# Supplement Material #3

Regression Estimates of Changes in Provider Stress from COVID-19 over Standard Intensive Care

| | COVID-19 coefficient estimate (standard error) | Estimated change in stress metric associated with COVID-19 intensive care | p value | $r^2$ |
|---|---|---|---|---|
| **TLX survey responses** | | | | |
| Effort | 29.2 (5.8) | +29.2 | <.001 | 0.50 |
| Mental demand | 15.0 (7.0) | +15.0 | .04 | 0.18 |
| **Biometrics during shift[a]** | | | | |
| Energy expenditure [cal/sec] | 0.48 (0.17) | +62.3% | .01 | 0.40 |
| Galvanic skin response [peaks/hr][d] | 10.3 (2.8) | +10.3 | .002 | 0.56 |
| Skin conductance [μS][d] | 0.84 (0.40) | +132.6% | .05 | 0.42 |

See Table 1 for abbreviations and notes regarding data sample and variables. We regress each stress metric on indicators for COVID-19 shift, 2 beds, 3 beds, and charge nurse status. All regressions permit an intercept. These additional coefficients are omitted for clarity.

[a] Based on fit, all regressions use the logarithm of biometric stress measures as their dependent variables, except for galvanic skin response. In these cases, the estimated effect of providing COVID-19 intensive care is represented as a percentage change of the biometric measurement.