

The patient perspective on COVID-19 restrictions lifting: a descriptive study of resuming in-person meetings

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Abstract

As COVID-19 mandates continue to evolve, at both the state and health system levels, patient input is needed. This study gathered opinions, feedback, and levels of comfort regarding in-person participation from Patient Advisors at a healthcare system located in Detroit, Michigan. The final version of the survey consisted of 13 questions prompting Patient Advisors to discuss comfort levels, protocols, and feelings around returning to in-person meetings after more than a year of meeting virtually. A total of 68 Patient Advisors completed the survey. Most Patient Advisors felt that positively about meeting in-person (i.e., 55% felt 'happy' vs. 4% felt 'scared'), believed only those unvaccinated should wear masks (n=26), and 86.6%, believed that there should always be a virtual participation option moving forward. Moreover, Patient Advisors wanted to be asked about their vaccination status before a meeting (n=66) and 86.6% endorsed being comfortable and willing to share their vaccination status. Qualitative analysis of two free-text response questions revealed Patient Advisors felt appreciated that their input was requested and wanted autonomy when considering in-person meetings. Findings were used to create the Patient Engaged Research Center's In-Person Participation Action Plan and indicate the need to include patient voice in outcomes that directly impact them and their well-being.

Keywords: COVID-19, patient-centered care, Michigan

Plain English Summary

As the COVID-19 pandemic continues to impact our lives, understanding how patients think and feel towards changes in the healthcare system is important. We wanted to understand, specifically, how Patient Advisors (PAs) in our health system felt about resuming in-person participation for things like meetings and events. In our health system, PAs are patients and their family members or caregivers willing to contribute their own patient/caregiver experience to the conversation. Their main goal is to improve the health care experience for themselves and others. We used an online survey to get the PAs opinions, feedback, and levels of comfort regarding in-person participation. A total of 68 PAs completed our survey and we learned that they are feeling positive about in-person meetings, however, have voiced guidelines and expectations that they would

like followed. We also found that PAs are appreciative of being included in decision making, particularly with the outcomes directly impact them and their well-being. Finally, PAs want choice and options when it comes to navigating the ever-changing landscape of the COVID-19 pandemic.

Introduction

Henry Ford Health System (HFHS) located in Detroit, Michigan, a COVID-19 hotspot [1], is one of the nation's leading comprehensive integrated health systems that provides care and wellness services across diverse communities. Unique to HFHS is the Patient Engaged Research Center (PERC). PERC began in 2013, with a mission to "translate the patient voice into evidence-based care through community engagement and world-class research methods." PERC relies on active participation of its Patient Advisors (PAs) in the Patient Advisor Program

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(the Program). PAs contribute their patient and/or caregiver experience and feedback to HFHS projects and initiatives to ensure care is patient-centered [2]. Before the COVID-19 pandemic, PAs regularly attended in-person council/committee meetings, social events and training sessions, and a highly attended Annual Retreat. In March 2020, the Program's functions were put on hold as social distancing mandates were implemented. Nearly three months later, the Program adapted virtual engagement. PERC hosted virtual training sessions to teach PAs how to use the video conferencing application, WebEx.

On June 22, 2021, the state of Michigan revised its mandates stating the state will no longer require residents to wear a face mask and capacity in both indoor and outdoor settings will increase to 100% [3]. HFHS announced that in-person gatherings were anticipated to commence on June 30, 2021, where indoor gathering capacity would be based on social distancing ability and room size. With the COVID-19 restrictions lifting in Michigan and the changing landscape of in-person meetings at HSHS, a conversation was prompted of "when" and "how" PAs would return to in-person participation. Thus, in preparation of reconvening the Program in-person, the PERC Team sought to create an 'action plan document' that would outline guidelines for resuming such in-person meetings and activities. Thus, to ensure that the patient voice was accounted, the goal of this study was to gather opinions, feedback, and levels of comfort regarding in-person participation from PAs.

Methods

This report is part of a larger IRB approval encompassing the work of PAs at HFHS.

Population

A convenience sample of 450 possible PAs were contacted to participate in the study through PERC's monthly E-blast (i.e., an electronic newsletter featuring Program updates, highlights, accomplishments, opportunities, surveys, etc.).

Measures

A patient-centric survey was developed specifically for the present study. The PERC team started by drafting a survey inclusive of topics prevalent in the news media, concerns voiced by PAs, and scientific literature around COVID-19 and changing restrictions. To ensure patient voice was included in the study design, the survey, design by PERC staff, was first reviewed by a small group of PA Consultants

(N=7) who provided feedback, resulting in edits to readability and question clarity.

The final version of the survey consisted of 13 questions prompting PAs to discuss comfort levels, protocols, and feelings around returning to in-person meetings after more than a year of meeting virtually. Multiple-choice and Likert-type questions were used, and comment boxes were available for three questions so participants could elaborate. The final two questions of the survey prompted more free-text responses.

Procedure

The survey was distributed via an embedded SurveyMonkey link in the E-blast. Survey data were collected from PAs in June 2021 with the survey being left open for 9 days (06/09/2021-06/17/2021).

Data Analysis

Descriptive statistics were analyzed in Microsoft Excel and IBM SPSS Statistics for Windows (Version 26), with a total of 9 relevant items included in the analysis. Regarding the two open free-text response question, initial transcripts of responses were reviewed by one researcher and coded for significant themes using thematic analysis. A second researcher then recoded the transcripts independently. Any discrepancies in coding were resolved by consensus between both researchers.

Results

A total of 68 PAs completed the survey, and diverse opinions and concerns were voiced. Mask wearing was a particular area of variability. Most PAs (n=26) think that only those who are not vaccinated should wear masks. Others were more cautious, endorsing that regardless of vaccination status, everyone should wear a mask (n=23). Less cautiously, some PAs (n=15) wanted masks to be optional for everyone.

Table 1 details two survey questions that were presented on a Likert-scale. It shows that generally, PAs were comfortable with returning to in-person meetings, and that social distancing was important to them. Of those most comfortable with returning to in-person meetings (n=27; chose "10" on the Likert scale), opinions on mask-wearing at meetings varied. Some of these PAs (n=8) believed that mask wearing should be optional for all, while others (n=12) thought that only those who are unvaccinated should wear masks. The remainder of those that answered both questions (n=6) believed everyone should wear a mask

Table 1: Patient Advisors Ranking of Comfort Towards In-Person Meetings and Importance of Social Distancing.

Question	N	Response Average	Minimum	Maximum
<i>On a scale of 1-10, how comfortable are you returning to in-person meetings? (10 being most comfortable)</i>	66	7.85	1	10
<i>On a scale of 1-10, how important is social distancing (6 ft) to you right now? (10 being very important)</i>	65	6.65	1	10

Regarding sharing vaccination status (n=67 responses), 86.6% endorsed being comfortable and willing to share, while 7.5% responded that they would not feel comfortable or willing to share this information. Additionally, 3.0% endorsed that while they don't think it is appropriate to ask, they would share this information if required. The remaining 3.0% were unsure of their feelings on sharing their

vaccination status. Table 2 specifies the ways PAs wanted to be asked about their vaccination status before a meeting (n=66). For PAs that were comfortable sharing their vaccination status (n=58), the majority (n=32) would prefer to show their vaccination card as proof while many of the others (n=14), would sign a document stating whether they are vaccinated.

Table 2: Descriptives of How Patient Advisors wanted to be Asked about Their Vaccination Status Before an In- Person Program Meeting (N = 66 responses)

How would you want to be asked your vaccination status before a meeting?	n	%
<i>Show my vaccination card</i>	33	50
<i>Sign a document stating I have/have not been vaccinated</i>	15	23
<i>Honor system</i>	12	18
<i>Other (please specify)</i>	6	9

When asked "Given the choice to attend a meeting safely in-person or virtually, which would you choose?" 31.3% of PAs (n=67) chose in-person, 13.4% chose only virtual, and 55.2% were open to participating in both ways. A large proportion of PAs, 86.6%, believed that there should always be a virtual participation option moving forward. Of the PAs that preferred meetings to return to in-person (n=21), most

(n=16) feel comfortable sharing their vaccination status, while some (n=4) do not feel comfortable or willing to share their status.

PAs were also asked, "What emotion(s) do you feel thinking about meeting in-person again?" and were able to choose as many responses as they saw fit (see Table 3), wherein positive emotions were most frequently chosen.

Table 3: Frequency of Emotions Felt by Patient Advisors about Meeting In-Person (N = 67 responses)

Emotion	Frequency Count
<i>Happy</i>	31
<i>Motivated</i>	21
<i>Excited</i>	20
<i>Nervous</i>	15
<i>Anxious</i>	8
<i>Scared</i>	3
<i>Overwhelmed</i>	0
<i>Other^a</i>	12

Notes. a PAs that answered "other" specified other emotions. These included, cautious (n=2), neutral, cautiously optimistic, relaxed, "a bit happy," and "concerned about (their) schedule."

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Finally, among the two free-text response questions several themes were identified. Table 4 outlines

themes distinguished for each question with a corresponding sample quote.

Table 4: Thematic Analysis of Free-Text Response Questions provided by Patient Advisors.

Question	N	Theme	Theme Description	Example
When in-person meetings do resume, what can WE do to make you feel safe?	59	Increased feelings of safety	Included comments made about standard protocols that should be put in place, particularly around safety measures (e.g., masks, vaccinations, sanitizer, limit paper/hand outs and shared food)	“Verify vaccinations and give Covid 19 test prior to meetings. Provide distance seating, require mask be worn, provide individual food. See that area is sanitized.”
		create autonomy	Included responses that focused on the ability to have ownership over decisions and provide the option for both virtual and in-person.	“Offer the option to either attend virtually or in person with no negative connotations or consequences.”
Please share any other thoughts/feelings you have on this topic.	37	positive mindset	Included responses where positive emotions towards meeting in-person were expressed.	“Although I may feel cautious about meeting in person it would be nice to see everyone face to face.”
		patient voice appreciation	Included comments wherein PAs felt valued for being asked to provide input on this topic.	“Thank you for being so interested in our input and opinion.”
		create autonomy	Included responses that focused on the ability to have ownership over decisions and provide the option for both virtual and in-person.	If a combination of in-person and virtual attendance was possible, this would be ideal.

Discussion

It is important to note that results from this survey, along with current HFHS policies, were used to create PERC’s In-Person Participation Action Plan (Action Plan; see Supplementary Material). The Action Plan was reviewed by the same PA Consultants (N=7) who initially reviewed the survey used in this study. The Action Plan then received approvals from several departments within the health system (i.e., Infection Control, Legal/Privacy, Compliance, Patient Safety). A vaccine tracking system with created in RED Cap (Research Electronic Data Capture) to allow PAs the ability to upload their vaccination cards prior to attending an in-person function. RED Cap is a secure web platform for building and managing online databases and surveys with HIPAA compliance. All members of the Program received a copy of The Action Plan, which will be continually reviewed and evolve as times change surround the COVID-19 pandemic.

Majority of PAs appear to be comfortable with returning to in-person meetings for the Program but have varying opinions and preferences on safety precautions that should be taken. Notably, most PAs were comfortable in sharing vaccination status, and the way they want to do this is by showing their vaccination cards. This finding is of particular interest, as the Michigan Legislature advanced a bill that would

ban the state government’s use of a vaccine passport system, which passed the Michigan House early June 2021, and is now pending senate approval.⁴ However, based on findings of this study, PERC’s final Action Plan (see Supplementary Material), includes sharing vaccination cards as the method by which people will show their status.

Overall, positive feelings are associated with meeting in-person (“happy,” “motivated,” “excited”) for the Program. After being socially isolated, PAs want to be around people again, in a real-life setting. The high frequency of positive feelings towards in-person meetings may also be related with what has been coined as “Zoom fatigue” [5,6] in which during the COVID-19 pandemic the influx of virtual interactions has caused frustration but also a biological exhaustion.⁷ These virtual interactions, whether through Zoom or other video conferencing platforms such as Webex, can be taxing on the brain and the ability of it to handle this type of communication [7]. As in-person interaction takes in both verbal and nonverbal cues, virtual interaction hinder this capability (e.g., small screens, multiple points of focus, etc.), creating exhaustion and continuous partial attention [7,8].

Conclusions

In conclusion, the findings of the current study indicate that PAs (i.e., patient, family/caregivers)

appreciated having a voice in decision making that would ultimately impact them. This process is supporting the possibilities of creating patient-informed policies. However, it should be noted that PAs are individuals who are already engaged in the healthcare system and research practices, to some degree, so their views might not be generalizable to the broader population. Future studies, policy development, and shared-decision making processes, in healthcare systems, should consider taking a patient-centered approach when it comes to the COVID-19 pandemic as the country begins to reopen.

Declarations

Ethics approval and consent to participate

This report is part of a larger IRB approval encompassing the work of PAs at HFHS.

Consent for publication

Not applicable

Availability of data and materials

Please contact author for data requests.

Competing interests

The authors declare that they have no competing interests.

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Authors' Contributions

Study design: SS, DM. Data acquisition or analysis: SS, AR, DM. Manuscript drafting: All authors. Critical revision: All authors.

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