

TABLE S1.

Associations between Tangible Organizational Actions and Policies Related to COVID-19 and Perceived Organizational Support

Health Organization Action / Policy Related to COVID-19*	<u>Perceived Organizational Support</u>					
	Crude Mean	Difference in crude means (95% CI)	<i>p</i>	Adjusted [†] Mean	Difference in adjusted means (95% CI)	<i>p</i>
Free health care for HCWs [‡] infected with COVID-19						
Not offered	15.0	1.4 (0.7-2.1)	<.001	18.1	1.4 (0.8-2.0)	<.001
Offered	16.4			19.5		
Free lodging during quarantine						
Not Offered	15.1	0.8 (0.2-1.4)	.006	18.3	0.9 (0.3-1.5)	.002
Offered	15.9			19.2		
Opportunities for reassignment to low- risk areas for HCWs at high-risk						
Not Offered	14.7	1.7 (1.2-2.2)	<.001	17.9	1.5 (0.9-2.1)	<.001
Offered	16.4			19.4		
Opportunities to discuss ethical questions re: pts. with COVID-19						
Not offered	14.3	2.2 (1.7-2.7)	<.001	17.3	2.1 (1.6-2.6)	<.001
Offered	16.5			19.4		
Training for deployment to new areas						
Not offered	14.3	2.1 (1.6-2.6)	<.001	16.8	1.9 (1.4-2.4)	<.001
Offered	16.4			18.7		
Rapid results for COVID-19 tests of HCWs						
Not offered	14.7	1.0 (0.4-0.6)	<.001	18.0	1.0 (0.5–1.5)	<.001
Offered	15.7			19.0		
Stress management resources						
Not offered	13.8	2.1 (1.5-2.7)	<.001	17.0	2.0 (1.4-2.6)	<.001
Offered	15.9			19.0		
Leaders listened to HCW concerns re COVID-19						
Neither agree nor disagree, disagree or strongly disagree	11.9	4.9 (4.4-5.4)	<.001	14.3	4.6 (4.1-5.1)	<.001
Agree or strongly agree	16.8			18.9		
Adequate PPE availability						
Half the time or less	12.7	3.1 (2.4-3.8)	<.001	15.9	2.8 (2.0-3.6)	<.001
More than half the time	15.8			18.7		

*Based on respondent report.

†Adjusted for age category, gender, race-ethnicity, perceived risk of developing COVID-19 at work, perceived risk of dying if infected with COVID-19, respondent estimate of local rate of COVID-19 in the previous two weeks, compared to the U.S. as a whole, work setting (outpatient only, outpatient and inpatient, inpatient only), clinical subspecialty (high risk of exposure to COVID-19 (Hospital Medicine, Infectious Disease, Pulmonary Medicine, Critical Care Medicine, Emergency Medicine) versus all other specialties), total clinical hours in previous week, number of patients with suspected or confirmed COVID-19 seen in previous two weeks, type of health care setting (hospital, outpatient setting, other).

‡HCWs, Health care workers

TABLE S2.
Assumptions of multiple linear regression

Assumption	Results
1. Linearity: Relationship between independent variables and mean of the dependent variables is linear.	Scatterplots of perceived organizational support versus each of the continuous independent variables were checked. None of the scatterplots demonstrated non-linear associations.
2. Independence of error terms: The values of the residuals are independent.	The Durbin-Watson statistic for the multiple linear regression was 2.073.
3. Homoscedasticity: The variance of the residuals is constant for any value of x.	The plot of standardized residuals versus standardized predicted values showed homoscedasticity.
4. Normality of error terms. The values of the residuals are normally distributed.	The P-P plot of the expected cumulative probability was nearly equal to the observed cumulative probability for all values of regression standardized residuals.

In addition, there was no evidence of multicollinearity; all VIF scores were less than 2.8 and all tolerance scores were above 0.2. Also, there were no influential observations, as indicated by a value for Cook's distance that was less than 1.0 for all observations.

TABLE S3

Logistic Regression Associations between Perceived Organizational Support and Mental Health Outcomes, Burnout and Intention to Leave Patient Care.

<u>Outcome</u>	Unadjusted OR (95% CI)		Adjusted OR* (95% CI)	
	<u>Perceived Organizational Support</u> High	Low	<u>Perceived Organizational Support</u> High	Low
Generalized Anxiety	0.46 (0.30-0.71)	Ref.	0.56 (0.35-0.89)	Ref.
Depression	0.46 (0.29-0.72)	Ref.	0.57 (0.35-0.94)	Ref.
PTSD	0.41 (0.26-0.65)	Ref.	0.51 (0.31-0.83)	Ref.
Burnout	0.31 (0.22-0.43)	Ref.	0.34 (0.24-0.48)	Ref.
Intention to leave patient care (high or very high)	0.52 (0.37-0.74)	Ref.	0.48 (0.32-0.72)	Ref.

*Odds ratio adjusted for age category, gender, race-ethnicity, perceived risk of developing COVID-19 at work, perceived risk of dying if infected with COVID-19, respondent estimate of local rate of COVID-19 in the previous two weeks compared to the U.S. as a whole, work setting (outpatient only, outpatient and inpatient, inpatient only), clinical subspecialty (high risk of exposure to COVID-19 versus all other specialties), total clinical hours in previous week, number of patients with suspected or confirmed COVID-19 seen in previous two weeks and setting (hospital, outpatient setting, other). All odd ratios are based on a logistic regression model with post-stratification weights as a weight variable with estimation using full information maximum likelihood.