

Reflections of Rural Primary Care Clinicians on the COVID-19 Pandemic

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Background

- Although some studies have evaluated the impact of the pandemic on physicians, few are specific for rural primary care physicians and many are ex-US (eg, Canada, South Africa, Australia).^{1,2}
- Disruptions in clinic teams during the pandemic included staff leaving the workforce, being furloughed due to safe-at-home orders, taking sick time for COVID-19-related illness, adjusting to remote work, and telemedicine.^{3,4}
- Some changes in clinical practice necessitated by the pandemic (eg, limits on in-person events, social/physical isolation, masking) likely had effects on physicians and their relationships.
- Furthermore, the toll of dealing with a deadly disease with limited resources in the midst of misinformation or lack of information about the coronavirus and vaccines presented unique challenges.

Objectives

- By collecting first-hand narratives from physicians working in rural areas, we aimed to:
- Document the experiences of physicians practicing during the pandemic
 - Understand the impact of the pandemic on relationships with patients, colleagues, and community members
 - Identify which strategies are/were most helpful in maintaining clinician enthusiasm for their work, service, and community during the pandemic

Participants and Recruitment

- We interviewed 12 primary care physicians who practiced in rural Wisconsin during the COVID-19 pandemic.
- Recruitment was through the WREN newsletter and direct emails to WREN contacts

Methods

- Virtual or in-person 1:1 interviews were conducted with physicians practicing in rural areas of Wisconsin.
- Using open-ended questions, primary care physicians were asked to discuss the impact of pandemic experiences on their relationships with their patients, colleagues, and the community.
- The research team also probed to identify strategies that helped them and their clinic staff cope with the impact of the pandemic.
- The open-ended questions did not mention burnout or stress in an effort to reduce question bias, but asked about impact on their well-being.
- Interviews were recorded, transcribed, deidentified. Analyses using qualitative coding are in progress.

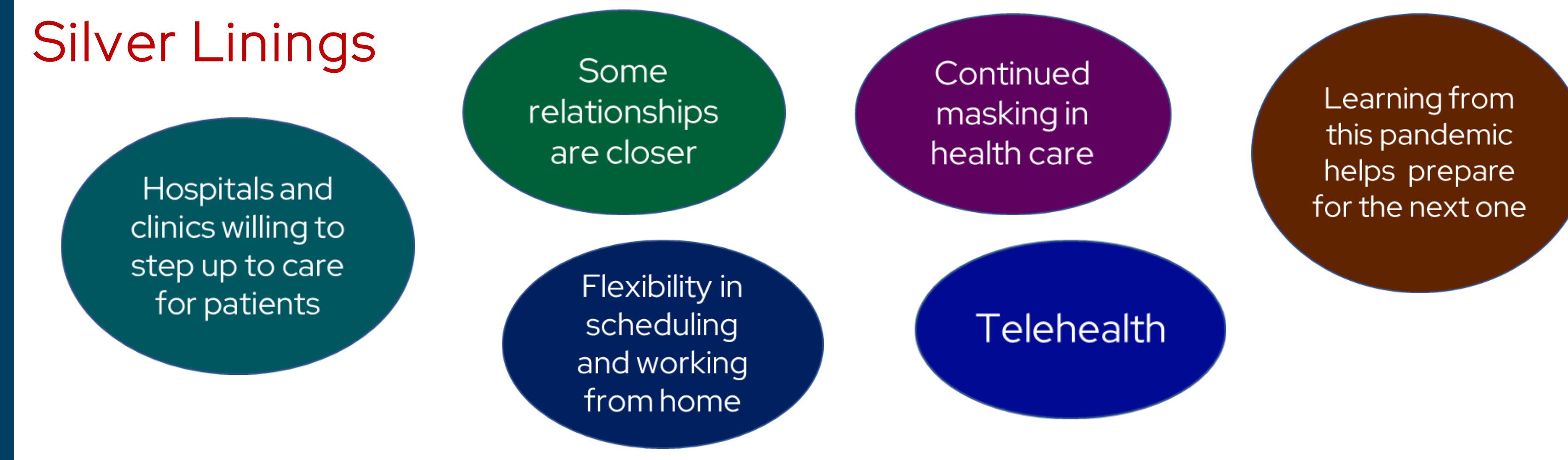
Results

- A total of 25 physicians either reached out to WREN in response to the newsletter or were invited by email. Of these, one physician was ineligible due to lack of rurality of their clinic.
- 12 physicians completed the interviews: 11 were virtual and one was in-person.
- Participants represented 10 different counties in rural Wisconsin.

Themes

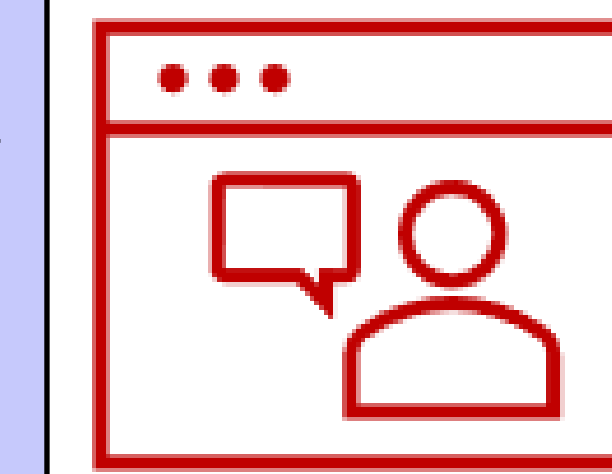
Different phases of pandemic	<ul style="list-style-type: none"> • Initial slow down and clinic closures • Decrease in preventative care and worse outcomes • Rapid fire, steep learning curve for clinicians and staff • Fear, uncertainty • "War zone" when managing coronavirus infections
Mitigation strategies and difficulties with patient, colleague, and community acceptance	<ul style="list-style-type: none"> • Masking • Testing • Telehealth • Quarantine • Vaccines • School closures
Misinformation	<ul style="list-style-type: none"> • Related to politics • Vaccine hesitancy and difficult conversations about vaccines
Family and relationships	<ul style="list-style-type: none"> • Ensuring safety of family and colleague • Different experiences vs family/friends in jobs that slowed down • Challenges with childcare and virtual learning for children • Family members not believing in the pandemic
Relationships with patients	<ul style="list-style-type: none"> • Difficult conversations with patients • Losing touch with patients • Changing perceptions of some patients based on patient beliefs about the pandemic
Rural communities	<ul style="list-style-type: none"> • Rural community sometimes rejected science • Clinic closures and high demands during disease spikes in rural areas that already had limited resources • Staffing changes and challenges staffing local hospitals • Patients expect rural clinics to address all of their needs
Resilience	<ul style="list-style-type: none"> • Spirit of service • Support from colleagues • Developed new ways to stay in touch with colleagues

Silver Linings



Mixed Perceptions of Telehealth

- Increased options for patients to connect with their physician
- Saves driving to clinic or further travels to meet with a specialist
- Built relationship with patient when patients saw the physician working from home



- Clunky roll-out and lack of experience with telehealth
- Challenges when best care would have been to examine the patient
- Lack of reliable internet in rural areas limits ability patients to use telehealth
- Not all patients interested in telehealth
- Some patients in rural areas wanted in-person visits because they did not believe in the pandemic

Conclusions

- Primary care physicians in rural areas described the impact of the pandemic on their practice, relationships, and well-being.
- Additional analyses of aspects unique to rural practices are in progress.
- Understanding experiences during the pandemic can be used to help inform strategies for future public health crises.

Acknowledgments

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- We are extremely grateful to the participants for their willingness to share their experiences.

References

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