

Epidemic – Pandemic Impacts Inventory

Supplemental Healthcare Module – Brief Version (EPII-SHMB)

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PURPOSE: The EPII Supplemental Healthcare Module (EPII-SHMB) includes supplemental items to assess the impact of the coronavirus pandemic across personal and social domains on individuals working in healthcare settings. This is a brief version of the longer Supplemental Healthcare Module. The intent is to administer this supplement along with the main EPII module.

DEVELOPMENT: Candidate items were constructed by a team of clinical and developmental psychologists with expertise in assessment of stress, trauma, resilience, and coping. Feedback from professionals across multiple disciplines (e.g., social work, pediatrics, medicine, anthropology) was incorporated in selecting and refining final items for of the measure, which was accomplished via expert consensus.

PSYCHOMETRICS: Because the EPII-SHMB is newly developed, there are no psychometric properties yet available. Use of the EPII in research studies will help to establish psychometric properties and will likely result in refinement of the tool.

SCORING. Optimal scoring procedures are not yet determined and will be informed by future research.

PERMISSIONS. Researchers are welcome and encouraged to use the EPII in their research studies. Researchers may disseminate the survey using a paper format or may convert items to an online survey format so long as the integrity of the instructions and items is maintained. Users shall not modify items without permission from the developers. Please inform us of your intention to use the instrument by sending an Email to Dr. Damion Grasso at dgrasso@uchc.edu with the following information: (1) Principal Investigator(s), (2) Purpose of research study, (3) Population(s) studied, and (4) Study location(s).

Suggested Citation for Main EPII Module

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Epidemic-Pandemic Impacts Inventory (EPPI) Supplemental Healthcare Module – Brief Version

INSTRUCTIONS

Front-line healthcare workers caring for coronavirus pandemic patients may be impacted in many ways, both at work and at home. Healthcare workers include medical, dental, nursing, physician assistant, respiratory therapy, and other clinicians, and medical and nursing aides and assistants, patient services staff, social work, food service, janitorial/environmental services, and all other employees and volunteers who have direct contact with or work in the immediate settings where known or suspected coronavirus pandemic patients receive health care. Please choose the answer for each item that best describes your experience “N/A” means that the item is not applicable to you.

Have you experienced the following since the beginning of the <u>coronavirus disease</u> pandemic?			
1.	Being at risk of contracting COVID-19 virus from patients or co-workers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
2.	Inadequate/unhygienic personal protective equipment (PPE).	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3.	Insufficient staffing or equipment to properly care for COVID-19 patients.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
4.	Insufficient/unavailable viral infection testing kits.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5.	Deaths of patients despite heroic efforts by the treatment team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
6.	Contact with distressed family members who cannot be with a loved one.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
7.	Comforting family members whose loved one is dying or has died.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
8.	Being in close contact with patients without adequate PPE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
9.	Having no break from disruptive noise and wearing uncomfortable PPE.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
10.	Co-workers treat you or each other with irritability, impatience, or disrespect.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
11.	Stigma from others because of your (actual or perceived) coronavirus exposure as a healthcare professional/worker (“treated like we’re lepers”).	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
12.	Illness and uncertain recovery, or deaths, of co-workers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
13.	Insufficient support from workplace supervisors or administrators.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
14.	Family and friends don’t understand the danger you face at work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
15.	Family and friends don’t understand the emotional and physical exhaustion caused by your work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
16.	Forced separation from your children or spouse/partner for a week or more due to work or self-quarantine.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

Have you experienced the following since the beginning of the coronavirus disease pandemic?

17.	Feeling unprepared for the moral dilemma of having to deny lifesaving treatment due to shortages or rationing.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
18.	Feeling afraid you are contaminating your family members.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
19.	Feeling more frustrated, irritable, and impatient than usual with family members.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
20.	Feeling hypervigilant, like you can't ever let down your guard and relax.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
21.	Feeling unable to stop thinking about your patients or co-workers or work responsibilities when you're not at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
22.	Feeling fearful of reprisal from co-workers, supervisors, or administration if you voice concerns about the safety of yourself, your co-workers, or your patients.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
23.	Feeling proud about what you've been able to accomplish at work.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
24.	Feeling as though you've made an important difference in patients' lives.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A
25.	Feeling that you've grown as a worker or professional in this crisis.	<input type="checkbox"/> DEFINITELY	<input type="checkbox"/> SOMEWHAT	<input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> N/A

Has your work providing healthcare or support services for patients with the coronavirus illness had other impacts? **Please briefly describe these here:**

Thank you for sharing your experiences.