



LIVING & WORKING IN PRIMARY CARE DURING COVID-19

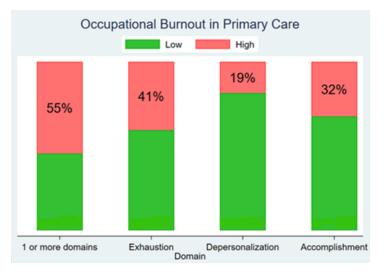
A research study to understand how the primary care professional is personally affected during this crisis

Week 8: Thank you everyone for your participation and for sharing your experiences during this challenging time in history. We continue to examine occupational burnout (see graphic, n = 585) and began asking questions regarding safety (n = 100). A quarter of respondents indicated that they do not feel they have the equipment they need to perform their role safely and feel afraid to go to work due to COVID-19.



This relationship was significant, but weak (Spearman's correlation coefficient = -0.39, p < .001). In other words, fear of going to work at this time may be about more than having adequate safety equipment.

Methods: REDCap online survey was distributed starting May 18, 2020 to primary care professionals and organizations nationally, including: NAPCRG, AAFM, CFHA, SGIM, UVM Medical Center, Kaiser Northern California, California Nurses Association, reddit, twitter, etc. Recruitment efforts will continue throughout the COVID-19 crisis. Participants can choose to complete the survey once or several times. The survey occurs weekly and is dyanmic in order to include pressing questions.



Participants: As of July 13, 2020, we have recruited 585 respondents from 49 states. Including 37% physicians, 9% nurse practitioners and physician assistants, 17% nurses, 10% medical assistants, 14% behavioral health providers, 7% administrative support staff, and 6% other; 75 % of participants are women, 81% white, and the average years working in their current role is 10 years (median; 0.1 to 70 years).

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Note: These preliminary results should be interpreted with caution. The small sample size makes the current findings not generalizable. Meaning that we cannot assume these data represent all primary care professionals. Additionally, the aMBI (Riley, et al., 2017) was modified to assess acute (weekly) aspects related to occupational burnout (range of each subscale: 0-12). Therefore, the results cannot be compared to other samples using the aMBI. Higher scores indicate more burnout (personal accomplishment was flipped for ease of interpretation.