



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 were asked, “Which change would most significantly improve your job satisfaction” and “How likely is this change to happen”

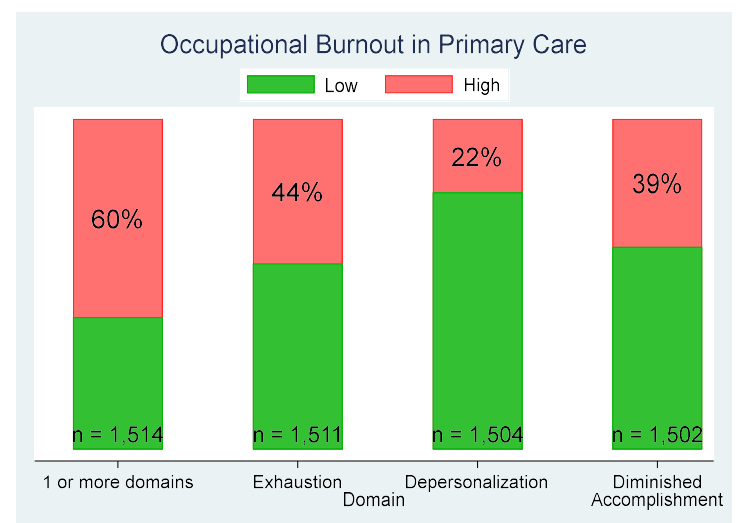
A year ago, 18% of respondents indicated that change was likely whereas 6% of respondents indicate that change is likely now. The majority of changes at both time points focused on more support/ appreciation/ connection from leadership and (fully-staffed/trained) medical teams as well as “adequate time for documentation, paperwork, patient visits, messages, etc.”

Recent respondents expressed interest in work flexibility (hours, schedule, location [in-person, remote]).

COVID-related changes have switched from wanting more PPE to “mandatory vaccinations” and “not wearing masks.” One respondent shared that they felt “singl[ed] out” for their choice not to get vaccinated at this time and hoped for more acceptance from their peers.

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: 39% physicians, 19% nurse practitioners and physician assistants, 12% nurses, 6% medical assistants, 10% behavioral health providers, 6% non-clinical, and 8% other clinical; 74% of participants are women; the average years working in their current role is 10 years (median; 0.1 to 70 years); 2% American Indian or Alaska Native, 7% Asian, 4% black or African American, 8% other (eg, Pacific Islander, Hawaiian, Latinx/Hispanic, Middle Eastern, “mixed”, or “prefer not to say”), and 79% white.



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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](#).