

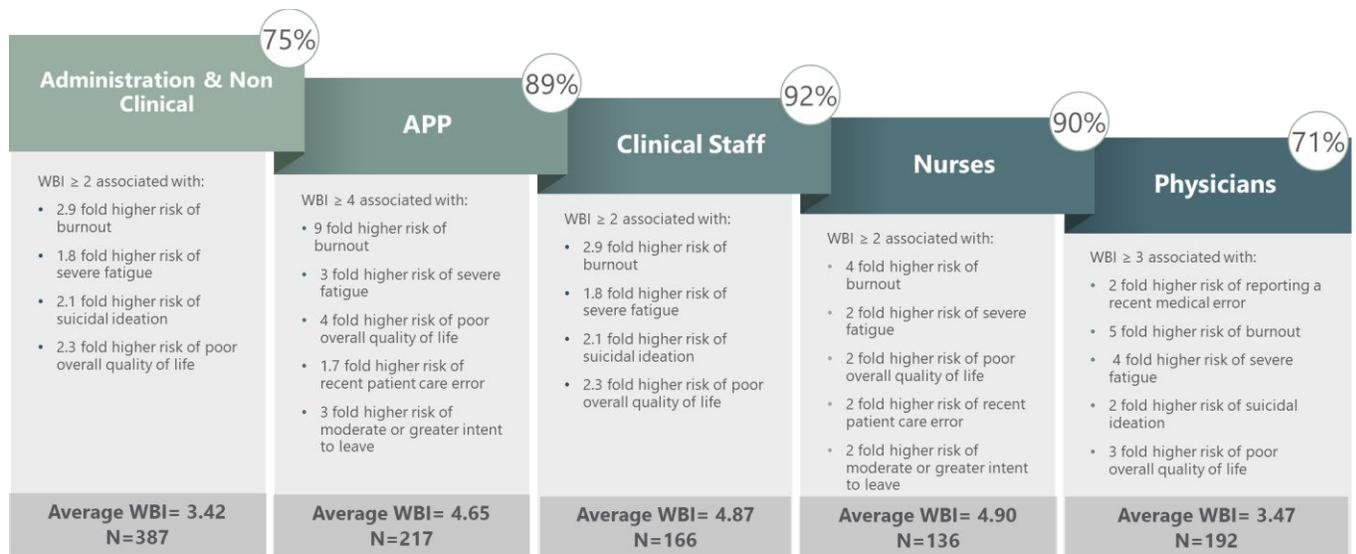
DISTRESS AT UAB MEDICINE DURING THE INITIAL COVID-19 SURGE

A survey was conducted with employees within UAB Medicine on sources of distress during COVID-19. Results were collected from June-July 2020, and asked respondents to identify distress levels and work and home stressors during March-May 2020. The survey had 1,130 respondents (18% response rate).

MAIN FINDINGS

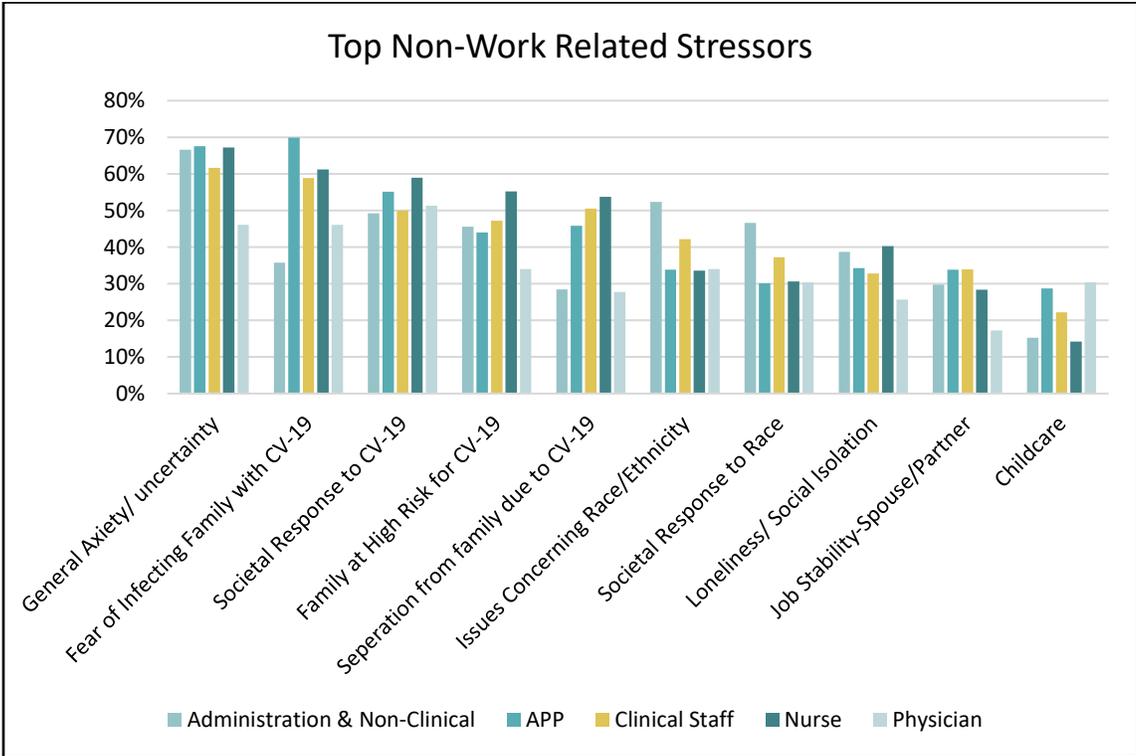
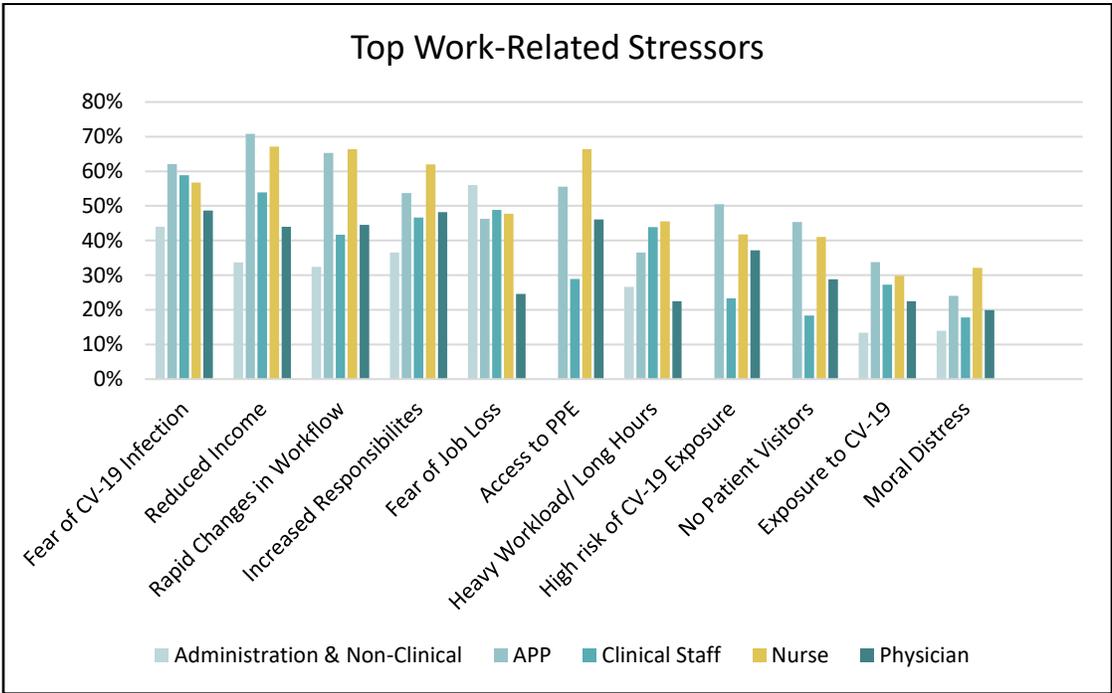
- Many respondents noted positive outcomes of this time such as telemedicine, working from home, reduced inefficiencies, increased communication from leadership, and teams pulling together to overcome adversity.
- Clinicians are highly resilient when faced with clinical stressors, but other work and home stressors and moral distress (feeling that they are unable to “do the right thing”) are driving distress scores.
- All members of the health care team are at risk for high distress.
- Most of the factors correlated with distress were work-related factors.
- Organizational efforts to reduce both home and work stressors may have a significant impact on improving well-being, such as maintaining balanced workloads and childcare support.
- Increasing staffing to reduce heavy workloads has the greatest potential to significantly reduce distress.

Distress was measured using the validated Well-Being Index (WBI) tool with scores ranging from -2 to 9, with 9 indicating the highest distress. Large national samples have shown high distress to be correlated with a number of negative outcomes, listed below. Percentages of employees with scores above the “high distress” threshold for the general population (WBI ≥ 2) and average WBI scores by employee type:



Correlates of Distress Scores Ranked by Contribution to Variance

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|---|---|
| <ol style="list-style-type: none"> 1. Heavy Workload/Long Hours 2. Increased Job Demands/ Responsibilities 3. Higher Frequency of Moral Distress 4. Perceived Organizational Support 5. Autonomy | <ol style="list-style-type: none"> 6. Perceived inequity of payout 7. Loneliness/social isolation 8. High Risk of COVID-19 Exposure While Treating Patients 9. Resilience 10. Fear of infecting family with COVID-19 |
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