



September 8, 2020

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Report created: September 14, 2020 (v1)

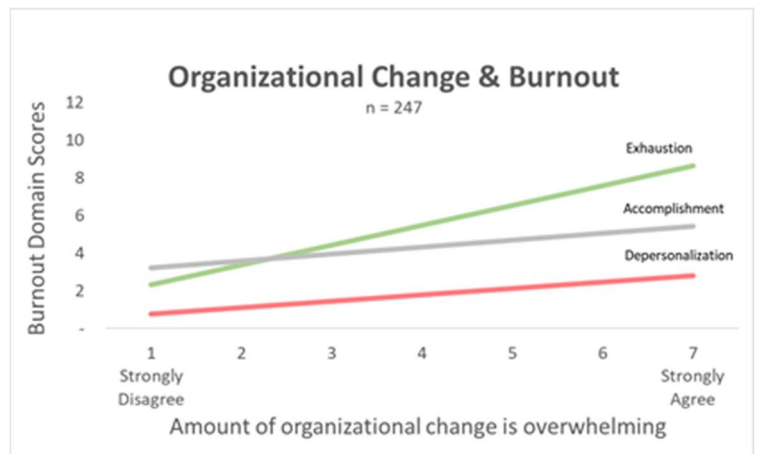
LIVING & WORKING IN PRIMARY CARE DURING COVID-19

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



Week 17: We continue to examine occupational burnout and organizational stressors. 58% (n = 782) of participants experience burnout in one or more domains. Participants have consistently commented about their feelings surrounding the frequent (“constant,” “near weekly,” “day to day”) policy/organizational COVID-19 related changes that “everyone is experiencing.”

Based on this, we asked participants to rate what degree “the amount of change that takes place at their organization/practice is overwhelming:” (1- strongly disagree to 7-strongly agree 22%). 4% of respondents strongly disagreed and 22% strongly agreed. This relationship between change and burnout was significant (Spearman’s correlation coefficient ranged = 0.23 to 0.46, $p < .005$; exhaustion strongest). In other words, frequency of organizational change may result in burnout.



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 dynamic in order to include pressing questions.

Participants: Thank you everyone for your participation and for sharing your experiences during this challenging time in history. As of September 14, 2020, we have recruited 782 participants from all 50 states (see graphic) and a few outside the U.S., including: 38% physicians, 9% nurse practitioners and physician assistants, 17% nurses, 8% medical assistants, 17% behavioral health providers, 5% administrative support staff, and 6% other; 78% of participants are women, 88% 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. In other words, we cannot assume these data represent all primary care professionals. The number of respondents’ change based on the questions posed for the week. The aMBI (Riley, et al., 2017) was modified to assess acute (weekly) aspects related to occupational burnout (range of each subscale: 0-12). Scoring: Exhaustion 6+; Depersonalization <3; Accomplishment <7. 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). For tips/resources on coping with distress during a pandemic, click [here](#).