

Supplemental materials for

Kelly EL, Cunningham A, Sifri R, Pando O, Smith K, Arenson C. Burnout and commitment to primary care: lessons from the early impacts of COVID-19 on the workplace stress of primary care practice teams. *Ann Fam Med*. 2022;20(1):57-62.

Supplemental Appendix 1

We are interested in hearing about all the ways that COVID–19 has changed how you deliver care.

What have you changed about how you deliver/administer care?

What are some things that have worked that you weren't expecting? What are some of the things aren't working that you didn't expect?

Have you noticed any particular groups (can list existing health disparities) that are struggling more with COVID-19?

Are there things that you aren't doing anymore that you are glad have changed?

What will you take from this experience that will change your practice moving forward?

(PROBE) How has COVID-19 impacted your feelings about being a primary care provider? How has it impacted your burnout level?

Is there something else you would like us to know about your experiences?

Supplemental Appendix 2

Illustrative Quotes of the Responses Mapped onto Domains of the Job–Demands–Control–Support Organizational Model

Demands		
Adaptability & Increasing Demands (N = 33)	Initial Decrease (N = 4)	<p>“Initially we were pretty slow, everything has stopped all at once. We had time available to do those types of things. Now as people are getting more restless. The whole county is getting restless. Our patients is getting restless and wanting to have access for medical care and our schedules are getting busier it is going to make it more difficult to take the mornings away or something like that. “ (10 – Physician)</p> <p>“Yeah, so at first, I want to say the first two weeks were a little bit slower because we had to now transition the in-person appointments, and had to get them signed up with the MyChart account and had to get the patients familiar with the platform. So I think that was our only, you know, gap.” (30 – Behavioral Health Consultant)</p>
	Same (N = 5)	<p>“I think it’s about the same. I think, you know, it’s still busy, it’s just a different kind of busy, right now. So, like, you know, before, you’re running around because you’re there’s so many patients coming in, you’re trying to get the rooms, and, you’re trying to, you know, keep things moving. We’re now trying to... now I do a lot more schedules, and try to piece, where, like, what doctors are working from home, and who’s gonna be your contact, you know, what MAs are going to be with what provider for whatever patients are coming in, for pools, just more job like trying to split everything up and keep everybody busy.” (11 – Office Manager)</p> <p>“Nothing has changed I am still doing everything.” (20 – Nurse Practitioner)</p>
	Increasing (N = 28)	<p>“I was concerned the referrals would be low. My referrals were through the roof. I have no Front Desk support so I am doing everything. ” (26 – Behavioral Health Consultant)</p> <p>“Because our call volume went up significantly and it’s just questions. Like, people want to be reassured and, and not being able to, kind of, there’s no down time. We’re open, you know, Monday through Friday, and there’s no, you’re going the whole time. And being short staffed, because you deployed some to the hospital, some were furloughed, so then the other girls work that much harder. “ (27 – Office Manager)</p>

Telehealth (N = 33)	Positive (N = 24)	<p>"I think, in the long term, [Telehealth] would benefit for any kind of... bad weather days... there have been times in the past that says Jefferson, you know, has to close the offices down for weather, but, you know, maybe if we have the telehealth... staff could even work from home, and reach out and do this. So, I think it's going to be a big impact on, on the future." (11 – Office Manager)</p> <p>"It would have to be telehealth, because, you know, it's, how do I say it? I didn't expect it to, I guess, run as smoothly as it did, because there was so many people, you know, in the hub and there was only one person mainly in charge of it. So I tried to help and, you know, assist with assigning providers each day and helping the workflow, make it easier for the other staff. " (19 – Medical Assistant)</p>
	Negative (N = 9)	<p>"We've had a lot of issue with patients not being able to connect to the Jeff Connect platform. The hospital strongly implores us and encourages us to use that. Despite all laid plans, of Mice and Men, it doesn't go through a lot of the times. So you're embarrassed, you're behind schedule, you're patient is waiting in the virtual waiting room. And there are things that the hospital is, gladly, working on. So that was said a couple of weeks ago. Hopefully in two weeks' time, we will have resolution to the connectivity issues. " (3 – Office Manager)</p>
Job security (N = 19)	Positive (N = 7)	<p>"Yeah, and I feel like they did a really good job making sure everybody had something to do to, kind of, utilize them as much so nobody really had to suffer. " (13 – Nurse Practitioner)</p>
	Negative (N = 12)	<p>"I think they're stressed out. I mean, I think that they're, you know, a lot of them are hourly employees and, you know, depending on a paycheck and, you know, hours have been changed. Or I wouldn't say cut, but just changed. And, you know, they're just dealing with it the same way the rest of us are, in terms of, how are they going to get their hours in, and, and, are they going to be able to, what if they come in contact with someone that has it, and the fear associated with the virus, you know. I think it's stressful for them." (16 – Physician)</p>

Control		
Participation in Decision Making (N = 13)	Positive (N = 8)	"Well we had regular staff meetings with the weeks prior to the official sort of close-down to try to figure out how we were going to handle it and we were involved in meetings with Dr. Y and other Jefferson people too to get some advice from them. And we talked about trying to just transition from having 4-5 providers in the office at one time to 1-2 in the office and the rest the small site help to minimize the exposure to us and exposure to the other patients and we were trying to strategize on how to be socially distant before that became official. (2 – Physician)
	Negative (N = 5)	"... no sooner they announce that we can see more live patients last week. Well, we took that into account as we were calling them last Friday for this week. But then an hour later, as it was all set what our schedule was. They said "well wait a minute now we're short on PPE," but we did a quick recount and we have enough for this week. Apparently, we're getting a shipment May 18, so we're just going to have to make decisions week-by-week." (5 – Physician) "And the call center has never been "quote unquote" qualified to triage patients in the past. Well now we're relying on them to triage our patients and not carry a deadly virus into the office. So now all of a sudden, it's okay for them to be able to triage our patients...Well the call center scheduling every patient as an in-person visit, and then it's up to the office to turn them into telehealth if the doctor finds it appropriate. Well to me, that's completely backwards. They should be all telehealth and then, if we feel it appropriate, we should convert it to in office visits. Well they told us, no that's not how it is." (18– Physician Assistant)
Redeployment (N = 13)	Positive / Neutral (N = 4)	"And some of the people that have stepped up that have been transferred out to the hospital and have been implanted onto a COVID-19 floor, you know, they've come back and say "I did things I never thought I'd be able to do". (9 – Receptionist)
Skill Development / Decision Latitude (N = 14)	Positive (N = 14)	"I never did a telehealth with Dr. X before, I know a couple of our other providers have. He personally hasn't. So he's old school with it. So he was not liking change, but he got used to it and he, actually, now enjoys doing them, so, it's good." (15– Medical Assistant) "Because now I have a lot more control over my schedule. So in lots of ways, it's actually worked for me and the integration of myself at the practice because I am able to see patients at my discretion, like whenever. And not the

		discretion of, like, when there's actually space for me. So I think it's worked for a lot of patients and for me." (28 – Behavioral Health Consultant)
	Negative (N = 9)	"One medical assistant, in particular, said it became too stressful, you know, having, as she put it, "having to see a 35 year old dying from a stroke that was positive for COVID and not being able to have family members there"... "And one of the functions that they would be doing was to help, like, people Facetime and be able to communicate and she just said it just became too much for her. So, you know, she worked there for about six weeks, and just asked to not continue... but I know it's been traumatizing, in a way, to the people who have been working on the front lines, so. " (12 – Physician)
Working from Home (N = 12)	Positive (N = 5)	"And I never thought that my job would be one that I could or would work from home. So it's kind of a pleasant surprise to say 'actually, you could... there is a way to make it work, if you really need it to'."(4 – Physician) "[Telehealth] has been pretty successful but some glitches and sometimes appointments need to be rescheduled. It is a much better connection and more effective than using the telephone. We are able to build a really good therapeutic connection because we can see each other. It has been great, I felt that I was able to work and productivity has been its highest from the 2 ½ years I worked there."(24 – Behavioral Health Consultant)
	Mixed /Neutral (N = 4)	"I don't have a desk at home, and I just pretty much go into, like, a room that has absolutely nothing on the walls and will set that up when I'm doing telemedicine visits. But other than that I think that I am still able to be very productive."(13 – Nurse Practitioner)
	Negative (N = 3)	"I realized I don't like working from home... I do find that I do more because I come down some mornings and like 7 o'clock and I don't even go up and get dressed, you know, you get so caught up... I think the, the I need the people interaction. I do. It motivated me more."(14 – Office Manager)
Social Support		
Practice-level (N = 22)	Positive (N = 18)	"Trust everybody and trust your leaders that they are making good decisions. That is what I stuck to, I have not been stressed or panic. I come in and do my job. Even though sometimes you think the world is crumbling around you. You have to lean on your team and your leader and get through your day. (6 – Office Manager) "

		<p>"Look, it's totally different and we had to make it up as we went along. I'm not surprised at my support staff or my management staff. I think they're capable of a lot. They've just... they rose to new challenges." & "And, you know, setting up our work place... you can put them together, you can cross cover. But when you have your subgroup within the groups, that's actually a good thing, that's not a bad thing. We celebrate what we have in common and we recognize what we have in difference, and we make it work. It's all about the people you're working with. They're all good people with good attitudes, we all want it to make work, so we make it work" (5 – Physician)</p> <p>"It has been a really positive experience. I have created a support group for the workers." (24 – Behavioral Health Consultant)</p>
	Negative (N = 2)	"It starts getting people testy is what happens. Short with each other." (9 – Reception/billing)
Organizational-level (N = 16)	Positive	<p>"But management did, I think, a really good job. Because a lot of people tried to, like, cancel vacation days and say, "oh I'll just come in", and they're like, "no, no we really want you to honor it and, like, stay away". " (27 – Office Manager)</p> <p>"The second [thing] that I hope continues is the, the support that we get from administration when something is wrong in our office. They've been very quick to respond to help us resolve any issue we have, whether it could be supplies of equipment that we need in the office to facilitate, you know, the patient visit. (5 – Physician)</p>
	Negative	"There was definitely was a morale issue when the staff heard that Jefferson was protecting them but when other places were getting boosts in salary but Jefferson was talking about furloughing people. It made the staff feel a little on edge. The office went on a rotation schedule. So there were not too many people were in the office at once." (29 – Physician)
COVID-19 testing, PPE, and sanitization	Mixed, Protected (N = 12)	"We have adequate testing capacity. Better than it was. Early on we did not, the first week or two this was pretty scary." (10 – Physician)

(N =26)		"They are wearing their masks, washing their hands. We have adequate supplies to clean things and equipment." (8 – Medical Office Coordinator)
	Mixed or Unprotected (N = 14)	"... you know, you go everywhere else and they at least have Plexiglas up. If I go to any other doctor's office and they have it up. And here we're told it's not going to happen so don't even ask about it. So it's just that kind of stuff on a managerial level that gives you anxiety. Because then as a provider, you know, guess what 50% of the people are asymptomatic carriers so we're just going to risk out lives, you know." (18 – Physician Assistant)
Burnout and Commitment to Primary Care		
Burnout (N = 31)	Decreasing (N = 5)	"It was, kind of, like a nice change from the craziness that was from before. And I know that sounds horrible, because, obviously, I don't want it to be. But some days it's really, really slow... Before, I feel like [I was just] running late every day... Constantly having things feeling like you're falling behind... Now I'm not seeing that many patients but the same patients are still there, I don't feel [the same way]... My burnout was definitely higher before. " (13 – Nurse Practitioner)
	Same (N = 12)	"Normal circumstances, I enjoy my job. The burnout level with COVID-19 has not really changed. I like to be busy [more] than not being busy. " (33–Medical Assistant)
	Changing (N = 5)	"Trying to keep staff calm and not to have them worry. We do have the Jeff-Be-Well Sessions. You just have to stay positive. There are times that I feel like I am melting down, but I close my door during this time. Things change in an hour. My staff have been doing so well. People who had trouble connecting before are connecting well now. Morale is variable at times." (6 – Office Manager)
	Increasing (N =8)	"Before this started I wasn't burnt out at all. During this I am not an anxious person but I had panic attacks. I could not tell you what caused them." (20 – Nurse Practitioner) "Yeah. And I think... No, it's definitely gotten worse. Burnout's gotten bad, doctors included, staff included. " (27 – Office Manager)

Commitment to Primary Care (N = 28)	Positive (N = 26)	<p>“I actually love my job – I’ve been doing this for a long time. So we all have our moments, you know we’re all human, we have our days where we don’t want to do something, or something may have struck our nerves, but we try to deal with it at that moment or walk away, gather your thoughts and move on – we’ve all had that.” (1– Medical Assistant)</p> <p>“It has always been a pleasure being a doctor. I think it has been very helpful. It has not changed my feelings about being a Primary Care doctor.” (29– Physician)</p>
	Negative (N = 2)	<p>“It’s made me question how much longer I can do it.” (18– Physician Assistant)</p>