



LIVING & WORKING IN PRIMARY CARE DURING COVID-19

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

Notification: We have closed recruitment of the study (n=1,563). Longitudinal data collection continues (n=307). We will be reducing the survey frequency from weekly to monthly. We will continue to explore how burnout and COVID stress/strain change throughout the remainder of the year.

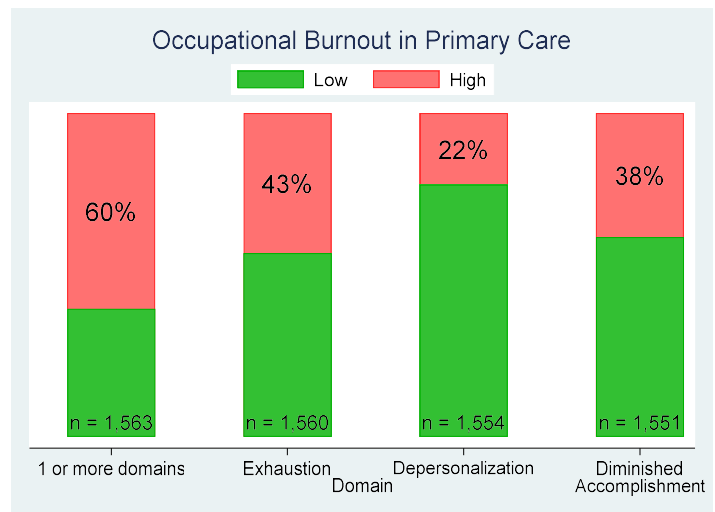
On average, 60% of participants experienced some aspect of burnout over this past year. In the longitudinal data, many participants burnout scores ebbed and flowed over the course of the year suggesting that experience of burnout is not static. Importantly, nearly all (96%) experienced some aspect of COVID strain and this appeared to change over the year.

In the next several weeks we will be exploring changes of burnout overtime for participants in the longitudinal study as well as how COVID rates may have influenced burnout over the past year. We will post results in future reports.

Thank you for all of your time and help! Please reach out with any questions.

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 1,563 participants from all 50 states: 39% physicians, 18% 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, 9% other (eg, Pacific Islander, Hawaiian, Latinx/Hispanic, Middle Eastern, “mixed”, or “prefer not to say”), and 78% 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](#).