

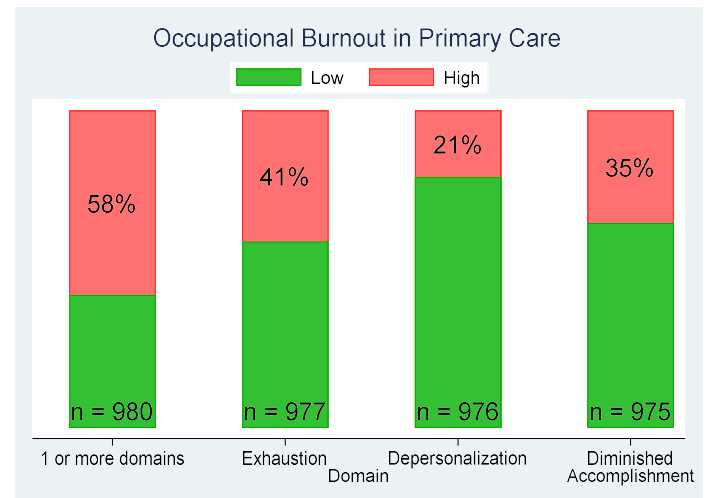


LIVING & WORKING IN PRIMARY CARE DURING COVID-19

A research study to understand how the primary care professional is personally affected during this crisis

Results: 58% of participants are experiencing burnout in one or more domains. Many participants indicated that their feelings of burnout were only in part due to the pandemic, sharing:

- “I am frustrated over pay cuts and cuts in hours, but don't feel necessarily burnt out related to patient care at this point- more related to my employers' responses to the financial impacts of the pandemic.”
- “It is better now than it was a few months ago. Getting the vaccine has helped. My patients, colleagues and co-workers help. I don't have as much sick pts right now. Our bigger health care system isn't really helping.”
- “It ebbs and flows. Some weeks it feels like work has gone back to normal and the next we are in the trenches again. It's the uncertainty that is the most stressful.”
- “Worse since the election and all the concerns that brought with patients. I think covid has exacerbated burnout by revealing underlying flaws of our healthcare delivery system.”
- “...I think COVID is about 20% responsible, and general primary care physician overwork in 80%. The problem is that there is no slack in the system to begin with, so when you add burden, there is no way to do it without burning staff out...”



Methods: REDCap online surveys were distributed to primary care professionals weekly starting May 18, 2020. Participants can choose to complete the survey once or several times.

Participants: As of February 10, 2021, we have recruited 980* participants from all 50 states: 39% physicians, 10% nurse practitioners and physician assistants, 16% nurses, 8% medical assistants, 17% behavioral health providers, 5% non-clinical, and 5% other clinical; 78% of participants are women, 89% white, and the average years working in their current role is 10 years (median; 0.1 to 70 years).

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Note: *Data cleaning has resulted in the removal of potential duplicates, incomplete responses, and ineligible participants (total of 43 removed from analysis to date). Interpret preliminary results with caution. The findings are not generalizable given the small sample size. In other words, we cannot assume these data reflect all primary care professionals. The number of respondents may change based on the questions posed for the week/month. The aMBI (Riley, et al., 2017) was modified to assess acute (weekly) burnout (range of each subscale: 0-12). Scoring: Exhaustion 6+; Depersonalization 3+; Accomplishment <7. Therefore, the results cannot be compared across studies using the aMBI. For tips/resources on coping with distress during a pandemic, click [here](#).