

Ruth Adewuya (host):

Hello, you're listening to Stanford Medcast. Sanford CME podcast where we bring you insights from the world's leading physicians and scientists. If you're new here, consider subscribing to listen to more free episodes coming your way. I am your host, Dr. Ruth Adewuya. We are back with part four of our mini series called hidden and here, presented in collaboration with Stanford presence, Stanford medicine center, and the Stanford department of psychiatry.

Ruth Adewuya (host):

In this episode, Dr. Sheila Lahijani will highlight the story of a nonclinical frontline worker and lead a discussion on the significant roles of these individuals and their impact on the patient and caregiver experience. She is joined by Sonoo Thadaney Israni from the Stanford Presence Center, and doctors Ranak Trivedi and Ryan Matlow.

Sheila Lahijani, MD (speaker):

During this pandemic, many studies have shown that a significant proportion of healthcare providers are suffering from distress, namely depressive symptoms, anxiety and sleep disturbances. Yet largely absent in these investigations and conversations is the well-being of nonclinical essential workers within the healthcare system. These are our parking garage attendants, our front desk staff, environmental services staff, food, service workers, clerks and countless other individuals who play significant roles in their day-to-day work in healthcare settings. They have both direct and indirect impact on patient and caregiver experience and are critical in maintaining our health care systems safe and functional. But these are largely low wage jobs. And over 80% of these workers are women and disproportionately people of color. These individuals risk exposure to COVID-19 and may be more vulnerable to economic downturns than those who provide direct patient care. Over the years as a physician, I've considered and thought about the roles that these nonclinical essential workers play.

Sheila Lahijani, MD (speaker):

I remember early on in medical school, working side by side with people and wondering how their day to day was going while they were taking care of patients and going home to tell whatever stories they were telling their family members. As time has gone on, not only as a physician, but as a caregiver to family members, I have experienced how the nonclinical essential workers can really facilitate the interactions of patients with their clinical providers. One example of that is the person who was the dietary aid from the kitchen, who would serve my mom meals every day and how my mom got to know her. Really facilitated not just to my mother's interactions with the healthcare providers in the different teams, she made my mom feel like a person, a whole person, a human. I will always remember this woman, Michelle. And so if she's out there, I'd love to dedicate this episode of this med cast to her.

Sheila Lahijani, MD (speaker):

I hope one day I can thank her in person. These days through the COVID pandemic, I have had numerous conversations with environmental services staff who work on the bone marrow transplant unit, with parking garage attendants, and soon you'll hear the story of one of the patient access representatives with whom I've worked. These are our peers. These are our colleagues. These are critical workers in our healthcare system who play such a significant role, not only in the functioning of our healthcare system, in a safe and efficacious way, but also influence the experiences that patients have, their family members have, as well as those of us who are clinical workers working on the front lines taking care of patients. Let's hear David's story now.

David Byrd:

My name is David Byrd. I'm a patient access rep here at Stanford. I've been here for about five years. My original home base is head and neck oncology. I do work in one of the cancer center buildings, but during COVID, we've kind of been moving around a lot. But I've worked radiology, women's cancer center, the lab draws. I've seen a lot of different areas in the cancer center.

Sheila Lahijani, MD (speaker):

I want to hear more about pre COVID what your typical day is like in terms of how you approach someone coming to you at the front desk, how you interact with your immediate counterparts, and then all of the other staff were coming around talking to you. And then I'd love to hear more this past year has gone on. But at first, if we could start with what your experience is generally in your role prior to COVID.

David Byrd:

The head and neck clinic is one of the busiest clinics that we have in the cancer center. So pre COVID, we were seeing an average of about 150 to 160 patients a day. I was the opener so I'm the first person needs to be there. You check to see if everyone is verified with their insurance, if there's going to be any insurance problems for the day, just to get your bearings going for the day. I come in the morning, I check to make sure there's no insurance problems. We have people coming in. We have two more folks that work the front desk. They come in about eight o'clock and 10 o'clock. We've all worked seamlessly as a team.

Sheila Lahijani, MD (speaker):

Can you describe a little bit more who's coming to you and what people that you're generally interacting with?

David Byrd:

Yeah. Majority of our population I'd say in head and neck oncology is 60 and over. We see a lot of senior citizens, but it's not limited to that. I've seen folks that are my age, 27 years old coming in there going through these chemo and radiation processes. I've also seen children that are as young as three and four years old coming in and having to have a fine needle biopsy done. I've had the opportunity to see folks go through these journeys, coming in here looking normal one day, going through the process of having chemotherapy and radiation and just a complete transformation. And then a lot of times healing from that and then seeing them three to four years post. And it's like, wow, you beat this. Just to see all these different kinds of peoples and the struggles and fights that they go through, it's a trip.

Sheila Lahijani, MD (speaker):

And you're a part of the trip. In my experience, taking care of these folks, they tell me that you play a part in that trip. And a lot of it gets back to that smile and the way that you approach people.

David Byrd:

Always been a firm believer in smiles. I think that plays a huge part in not only your work ethic, but the people around you. It's contagious. If I could be a little bit of light for somebody on that day, I was definitely going to try to do it.

Sheila Lahijani, MD (speaker):

Which brings up right now, how have things changed given the fact that everyone is masked? There's less and less providers working in the clinics then previously. Staffing has been disrupted as well. I want to get a sense from you in terms of what disruptions have taken place this past year. How have you adapted? What's the day-to-day been like now? What have you found to be hard, et cetera?

David Byrd:

Well, number one, we switched from in-person visits to video visits so fast. I think it made everybody's head spin. Especially as a front desk worker you're thinking, okay, I check in these patients on a person to person basis. Now you have this online aspect so it's like, I'm going to lose my job. I think that was a big fear for the first couple of months. We did the TWFA where we cut our hours in half. We were working half days for about four to eight weeks. I think we were all kind of afraid. Went through that period of we don't know if this is going to be okay for us. Everybody had their own situation, but working at the hospital, you think I'm going to be safe. I'm going to be okay. But to see the drop in patients, like I said, we had an average of 160 patients. That dropped down from 160 in person to maybe 22 in that first week.

David Byrd:

And it only dwindled from there. Now we're kind of on the up and up. People aren't as afraid to come outside anymore because there are those masks and the goggles that we wear to keep folks safe. But to begin with it was scary. It was definitely something that we thought, well, this is the new norm and we're going to have to get used to it. The first instinct in my mind, I'm thinking I need to go learn other places because someone's going to need some work. I got on the pop with my boss and I was like, what can I do to secure myself, my job? And he's like, it's not something that you have to worry about. As far as changes go, the drop in patient number and seeing how quickly we switched to video visit, it was nuts.

David Byrd:

Now we're able to help with the video aspect. I didn't think that we would have a part to play, but we can still work on registration and we're doing a lot more calls. It's things that we would do, have those conversations in person, but now we're trying to respect that privacy. It's a little bit longer the process you have to go through on the phone, but we're making it happen regardless. I think it's just a new learning curve. Now we're just trying to learn how to work with not only folks in person, but the virtual aspect as well.

Sheila Lahijani, MD (speaker):

Which is when you are able to actually see people on video, what has that experience been like for you?

David Byrd:

Obviously it's different because, I don't know. I feel like you can't get all of your emotions across through the screen like that. It's not the same kind of interactions. But wearing a mask and trying to talk to people. Like I said, I smile a lot. For my smile not to get across, I feel like people don't quite understand what I'm saying sometimes, but I'm still trying to bring that same level of energy. Keep my voice at the same energetic person that I am, but it hasn't affected us too much. On the phone that's a little bit different. That can go different ways because folks are busy. It's hard to catch people at the right time

now. So to keep constantly trying to call, it takes a little more time, but it seems like things have been going okay.

Sheila Lahijani, MD (speaker):

What is that like now that, again, everyone is masked? There's maybe less people in the waiting room or separation in the waiting room, not as busy as it's been in the past with the coffee machine as I remember.

David Byrd:

Right. It's very strange. A lot of senior citizens coming in here, they're scared. They don't want to get close to the check-in desk, but there's things that we need to do together. I need to see your ID card and your insurance card. And it's like, I don't want to give that to you right now. There's been certain roadblocks for the most part. I think that folks are trying to adapt just like we are. It's a new level of being the bad guy, if that makes sense. As a front desk person, I'm supposed to tell you only you can come in here right now. And this could be your first visit to a cancer center to learning about your cancer period. And I'm telling you that you can't have someone in there with you for this hard time, this strange time that you're going through, but you can call them on the phone.

David Byrd:

And for me, it's a lack of empathy, but I have to understand what's going on in the world right now and I think that we're trying to convey that message and be as apologetic as possible. Another thing that's going on is folks coming here and they don't have their mask over their nose. It's hard as a person because I've never had to be the police like that. Say, you need to put your mask over your nose, but we're trying to keep everybody safe here. When people coming here to this cancer center with lower immune system, it's things that we have to watch for. That's another thing I think that giving us a little bit of power is kind of like, some people don't want that. They didn't sign up to be patient access to point fingers and getting that lead role. You know what I'm saying? It's a learning curve, but it hasn't been too many curve balls where it's overwhelming.

Sheila Lahijani, MD (speaker):

What observations have you made in terms of how other people these days are working and interacting with each other?

David Byrd:

At first, us was still working together, we wanted to be close and give hugs and give handshakes the things that we normally did. But like I said, we're trying to adapt to the change that we've been going through. Dealing with the doctors, I think that everyone's a little more stressed now, especially with y'all having to switch from video visit to in person, going back to video visits. I can understand that level of stress, but the folks at least on the floor that I work with, they've done it seamlessly and kept a positive face. If I'm watching you take 36 patients on a day when you normally take 20, I want to match your energy.

Sheila Lahijani, MD (speaker):

And your wonderful. I'll tell you that too.

David Byrd:

Thank you.

Sheila Lahijani, MD (speaker):

It also brings up the topic of space. Your own workspace. Everyone else has workspace. You mentioned that people being hesitant to come close to show you their insurance and their driver's license card. What have your concerns been just about social distancing, your own risk of getting infected, colleagues getting infected? Tell me more about that.

David Byrd:

You never think it's going to be you, you know what I'm saying? I think that's one of the things is with this COVID. At first, we weren't seeing as many cases as close to home. Now a couple of folks on the floor have had it. We have to be as mindful as the patients are here living. I think that we think because we're in the hospital, we can have it a certain way. But it's like, no, you need to follow the guidelines just as well. And not saying that we've broken that stereotype but as a coworker, you get close to people.

David Byrd:

You do your normal day-to-day passings and it's like, we need to be spread out. We need to be spaced. But that's all it takes is one person to get it for people's eyes to open up and then take a step back, look at the rules and let's keep continuing to follow. The teams used to work in big work rooms. Now they've all got their own office space, which cuts down the rooms that we have to use. But thank God we have that option to do these video visits now. I haven't seen any kinks in the chain, but everybody is spaced out accordingly.

Sheila Lahijani, MD (speaker):

In terms of you getting vaccinated, have you been vaccinated? If you don't mind me asking. What has that process been like for you?

David Byrd:

I have not been vaccinated yet. Working in a hospital, I believe in healthcare. I think that the vaccination is the right way to go, but I'd like to wait. I think that things happened really quickly. And this sounds like the beginning of a lot of scary movies, you know what I'm saying? It's one of those things. I don't know enough about the vaccination to make me feel like, Hey, I'm going to go run out and go get it right now. I'd like to wait. I'd like to learn more. I was thinking it'd be a birthday present for me this year. My birthday's in March. I'm going to go ahead and get vaccinated in March. That's the plan. I have friends at home that don't work in healthcare that are telling me all these conspiracy theories and the way that they feel about it.

David Byrd:

I'm taking all that into consideration, but I'm going to make my own choice at the end of the day. I do work for the hospital. I do think that we're doing good things here and I don't think that they would sabotage me or the world right now. We're trying to fix this. We're trying to get back to normalcy. I think that the vaccine is a great thing. I don't know enough about Pfizer and Moderna to make that decision to say, I want one more than the other, but it is something that I'm leaning towards. I'm just waiting to see.

Sheila Lahijani, MD (speaker):

Right now it's a matter of you making your choice for yourself, but you've had the opportunity at this point to get vaccinated as part of your role, right?

David Byrd:

Right.

Sheila Lahijani, MD (speaker):

You've had access right now. You're in this state of really contemplation, doing your research, ultimately making a choice for yourself. In terms of accessing testing, if you were to have symptoms or get sick, is that something that has been easy? Has it been difficult?

David Byrd:

Yeah. They do give us the opportunity to get tested. We have great management team that has set us up with that information. I think it's beautiful that I can go get tested if I want to because I have friends that don't have that opportunity at home.

Sheila Lahijani, MD (speaker):

I want to hear more, if you're willing and okay, what life is like outside of work given your role, your position, being on the front lines, seeing patients being in a healthcare environment. You said you have a duty to talk about the vaccine with your family. We want to hear all about that.

David Byrd:

Honestly people are always asking what's going on with it like I have the most information. And I'm not a clinical practitioner. I'm administration so I don't all the information, but I try and tell what I know. I always let folks know with a grain of salt, this is what I've heard. I don't know if this is a hundred percent real or not, but I'm trying to give as much information as I can. People want to know the numbers. They want to know how many people are in the drive-through getting COVID tested. I try not to discuss what I do at work here because I like to disconnect from that. COVID obviously something going on in our world, but we're trying the best to be normal for me. I think I fell in love with food all over again, but I'm totally on a divorce rate trying to get back to where it's at before all this happened.

Sheila Lahijani, MD (speaker):

And yet it sounds like at the same time you are a representative. You are some figure of authority when it comes to some of your peers and friends and companions and family members because you work at Stanford. You're taking care of patients. You're interacting with other folks. Even though it sounds like you're leading them to get proper medical advice, it still sounds like you have some responsibility.

David Byrd:

If I have that information, I'm going to try and give it, but I'm not going to be extensive. I'll relay that information to you. But yeah, I mean, I do try and disconnect from that.

Sheila Lahijani, MD (speaker):

I know this wasn't part of our prep for this meeting and I don't think it's really at the center of what we're meant to discuss, but it also made me think about other events of this past year, just socio-politically. If you're comfortable and if you're willing, if that's in any way come up for you in the work environment. How you've been interacting with that space outside of work if you're okay speaking to that.

David Byrd:

I think that with the events that have happened, especially with George Floyd's deaths, Breonna Taylor, our patient population here, it's not predominantly Black. I know being a Black male here, one of the few and patient access front desk, people want to know how I feel. There's times of the day where I don't want to talk to you about it. You know what I mean? I think that people want to relate and they want to understand and some people don't know how to go about asking that question. Some of the questions have been awkward. Well, what do you think about what happened at George? It's like common sense. It makes me feel a certain type of way even to discuss it. This is something that isn't new for me. Here at the hospital it's been okay. I think people know me. I've been here long enough where people know who I am.

David Byrd:

It's not like they're testing me on a constant basis, but we do have those patients that come here and then they feel like they need to relate to you in some certain way. They need to feel like, oh, I'm going to let him know that I'm totally for him. That's all fine and dandy, but there are certain ways to do that. You don't have to tell me, I heard this and this is exactly what I feel. In my mind I feel like you should feel that way. It's common sense, but that all goes in how people were raised. I don't know. Dr. Lahijani, you know me. Regardless of who you are, I'm saying hello to you in the morning. Good morning. How you doing? Whether that goes from the security guard at the front desk that's greeting you in there.

David Byrd:

The cleaner that comes in. I believe that we're all a family. We all play a big part here at the hospital, regardless of what color you are. Respect that I give is what I expect in return. And even when I don't receive it, I'm going to kill you with kindness because I want you to like me. I'm going to get you to like me. You know what I'm saying? Obviously, some people are more confident than others in what they speak about, more outgoing. We've had a couple and I think we've had a couple people that are just like, I hope you're okay. That simple checking in on myself. I try and give people that time of day, that a benefit of the doubt.

Sheila Lahijani, MD (speaker):

I really appreciate you taking the time to address that. You've made it also clear that you feel like some sense of responsibility at the same time. There are times that you're like, you don't want to have that conversation or you don't want to participate in that because it's added pressure. I imagine it's added stress or it's a distraction from what you're actually doing. I really appreciate you taking the time to answer those questions and to add to the discussion that we were already having. It means a lot to me.

David Byrd:

Well, thank you for asking because it's not something that's generally asked. Thank you.

Sheila Lahijani, MD (speaker):

I have tremendous gratitude and respect for you. I've always felt that. It's such a privilege to know you.

David Byrd:

No. It's great to know you and I'm glad you talk to us like a real person I think. Put you doctors on a pedestal. When I first came in to Stanford, I was really afraid of interacting with doctors. Finally getting in here and talking to y'all and understanding that you are normal people. It's like, oh, we can have a normal conversation. Dr. Lahijani, for you to be a real people person and to just talk and be genuine with it, it makes you that much more comfortable. And that's why I think this conversation went so good.

Sheila Lahijani, MD (speaker):

I'm very touched by that. Thank you. Well, thank you so much, David, for the privilege of your time and your presence and for being such a wonderful colleague. Welcome. Sonoo, Ryan and Ranak to this virtual fireside chat about the effects of COVID-19 on nonclinical frontline workers.

Ranak Trivedi, PhD (speaker):

Great to be here, Sheila.

Ryan Matlow, PhD (speaker):

I appreciate you bringing these stories and these experiences to this conversation. It's a pleasure to be a part of this.

Sonoo Thadaney, MBA (speaker):

Sheila, thank you so much for inviting us. And before we dive into all this, I also want to thank you for capturing this story. I can hear in your voice, the burden you carry, not only of the day-to-day work you do, and Ryan does, and Ranak does, but also of the history of your mom and the caregiver, you continue to be for family members and how you're there for us as friends. Thank you.

Sheila Lahijani, MD (speaker):

Thank you all for being here. Ryan, I'd like to ask you what experiences have you had interacting with patient access representatives or other nonclinical essential workers during this pandemic and what have you considered about what they're facing and navigating during these stressful times?

Ryan Matlow, PhD (speaker):

Thank you, Sheila. I'm going to speak a little bit to my experiences in professional contexts, interacting with our administrative staff and care coordinators that are obviously crucial and critical in the care that is provided to our clients and patients. As with all of us in the context of this pandemic and in the context of a largely remote work environment, I think we're missing the connections that come from being in a shared physical space and having a shared physical presence with one another and just having these kind of organic, natural informal interactions that I really appreciated over the years.

Ryan Matlow, PhD (speaker):

I've always loved poking my head into our administrative staff's office saying hello, asking how they're doing, making jokes, sometimes connecting about patient care and things like that. This experience has made me more appreciative and grateful for those opportunities and realizing what we've lost in the context of how we've been working over the past year or two. The challenges and barriers of the

pandemic and a remote work environment has just made it harder to be fully integrated into the team and into the work. It impacts both the kind of care coordination pieces. Just ease of communication with one another when we're physically separated.

Ryan Matlow, PhD (speaker):

But I think it also impacts our personal relationships. Not having as much of those informal opportunities to say, how are you doing, to talk about vacations, to talk about just what's going on in life. It's just been particularly important in this conversation, reflection, brings to light how important it is to be intentional in setting that time and space to really get to know one another and to create the opportunities for those connections, both from the care coordination piece and for the relationship development piece.

Sheila Lahijani, MD (speaker):

Thank you so much, Ryan. I am so happy to hear you use the words, intentionality and connections, because I think this is what all of this is about.

Ranak Trivedi, PhD (speaker):

As you rightly said, Sheila, we haven't spent enough time really recognizing the grit and resilience of the folks who are there, who are providing the scaffolding so that the clinical staff can do what they are trained to do.

Sonoo Thadaney, MBA (speaker):

Thanks, Sheila. What I'll add is we call the series hidden in here. I think we should also recognize, especially for the frontline essential workers, who are nonclinical, they are foundational. They are the foundation of why healthcare systems function. If a person can't park their car, the person doesn't know which way to go when they enter a building and a gazillion other things that they do. They are foundational.

Sheila Lahijani, MD (speaker):

Thank you so much, Sonoo. I think that word is really instrumental in all of the stories that we've heard in this series, as you pointed out. In hearing David's story, Sonoo, what thoughts come to mind about the challenges associated with making connections with people whose faces you can't see and yet are very much in need of being seen?

Sonoo Thadaney, MBA (speaker):

Great question, Sheila. I will tell you firstly, it was wonderful to see how engaged and committed David is to his work. I want to meet him. Back in the office, I'm going to walk over and look for him and say, hello. I think the biggest thing that COVID has done with both masks and to some extent, he refers to telemedicine and the Zoom planet, it has made the world transactional, thus losing the opportunity for transformation. Throughout his story, your introduction, what we've been hearing our colleagues say so far, it's so clear that this idea of the poke your head in and say hello to your colleague and chat about the weekend and find out which garden is blooming which flowers that you can go visit next weekend, those are conversations that allow us to build a human connection and to be truly present with each other and thus allow us to be transformative in our work because it is with that foundation of connection that everyone is willing to go the extra mile all the time.

Sheila Lahijani, MD (speaker):

Thank you, Sonoo. Reflecting on the word transformation, Ryan, I'd like to ask you what comes to mind when you think of people in education whose faces cannot be seen and yet need to be seen.

Ryan Matlow, PhD (speaker):

It's interesting. Maybe I'm going off on a slight tangent here. We're acknowledging the challenges and recognizing the challenges of having these barriers for being seen and the face masks and not being able to see one another's face. At the same time, I think I want to offer some reassurance that I think that passion, the connection still comes through. It was interesting as I listened to David's stories, as I listened to him talk, I just listened to the audio recording. I've never met him or seen him, but it was like I could see his smile coming through in his voice and in his personality. While there are some things that are lost, there are so many ways that this passion and drive and personal connection comes through in other ways. Through tone of voice, through the words we use, just through how we present ourselves. I take a little bit of reassurance from that, but there's still lots of ways that these things can come through and I felt that with David. I felt his passion so there's a transformation here, but I also feel like not all is lost.

Sheila Lahijani, MD (speaker):

I really appreciate how you pointed that out. It's so true as it relates to David and so many different people. The essence of the person that you feel that even transparent through the mask or through the screen or whatever barrier is in place. Ranak, what about in the caregiver communities? What challenges have you observed or what reassurances have you witnessed in these cases where we're having these barriers of seeing people in the literal as well as the figurative sense?

Ranak Trivedi, PhD (speaker):

I think the caregiving community can be thought of in both the paid caregivers. I think some of the challenges are across the spectrum that we've heard from David and others and we've discussed in a previous episode. The challenges are when do you venture out and risk bringing in the virus to the person who is receiving care and maybe very vulnerable? We recently wrapped up a survey that we did online and we heard some incredibly poignant responses from folks as to the ways that they are working around the shelter in place restrictions to maintain connections with the person they care for. One person talked about actually taking on a custodial job in this nursing home that their loved one was staying at so that they could see and spend time with them every day, which was incredibly moving. I think it was different for those who are paid caregivers because those restrictions got lifted pretty early on because people do need home-based care, but the challenges became they were going from home to home a lot of times to provide care to multiple people.

Ranak Trivedi, PhD (speaker):

They both risked their own exposure, as well as risked exposing one care recipient to something they might've picked up in a previous household. I think there's a lot of ways people have experienced the challenges of shelter in place, but I think that they've also maintained incredible resilience and grit to continue bringing their best, most present self forward. It's really important for our healthcare system to be thinking about what system level changes do we need to make so that the burden of being a David and being that loyal and passionate person who's really committed to the role or being a caregiver, being an educator, does not fall squarely on the people who are expected to carry out those responsibilities.

Sheila Lahijani, MD (speaker):

Thank you for making these really salient points. I'd like to move on and I think the focus on systems and organizations right now is a great segue into what I'd like to ask. Sonoo, what do you believe is the responsibility of organizations in educating their nonclinical staff about COVID and the COVID vaccine or anything else that's pertinent to risk or risk of exposure. I'd like to add that since this interview was recorded, David actually did get vaccinated on his birthday in March as he had shared he would.

Sonoo Thadaney, MBA (speaker):

Great. Thanks Sheila for that update. Whether it's COVID, the COVID vaccine or anything else related to these kinds of issues, any public health issue really, or health issue in general in the community in the end, none of us are safe unless all of us are safe. That means we all put in everything we can to educate and to share the burden of the impact on the organization, et cetera. In listening to David, what was clear to me is how much he cares about his work and how much pride and connection he has with what he does. I believe he represents, others like him represent a lost opportunity that we should take advantage of. Why not engage him and others like him to create a new kind of ambassador program. Train them and educate them. Let them be the voices and the leaders in their community by giving them the resources from our end to actually do. I think that that idea, that space that has been uncovered through your conversation with David and this reflection creates an opportunity.

Sheila Lahijani, MD (speaker):

I agree with you Sonoo and I've reflected on this a lot in my multiple conversations, not only over the course of this past year, but previously just in reflecting on the different roles we all play in our respective communities. Having said that, Ranak, how can we all navigate the different roles we have in our lives when there may be conflicts of opinion or understanding about the threats of something like the pandemic or socio-political events or other life altering circumstances?

Ranak Trivedi, PhD (speaker):

Small question, easy answer. The difference of opinions and the difference of viewpoints has become so salient in the last year, year and a half. There's been so many social events that have happened that have increased people's awareness of structural racism in all kinds of institutions, healthcare, policing, other places. COVID has highlighted the healthcare disparities that many knew existed, but have not fully accepted and committed to change. And then there's been people's varying views on the value of shelter in place, the value of masks, and more recently the value of vaccine and their efficacy. We've all struggled with putting our view forward as the right one.

Ranak Trivedi, PhD (speaker):

One of the ways I think that we can be thinking about this is where can we meet in the middle? And are we messaging things in the way that is most palatable and is going to be heard for the people who may not be willing to listen yet? We've known and public health people have known this for eons, which is showing data is not enough. Sharing stories is important. Sharing personal perspectives is important. Providing a space to listen is really important. What is somebody's particular barrier? We should not assume that the barriers that we see on the outside is what their actual barriers are to taking on behavior change.

Ryan Matlow, PhD (speaker):

One thing that resonates for me both as Ranak and Sonoo as you're talking, it's just that we are all on a road, on a path towards safety as individuals, as families, as communities. What's really standing out for me in this conversation is that we all take different paths. It's not a one size fits all solution. There's not a single path towards safety. And so this is where it's really important to get to know one another, to understand each individual's, each person's, each community's context and find the path, find the avenue that works for them. We have to remember that there's a diversity of paths, different things that need to be communicated. There's different processes that we need to undergo to get to this ultimate goal of safety.

Ranak Trivedi, PhD (speaker):

I want to also pick up on that. One of my mottos recently has been grace and space. I've been saying, let's give people grace and let's get people's space. And sometimes that's really important when you are with like-minded people, but perhaps it's even more important when you're around people whose beliefs are not yours.

Sheila Lahijani, MD (speaker):

I really appreciate all the points that the two of you just made. How has listening to his story, Ryan inspired you to engage with people in his position who are essential nonclinical workers?

Ryan Matlow, PhD (speaker):

I think it's really provided a reminder and an inspiration to be conscientious and intentional in recognizing and acknowledging both the contributions and the difficulties of folks who are in roles like David, who are essential nonclinical staff in our healthcare systems. We're raising the story up because this is a group of folks whose experiences and contributions and difficulties can sometimes go unseen and unheard. This is always important to do, but I think it's especially important in the pandemic where it's just easier for things to go unseen and unheard.

Ranak Trivedi, PhD (speaker):

We say we're delivering health care, but what we wind up doing is dealing with illnesses and organ systems and forget the people, and the people who are buoying the health and the care of not only patients and families, but clinicians are the essential nonclinical staff because they are providing those connections that are so integral to the fabric of providing good health care.

Sonoo Thadaney, MBA (speaker):

In the end, health care, life in general, certainly healthcare, is about humans, the humans who get the care and the humans who give the care, and the humans in the ecosystems and both sides that support the care. As humans, we want to be seen. I think if there's anything that the series does is I hope we can see through those that are hidden in here, how essential they are and how foundational they are in order for us to truly deliver what we all want, which is the best care possible.

Sheila Lahijani, MD (speaker):

I love that you just expressed that, Sonoo. Earlier on in our series, I had reflected on the Greek roots of the word pandemic, which are pan demos, all people or all population. I think you really highlighted that beautifully. Thank you all for sharing your valuable enriched insights today with me. The psychological wellbeing of nonclinical essential workers should be of paramount concern to communities and

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institutions. They represent diverse cultural and socioeconomic backgrounds and may experience unique barriers that may impact their access to support services, as well as their sense of belonging within the healthcare community. Their wellbeing therefore, may go on addressed. Their stories may go untold and their isolation may grow. Studies show that storytelling can relieve that distress and suffering. By sharing the stories of these workers and fostering messages of wellbeing. We can support our peers and amplify their voices now and in the future.

Ruth Adewuya (host):

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