

عنوان مقاله:

System-Based Interventions to Address Physician Burnout: A Qualitative Study of Canadian Family Physicians' Experiences During the COVID-19 Pandemic

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Background Medical professionals experienced high rates of burnout and moral distress during the COVID-19 pandemic. In Canada, burnout has been linked to a growing number of family physicians (FPs) leaving the workforce, increasing the number of patients without access to a regular doctor. This study explores the different factors that impacted FPs' experience with burnout and moral distress during the pandemic, with the goal of identifying systembased interventions aimed at supporting FP well-being and improving retention. **Methods** We conducted semi-structured qualitative interviews with FPs across four health regions in Canada. Participants were asked about the roles they assumed during different stages of the pandemic, and they were also encouraged to describe their well-being, including relevant supports and barriers. We used thematic analysis to examine themes relating to FP mental health and well-being. **Results** We interviewed ۶۸ FPs across the four health regions. We identified two overarching themes related to moral distress and

burnout: (۱) inability to provide appropriate care, and (۲) system-related stressors and buffers of burnout. FPs expressed concern about the quality of care their patients were able to receive during the pandemic, citing instances where pandemic restrictions limited their ability to access critical preventative and diagnostic services. Participants also described four factors that alleviated or exacerbated feelings of burnout, including: (۱) workload, (۲) payment model, (۳) locum coverage, and (۴) team and peer support. Conclusion The COVID-۱۹ pandemic limited FPs' ability to provide quality care to patients, and contributed to increased moral distress and burnout. These findings highlight the importance of implementing system-wide interventions to improve FP well-being during public health emergencies. These could include the expansion of interprofessional team-based models of care, alternate remuneration models for primary care (ie, non-fee-for-service), organized locum programs, and the availability of short-term insurance programs to cover fixed practice operating costs.

کلمات کلیدی:

COVID-۱۹, Family Physician, Burnout, Primary Care, Canada, Qualitative Research

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