assistance of COVID-19 patients through emergency guards
- I have joined the assistance of COVID-19 patients, tele-monitoring the evolution of their disease.

**Have you had to reuse protective material due to lack of means, e.g. : PPE, masks, etc.?:**

- Yes
- No

**Have you used non-approved protective material, eg "homemade" PPE, faulty masks, etc.?:**

- Yes
- No

**Have you had access to training on the use of protective material? Eg: PPE:**

- Yes
- No

**During the pandemic, have you ever doubted your vocation as a doctor?**

- Yes
- No

**Your concern about your risk of becoming ill or infecting others during the COVID-19 pandemic has increased:**

- Never
- Sometimes
- Many times
- Always

**Have you noticed that the workload has increased during the pandemic?**

- Yes
- No
  - o **If yes, Has the extra workload been compensated financially?**
    - Yes
    - No

**What future improvement strategies do you propose regarding the population + MIR? \_ \_ \_ \_ \_**  
\_ \_ \_ \_ \_

### Psychological questionnaires

#### ProQOL-30

Helping others puts you in direct contact with other people's lives. As you may have seen, your compassion or empathy for those you help can have both positive and negative aspects. We would like to know your experience as a healthcare professional. Mark in each sentence, the value that best reflects your most frequent experience in the last 30 days.

**1= Never 2= Rarely 3= Sometimes 4= Often 5= Very Often**

1. I am happy.
2. I am preoccupied with more than one person I help.
3. I get satisfaction from being able to help people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I help.
7. I find it difficult to separate my personal life from my life as a helper.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help.
9. I think that I might have been affected by the traumatic stress of those I help.
10. I feel trapped by my job as a helper.
11. Because of my helping, I have felt "on edge" about various things.
12. I like my work as a helper.

13. I feel depressed because of the traumatic experiences of the people I help.
14. I feel as though I am experiencing the trauma of someone I have helped.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with helping techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a helper.
20. I have happy thoughts and feelings about those I help and how I could help them.
21. I feel overwhelmed because my case work load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
24. I am proud of what I can do to help.
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a helper.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

#### GAD-7

Please indicate how often you have had the following problems in the last 15 days.

**0= Not at all, 1= Several days, 2= More than half the days, 3= Nearly every day**

1. Feeling nervous, anxious or on edge.
2. Not being able to stop or control worrying.
3. Worrying too much about different things.
4. Trouble relaxing.
5. Being so restless that it is hard to sit still.
6. Becoming easily annoyed or irritable.
7. Feeling afraid as if something awful might happen.

#### PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?



**0= Not at all, 1= Several days, 2= More than half the days, 3= Nearly every day**

1. Little interest or pleasure in doing things.
2. Feeling down, depressed, or hopeless.
3. Trouble falling or staying asleep, or sleeping too much.
4. Feeling tired or having little energy.
5. Poor appetite or overeating.
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.
7. Trouble concentrating on things, such as reading the newspaper or watching television.
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual.
9. Thoughts that you would be better off dead, or of hurting yourself.