

## ABIM/Harvard COVID Survey Project

### Exhibit 2: Changes that increased stress (sample quotes)

<b>What increased stress: Bad patient outcomes; more cases; staff shortages; inadequate testing; long duration of pandemic</b>
Seeing late failure (3+ weeks into illness) of COVID patients.
Continued lack of anything that really seems to make a difference in mortality - We are starting to get numb to the high mortality rate.
More cases. Less staff. Social isolation. Witnessing fatigue among population with precautions. Still very inadequate testing- test numbers, turn around and availability.
I'm not sure why, but I am much more bothered by it when I have to care for these patients than I was in April. Probably multiple factors. I'm just so sick of it.
The growing realization and dread that things are rapidly deteriorating as cases skyrocket in my state. Wondering if/when we will be overwhelmed. Growing frustration and anger at the failure of federal, state and local leadership to take steps necessary to contain the spread.
Duration of pandemic. As I think we expected (but did not really understand) this is a marathon. The politicization of COVID has also increased stress significantly.
The fact that there is no end in sight.
Nothing has changed, in fact it has gotten worse due to lack of support. It's just emotionally and physically stressful.
The new resurgence of COVID patients - just feel like I don't want to do this all again!
[It's] seeming like there is no end in sight. I've had more and more COVID + ICU patients lately and the marathon is very draining.
<b>What increased stress: Need to integrate COVID care with regular work/life obligations</b>
All of the regular clinical work has returned. There is a compounding effect of having both the stresses of COVID19 and its ongoing burden as well as all of the usual busyness.
Now that there is a mix of patients and not just all COVID, staff are getting relaxed about precautions.
Planning to reopen other services for outpatients (pulmonary function testing, sleep testing, clinics)
In April, the world shut down to take care of COVID, now our lives are going on (children in school, spouses working, outpatient practices are busy, expectations for scholarship etc), so we need to take care of a surge and the rest of our lives as well.
<b>What increased stress: Disinformation and undermining of public health measures</b>
Increased annoyance about the public refusing to wear masks. Increased annoyance about Donald Trump contradicting expert opinions thereby making the pandemic uncontrollable.
Initially we felt supported that we are all in this together not just as staff in the hospital but as a wider community. I have noticed people fatigued with [...] all that goes along with the pandemic [...] When people don't care, infections rise and we deal with [...] deaths that were avoidable.
People thinking or believing that COVID is a hoax [...] not engaged in a social contract to protect all.
Ongoing political climate, distrust of science, the President calling Dr Fauci an idiot. That is calling all of us idiots.
Even more national politicization and the emotional distress that comes from seeing GOP politicians actively encouraging people to go against scientific advice on masking, social distancing, etc.\ putting all healthcare providers and essential workers at risk. It's as if the entire Republican party is out to actively harm us and it is extremely demoralizing.
The American public not wearing masks is aggravating and eats away at your resolve to continue to do health care work.