

---

# UNIVERSITY OF IOWA EMPLOYEE WELL-BEING SURVEY:

## Supplemental Report on Clinical Workers (May-September 2020)

*In the well-being survey conducted among 6,297 University of Iowa employees in May-June 2020 (Time 1), we asked a number of questions that are important for managers and supervisors navigating the global COVID-19 pandemic. We repeated this survey in August-September of 2020 (Time 2; N=4,661). This report summarizes key outcomes among onsite clinical staff who stated that they were employed at University of Iowa Health Care (UIHC). First, we describe our initial results for clinical onsite staff at Time 1. Then we summarize changes from Time 1 to Time 2.*

### Descriptive Results for Clinical Staff

---

Time 1, 1,662 participants indicated that they worked for UIHC, 65% were onsite clinical workers, 18% onsite nonclinical, and 17% remote. Among those who worked at UIHC, 84% reported that they were female, and 94% were White and non-Hispanic, 3% Asian, and 1.4% White Hispanic. The remainder of the participants reported they were either African American or multiracial. The majority of onsite clinical workers at UIHC were between the ages of 30-39 (27%), with 23% between the ages of 50-59, and 18% between the ages of 20-29. Twenty percent were between the ages of 40-49 and 12% were 60 and older.

Four hundred and eighty-four participants who were classified as onsite clinical workers at UIHC at Time 1 also responded to our survey at Time 2. Of those repeated participants who said they were onsite clinical employees at UIHC at Time 1, 425 were also onsite clinical at Time 2. In other words, 39 moved to nonclinical positions and 7 moved to remote positions (6 were on leave). Additionally, 19 remote workers from Time 1 moved to clinical onsite positions and 20 onsite nonclinical employees moved to clinical work. Thus, there was some movement across job categories by employees.

### Well-being

---

Onsite clinical staff at UIHC reported significantly lower well-being, higher emotional exhaustion, and significantly worse emotional states (depression, anxiety, and stress) than their onsite nonclinical and remote counterparts. We also found that onsite clinical workers were more likely to report conflict associated with work interfering with family. As expected, this suggests that clinical work was a significant source of stress for employees during these challenging times.

Family supportive supervisor behavior, assessed by the average of three items (e.g., your supervisor makes you feel comfortable talking to him/her about your conflicts between work and non-work), was significantly related to less emotional exhaustion and better emotional states (lower depression, anxiety and stress) for clinical workers

at UIHC. Family supportive supervisor behavior also contributed to clinical workers' perception of professional fulfillment and was associated with lower amounts of work-family conflict, particularly in the case of work interfering with family. This was true for clinical workers with and without children at home.

## Change from Time 1 and Time 2

Below we summarize the changes over time on well-being related outcomes. Overall, these outcomes were worse at Time 2, suggesting that well-being is decreasing among UIHC staff. Although all outcomes were worse, we see a greater effect on items that are underlined (these items have a Cohen's D scores > .2 which indicates a small but meaningful change).

**Table 1.** Changes in emotional states (depression, anxiety, stress and negative affect), emotional exhaustion, and clinical burnout from Time 1 to Time 2. Higher scores equal worse emotional states, emotional exhaustion, and burnout. All measures are on from 1-5 scale except emotional states (depression, anxiety, stress) which is on a 1-4 scale.

Outcomes	Time 1	Time 2
<b>Emotional states</b> (depression, anxiety, stress) <i>I felt I was close to panic; I felt I had nothing to look forward to.</i>	1.53	1.58
<b>Emotional states</b> (negative affect) <i>Afraid; nervous</i>	1.84	1.90
<b>Emotional exhaustion</b> <i>Emotionally exhausted at work</i>	2.50	<b>2.71</b>
<b>Clinical burnout</b> <i>Less empathetic with my patients; less connected to my colleagues.</i>	1.76	<b>1.92</b>

**Table 2.** Changes in emotional states (positive affect), professional fulfillment, overall well-being, and family supportive supervisor behaviors from Time 1 to Time 2. Higher scores equal better emotional states, well-being, professional fulfillment, and family supportive supervisor behaviors. All measures are on a 1-5 scale.

Outcomes	Time 1	Time 2
<b>Emotional states</b> (positive affect) <i>Strong; enthusiastic</i>	2.93	<b>2.72</b>
<b>Professional fulfillment</b> <i>My work is satisfying to me.</i>	3.30	<b>3.10</b>
<b>Overall well-being</b> <i>To what extent have COVID-19-related work/life changes impacted your overall well-being?</i>	2.38	2.25
<b>Family Supportive Supervisor Behaviors (FSSB)</b> <i>Makes you feel comfortable talking to him/her about your conflicts between work and non-work.</i>	2.54	2.62

---

## Alternative Work Arrangements

---

In our Time 2 survey, we asked employees whether they had access to alternative work arrangements, including flexible start and stop times, custom scheduling, remote work options, or flexible locations for work. Due to the nature of the work, it is not surprising that only 2-6% of onsite clinical workers at UIHC consistently had these options available to them. However, 39% of clinical workers had at least some flexible time arrangements available (compared to 51% of nonclinical onsite workers and 72% of mostly remote workers). A smaller proportion had flexible work locations available (13-16%). Importantly, when clinical workers had flexible start and stop times available to them, they perceived their supervisors to engage in more family supportive supervisor behaviors. This flexibility was also associated with decreased feelings of emotional exhaustion.

## Summary

---

Our survey results indicated that all UIHC employees are struggling in the face of the current pandemic. However, as expected, onsite clinical workers are carrying a significantly heavier load than others. Results also suggest that supervisors engaging in behaviors that support family and work can help workers manage burnout and improve well-being. As the pandemic wanes, employers and supervisors may have more flexibility in providing more alternative work arrangements, which may help mitigate work related impacts on well-being.