

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Facilitating Well-Being in Primary Healthcare During COVID-19: A Rapid Systematic Review

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: The COVID-19 pandemic increased critical levels of turnover of healthcare workers in interdisciplinary primary healthcare (PHC) teams, including family physicians, nurses, social workers, and others. Maintaining well-being - "the presence of positive physical, mental, social, and integrated health in connection with activities and environments that allow development across personal and work-life domains" - of the PHC workforce is imperative for facilitating effective care. While improving provider well-being has been identified as a promising adjunct to existing interventions based on burnout reduction, specific facilitators of well-being in pandemic contexts are unknown.

Objectives: i) Identify individual, organization, and/or systemic facilitators of PHC provider well-being relevant to the COVID-19 pandemic context, ii) Collect and summarize well-being facilitators amenable to actioning by PHC providers, leaders, administrators, and policymakers during and following the COVID-19 pandemic.

Study Design: Rapid Systematic Review

Data Sources: CINAHL, Embase, Medline, and Cochrane CENTRAL were searched from January 1st, 2020 (indicating their data was collected during the COVID-19 pandemic) to July 1st, 2023 (date of review completion). Studies in exclusively PHC settings exploring well-being and related positive outcomes (e.g., resilience) for fully licensed providers were included.

Results: We retrieved 1910 records; 195 studies were reviewed in full. Only three non-controlled studies (62 total participants) met our eligibility criteria. Narrative synthesis of study qualitative and quantitative outcomes yielded three recommendations: 1) prioritize organizational supports as central to provider well-being, 2) cultivate positive patient relationships to facilitate provider well-being, and 3) develop a shared framework for understanding the well-being of PHC providers.

Conclusions: Our findings support the necessity of organizational- and system-level, theory-driven interventions to facilitate PHC provider well-being during pandemics. The limited number of studies identified demonstrated the need for explicitly facilitating PHC's participation in this research. That use of even a moderately stringent definition of well-being yielded few results indicates the continued dominance of deficit-mitigating, versus positivity-enabling, research and highlights the necessity of developing consensus definitions to facilitate future research.

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