

PROVIDERS' PERCEPTIONS OF BARRIERS AND FACILITATORS TO CARING FOR PATIENTS AND SELF DURING THE COVID-19 PANDEMIC



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CONTEXT

Medical students compare the lived experience of those providing care approximately 15 months into the COVID-19 pandemic with opinions gleaned at the emergence of SARS-CoV-2.

OBJECTIVE

As COVID-19 waxes and wanes, healthcare workers face exposure to the virus, secondary trauma and added stressors affecting their overall wellbeing. Goal of this study is to examine barriers and facilitators to caring for patients and self during the COVID-19 pandemic.

STUDY DESIGN

Key Informant Interviews.

SETTING

Not-for-profit, vertically integrated healthcare system with an established clinical education program.

POPULATION STUDIED

12 frontline healthcare workers (1 Internal Medicine hospitalist, 10 Family Medicine physicians, 1 Clinical Social Worker; 58% female; 58% White, 17% Asian, 25% Black).

INTERVENTION/INSTRUMENT

Qualitative accounts collected with an interview guide based on the Socioecological Framework (Individual, Interpersonal, Organizational, Community, Public Policy). RADaR technique used for qualitative content analysis.



Socio-ecological Domain	Interview Question	Theme	Quotes from Interview Data
INDIVIDUAL	"At any point, what concerns did you have about your personal health?"	Fear Transitioned into Confidence	"I woke up every morning and I was afraid that I might die that day. I've never felt that way... I remember waking up and thinking, 'I'm so anxious.' The only thing that made me less anxious was I realized every human on the earth was feeling the exact same way I was feeling at that moment. It was incredible."
INTERPERSONAL	"Do you feel that healthcare providers have an obligation to provide care during infectious disease outbreaks in the light of a personal risk?"	Personal Risk	"The honest answer is yes; this is what we sign up for... The fact that we are in the trenches trying to figure it out, trying to care for patients and trying to give the best information possible means this is our time. This is our moment as a healthcare industry to give guidance, support, and healing for our patients..."
ORGANIZATIONAL	"When your practice/team implemented changes, moving to essential service only and telehealth, did you feel this was a timely enough response?"	Timely Response	"I think our healthcare system did a really good job in terms of trying to stay ahead of the potential influx of patients to the hospital. And, thinking ahead about the transition... to the outpatient setting and telehealth. It wasn't so much reactive."
	"In what ways was dissemination of rapidly changing information regarding the COVID-19 health crisis most successful?"	Networks of Communication	"It was a very well-organized structure. We had different task forces that would meet on a regular basis and distribute responsibilities... there was a single point of contact that summarized large changes. Clinically, a summary of events went out on providers and leadership calls... it was a really well received medium for people to remain informed of how the healthcare system was staying ahead of things and what was changing."
	"Do you feel your institution has been intentional about supporting your mental wellbeing?"	Mental Health	"... My manager was a huge role in making me take time off even when I didn't ask for it and checking in to make sure I got what I needed. She was a huge advocate for me with other leadership in the mobile unit."
COMMUNITY	"What social determinants of health (SDOH) are most important to address to keep our more underserved patient populations healthy during a pandemic?"	Priority SDOH	"Housing, transportation. Gosh, there are so many. Food. Medications." "Access to healthcare. Access to food. If the household is healthy, then they are going to be healthy overall, and only need us when they need us."
PUBLIC POLICY	"What successes and challenges were most evident in government policies at the local, state, and national level in response to COVID-19?"	Local Policies	"I think it was a successful collaboration across the health department and other health systems that was unprecedented in order to have a unified voice for the community..."
		State Policies	"I mean the first one that comes to my mind is how the governor urged that no one be evicted. Also helping with urging utility companies to not shut off utilities due to lack of payment."
		Federal Policies	"...I wish administration placed more guidelines out there and trusted medical people. Or, placed people that he trusted around him... I think leadership from the national level was lacking." "At the national level, I think mixed messaging certainly created divisiveness and confusion that probably wasn't needed and created bad consequences."

RESULTS SUMMARY

INDIVIDUAL:

Initial fear for personal health transformed into confidence in PPE and other safety measures.

INTERPERSONAL:

Providers feel responsible to care for patients and one another despite personal risk. COVID-19 strengthened team dynamics and the provider patient relationship. Telehealth is increasingly integrated in patient care, with some limitations.

ORGANIZATION:

Hospital system enacted change punctually, successfully circulated rapidly evolving information, and intentionally supported mental health.

COMMUNITY:

Housing, isolation, food, literacy and reliable phone and internet services are key social determinants to address when serving vulnerable populations during a pandemic.

PUBLIC POLICY:

Local level response made evidence-informed decisions and implemented changes quickly. State response fostered collaboration but was limited by other government leaders' conflicting viewpoints. Besides a successful vaccine development and distribution strategy, the national response showed uncoordinated leadership, undervalued medical experts, and implemented divisive policies.

CONCLUSIONS

The socioecological framework is effective for articulating multifaceted perspectives on the interplay between person, occupation, and environment in the COVID-19 pandemic.