



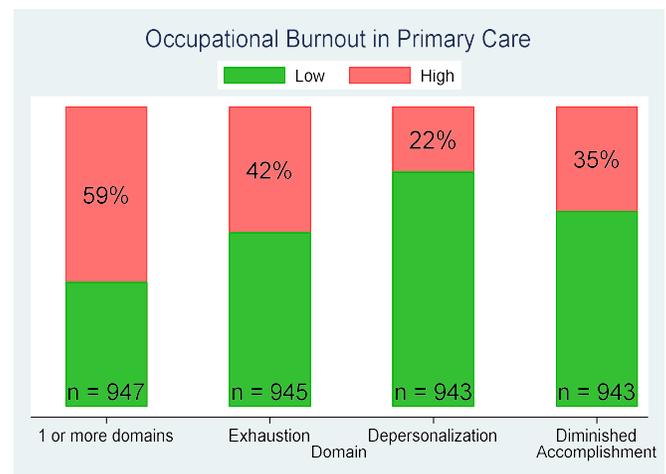
LIVING & WORKING IN PRIMARY CARE DURING COVID-19

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

Results: 59% of participants are experiencing burnout. Participants have shared several strategies and reflections that have helped them get through their workweek. The COVID vaccine was a common theme.

“Sleep, coffee....knowing that with a vaccine comes the hope that we will get through this”

- **Work-Related:** frequent updates via huddles/meetings; varying job activities, leadership/management’s capacity to help guide and encourage their workers through everyday pep talks, recognizing the strain changes and abnormality of the multifaceted crises; prioritizing best practices vs. finances; reducing workload; providing wellness strategies (free counseling, peer support groups, designated relaxation rooms, connecting with co-workers); praise for sharing safety concerns; standardizing effective and efficient safety measures.
- **Personal:** long weekends, vacation, exercise (*ie*, walking, yoga), gardening, talking with loved ones, journaling, faith, adjusting expectations, appreciating the little things, “fiercely protecting non-work interests,” cooking, playing, collaboration on non-work activities, meditations, talk therapy, eating healthy.



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 January 27, 2021, we have recruited 947* 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](#).