

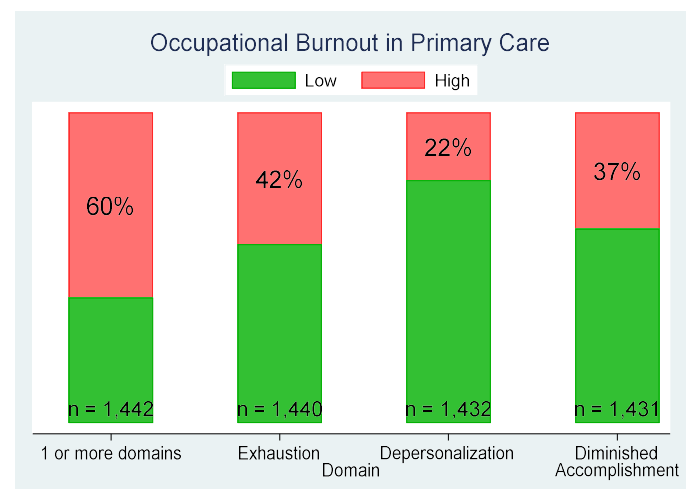


LIVING & WORKING IN PRIMARY CARE DURING COVID-19

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

Results: 60% of participants are experiencing burnout (see graphic). Respondents (n=25) were asked, “What is one thing that you would like policymakers to do to help alleviate the burnout you feel at work?”

- **SUPPORT:** Encouragement, resources (eg, hire more providers; more pay front line workers, time-off, more time to see patients, less documentation, more telework, alternative/flexible schedules, childcare, student loan forgiveness), and training (eg, trauma-informed care) for hospitals, primary care, training programs, and students.
- **COVID-19:** “Reconnecting opportunities” as professionals are transitioning back to “normal” and “less emphasis on return to office.” “Mandate vaccines” and “continue mask mandate until 90% vaccinated.”
- **CHANGE:** “Decision-makers should be more decisive and quick to act,” “listen to guidance from reliable resources when making decisions” (eg, science-based not political) and “incorporate end-user feedback on electronic health records upgrades so that the upgrades are beneficial...”
- **MEDICATION:** “Lower drug costs” so patients can receive medication to help achieve best health outcomes.
- **MENTAL HEALTH:** “The mental health care resources for our country are underfunded and under-valued. [Providers] are questioning how long they can keep working in a system that seems set up to fail.”



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: We have recruited 1,442 participants from all 50 states: 37% physicians, 12% nurse practitioners and physician assistants, 15% nurses, 7% medical assistants, 13% behavioral health providers, 6% non-clinical, and 10% other clinical; 78% of participants are women; the average years working in their current role is 8 years (median; 0.1 to 70 years); 84% white, 4% black or African American, 2% American Indian or Alaska Native, 5% Asian, 5% other (eg, Pacific Islander, Hawaiian, Latinx/Hispanic, Middle Eastern, “mixed”, or “prefer not to say”).

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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](#).