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(Version anglaise)

Building resilience and well-being in primary care during and after the Covid-19 pandemic: A rapid literature review

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Problem statement

The COVID-19 (C-19) pandemic underscored the need to support the mental health, well-being and resilience of healthcare providers (PCPs)¹. Stressful experiences during C-19 compromised their well-being and quality of care¹.

There is a substantial mismatch between PCPs' perceived psychological needs and available interventions, which mostly address individual needs instead of offering organizational support¹⁻³.

A systemic, work-based approach to continuing professional development (CPD) could play a key role during and after the pandemic⁴. However, the impact of CPD interventions aimed at supporting PCPs' mental health has not been systematically evaluated. Consequently, this mixed-methods literature review (MMLR) explored a) effective individual and team-level **interventions** for building PCP's resilience in response to public health emergencies; and b) **barriers and enablers** to implementation across practice settings in primary care.

Methodology

We searched Medline and PsycInfo (1967-2021), following PRISMA⁵. *Inclusion criteria:* (1) PCPs (family physicians/GPs, nurses, and/or psychologists); (2) intervention(s) pertaining to mental health/resilience/well-being of PCPs in response to disasters; (3) setting(s): clinics, offices, ERs, nursing homes, long-term care; (4) selected languages of publication. Inter-rater reliability was measured using 100 sources.

Quality of individual studies was assessed using the Kmet⁶ tool and modified PRISMA⁵ for literature reviews. Sources were not excluded based on quality rating.

Grey literature: Resources offered by Canadian provincial/national regulatory and licensing bodies were reviewed using Google Scholar.

Analysis: Descriptive statistics and results of deductive thematic analysis are presented.

Published Literature results

From 2732 identified sources, we retained 86 (N=85 in English, 1 in Italian). 85% of these were published 2020-2021. 67 (78%) specifically dealt with C-19. Within a wide variety of publication types, the most frequent were research studies (31 or 36%) and evaluation studies (14 or 16%). *Setting*: 40 (46%) were in hospital(s), 23 (27%) were in ERs. *Target audience*: 65 (76%) focused on nurses, 49 (57%) physicians, 12 (14%) psychologists, and 38 (44%) other professionals. *Type of study*: 12% were systematic, rapid, or scoping reviews. Individual studies: 27% quantitative, 12% qualitative, and 7% used mixed methods.

Quality: N=27 (31%) quantitative studies and 19% qualitative studies could be rated.

Psychosocial (37 or 43%) and training interventions (21 or 24%) were the most common types. However, only 13% of resources had interventions including a CPD/CME component (e.g., lectures (4.7%)).

Barriers could act as enablers and vice versa. 27 (31%) sources reported 59 barriers. N=22 reported organizational/team/peer-level barriers (81% of studies reporting barriers); 5 (18% of sources) reported stigmatization of mental health. 27 sources reported 60 facilitators; 16 (59% of sources reporting facilitators) reported organizational/team/per-level facilitators (e.g., effective communication).

Grey literature: 12 federal and provincial-level organizations offered a total of 35 resources, of which 22 (62%) were interventions (e.g., training). Only 1 intervention was evaluated.

Discussion

The current state of knowledge about effective interventions is limited: few interventions were evaluated, and quality was inconsistent. This aligns with existing literature.

Organizational barriers and enablers are key to support leadership in developing relevant interventions. This aligns with existing literature. More multifaceted, systemic CPD interventions are needed.

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