Interviewer: Yeah so to get us started, do you mind just introducing yourself to me and telling me a little bit about who you are and your education and employment background?

Participant 34: Yes, yes. So, it’ll take some time, two minutes, I’ll be turning on but in the meantime

Interviewer: oh no worries

Participant 34: Yeah, I have a medical background. I finished my medicine, and I am doing like community and preventive medicine doctor. And then I started doing my research—I'm a researcher too and investigator and then... that’s what I have been doing. But then I shifted towards healthcare administration, so I just completed my masters in healthcare administration and masters of business administration with a global health emphasis. So I’m currently working as a team lead, so now my work is remote before I start, but earlier than that all my work is on site. So now I'm currently working remote since I have been doing masters, I graduated in um May. So I work as a case investigator for the Santa Clara County Public Health Department. So, yeah, that's what about me like in a concise. Yeah I’m a researcher and investigator, but most of my work previously was as a researcher, as a research associate and instructor, so that’s where I, like—I know your experience you're looking for is an onsite. Um. So that's what I was doing on site.

Interviewer: Ah, okay, gotcha. Now, do you have an MD in addition to your um master's degree, because you mentioned that you were doing health care before?

Participant 34: Yes, uh I have an MD. So I have an MD from uh India, that's where I did it, and I also finished my exam and everything here and then license here. But I shifted my career to work this one, administrative, because my goal is work on the administrative side than going back to that side. So that's why I'm working for the Public Health Department now.

Interviewer: I see Gotcha. And are you a resident in the United States now at this point, or?

Participant 34: Yes, yes.

Interviewer: Gotcha. So you're here to stay.

Participant 34: Yes.

Interviewer: Cool, very cool. Okay, um can you tell me a little bit more about your current role and then also your role as a researcher like, what did you do there? What was your day to day like?

Participant 34: Okay. So my current role as a case investigator is working for the public health. I was working on a Covid project. I am one of the first four teammates who joined for the case investigation team. So I started in 2020, working for the Santa Clara County, and it took a while to figure out what to do and how to move forward. I have a team of like, it started with the ten people, but then my team extended to twenty five people like ten to twenty, or sometimes it varies according to what we have to do. But basically, I was leading a team, training the team, and for the case investigation, for the Covid station. So we'll have a specific case record which we have to deal with, and uh, and then what to do. So usually when we started the program, we don't know what to do and how to move forward. But later we could like figure out how to do the investigation, how to train the team on getting the information, and that's how we started the project. And then how can we help them, from the public health standpoint of view? But later our project has been extended, not only on the case investigation, but now our project has been extended on supporting them financially. So it has been into several projects instead of one single project. So we were doing case investigation, and we are also training our team on financial assistance programs and isolation granting support, and also on rental assistance programs. So it has been split into several projects. And then we uh came up with the program entirely to support the Covid. So that's what we did.

Interviewer: gotcha.

Participant 34: And then now... So yeah in the gist, I know, like it takes forever if I... So it's like we are planning and quantifying lots of things, what's better, and how to move forward? How can we split them into uh? How can we use our resources appropriately on those specific projects and what funds we have and how much? So that’s how we were moving forward. Like its like population driven and how much punch we have, and the programs we can take care of, how much we can spend on that. How can we support the community? That's what our goals are and then we work from there.

Interviewer: Gotcha. Yeah. How do you feel about your job? What do you like about it? What do you like about it? And if you could rate your job satisfaction on a scale from 1 to 10, what would you give it?

Participant 34: I can say, like, yes, always there is some stress comes up. Every day was a challenge in the job, because the goals for the project, as I said, keep changing. It's not the same every day. So today we have a new goal, and then the next day, changes to a different one. So it keeps changing. So it's so stressful. We have to train the team saying that, ‘Okay, this is what we are doing today, but when you wake up tomorrow, everything changes.’ As you know, like we had a spike of the cases and then it falls. So we need to tell them, ‘Okay, this is what we are doing today, but tomorrow it's not the same. We have to change it.’ And we have to drive them to do something else. And then always the people will say, ‘Oh, you just said this yesterday, but why change?’ You know, so that's how it is. So it was challenging, but it was interesting, too, and I like, you know, to be challenged every day. So with all the roles I did, I took up the different projects towards my life. So, even though that was challenging, uh it was interesting, because every day there is some new uh problems with a new goal comes up, and then we have to get it started from—like we work for the Santa Clara County, but we have our goals, which should align with the California Public Health Department as a whole, so we cannot take our initiatives for one way or so. Okay, we can show that this is what we got, this is our quality statistic. How can we move, like these are our plans, these are our things. We are thinking about improving, and then we come up with those initiatives and then send them to Santa Clara, and then they just go to the California Public Health. And then we come up with ‘Okay, what need to be changed? What we need to not be changed?’ Kind of so it's not the same every day. So, even though we know there are some problems, we cannot take immediate action, because it should come from top down, so it takes some time. That's more stressful. I can say like 8, because I like the work and the challenge is always there. So kind of yeah.

Interviewer: Sure, yeah, yeah, no, that makes sense. Can you tell me a little bit more about the culture and the atmosphere of your workplace like? Would you consider it to be like a fun, laid-back casual place, or more formal professional? Fast paced, hierarchal?

Participant 34: I can say mine is a mix because like there is a leadership of senior management whom I have to work with, who we need to be very professional with them, and we have a very, you know, different kind of discussion if it is with the Public Health Department individuals. Like I work for a specific company which was hired by the Public Health Department. So we have a senior management from the Public Health Department and then we are responsible for our team. So when we have a meeting with our team, that’s very casual, like sometimes we wake up in the morning, just go on the meeting and it’s like a very casual thing. We don't have any big initiative but if they have any questions we can directly answer, ‘Okay, this is our problem.’ It was like that. But there are some initial like immediate supervisors with whom it was easier like it's not that hard to like say what's going on, what's our problems? But there are some management or public health figures who need all the statistics. It's not that they'll be okay like we say that, ‘This is what we are encountering, and we think that it will be better if it changes,’ but they don't agree on that, because they want it to be included, they need the statistics, they need the dashboard. So only when we have the data ready, we can discuss with them. We cannot have a casual talk with them or anything. We always have to have something in the dashboard or something in, you know, something like that.

Interviewer: Gotcha. So how many people do you interact with at work on a day-to-day basis, and in what capacity?

Participant 34: Um how many people, I can say it depends. Like, sometimes, you know.

[participant camera turns on]

Interviewer: Oh, hello.

Participant 34: hi! I So it varies so sometimes it's just like our team, which is like twenty-five people or thirty people, and sometimes it’s with our team leads and the supervisors, and just the immediate senior management team, which happens almost twice a week with the team every day. The team lead and everyone, it's like twice a week, which is around I can say 50-60 people. But once a week, we have the whole management, which is like more than 400 people. So it's just like what they say, and what are the changes? And we can just clear to them. Only when we have some questions we can ask them, or you can understand, with more people, it's less time for the question. And then the reminder, we can send it in an email or a different chat kind of.

Interviewer: Are you interacting with like customers or clients, too, or only just coworkers?

Participant 34: Yeah, we work with the customers or the patients here.

Interviewer: the patients? Gotcha.

Participant 34: Yeah. So we train our team to talk to our cases, but when they had problems, everything from training to what to do, how to fill out the record, like they have the electronic health records in the call connect database, so they have to fill out, they have to interview, but we have to train them, but they have to interview. But sometimes there is a complicated patient, and some people don't want to talk to them, there is an emotional thing, so in that case they will send that record to us, and then we have to talk to them. So and then we have to convince them, and then say what exactly we’re doing and what we wanted to do, kind of so, yes, that happens too.

Interviewer: are those conversations ever difficult?

Participant 34: Yes, yes. Uh, frankly, when we started this whole project for the team, every day—like we work even on the weekend when we started this project, because it was very complicated and very lot of cases, records to be taken care of. And then the team whom we recruited as a team members don't have a health care background, or don't know how to interview people. They are all working for the public health in a different position, and then they have been recruited to these rules, so we need to train them. It was very challenging to train them, because some are emotionally very delicate already. And then, if the person is not feeling well, you need to know how to talk to them in a convincing way. Not everybody is good at talking. Not everybody has talking, like, you know, interviewing skills or not everyone knows how to deal with, like some people say this is a fake call from the public health, so they have to convince and say, ‘You know you can call back to this number and see it’s from the Public Health.’ So there are several challenges and several issues we encountered from the starting, and when the days passed on too, when we also worked on vaccine project, people started asking questions on vaccine hesitancy, vaccine skepticism. So these are the new things which came up, and it was very, very hard for them to answer, because they know some of the answers. And then, when we have a meeting every day, they say like a superficial things, and we send the QRGs and everything, they have to explore. But how many people in their busy lives, working for something else too, and then focusing on these projects, will have to dig up knowledge to explain to the people. But every day, that became again the responsibility of me to train the team, and not only answer to their questions, but also we foresee what kind of questions they might encounter from the patients, and then answer to them ahead and prepare them ahead for all the challenges. But sometimes there are cases where they'll call us when they are in the phone call—like laptop there will be the patient—and then they call us to ask, ‘So uh hey this is what it is, but I don't know the answer, so how can I answer to this question?’ So there are situations. So it's like uh stressful. Sometimes like we take food to eat for the lunch or anything, and then you get a call, it's like back and forth all day. It was busy kind of, and tricky. But yeah, we went through up and then down, and sometimes there were very less cases, and then it was going very slow, too. So yeah, challenges are every day, but it was a good experience. So that's what I get that

Interviewer: Gotcha. Wait, and so this is something that you're still doing right now or no?

Participant 34: So this project has ended, just now. So I just had to travel with the global health travel for the Canada, I just back. And I had a new project on a research, which I have been working right now. So, but this is not a role, so I'm doing it voluntarily. I transition into it just like this month, from the past one week, because I’m back last week from the travel.

Interviewer: Oh okay. And so this role that you were in before though, how long were you there?

Participant 34: From 2020 January, so it’s almost two years and five months or six months, yes.

Interviewer: Gotcha, gotcha. When you were in that role, like, can you describe your relationships with your coworkers? Would you consider them friends/friendly? Did you feel like you had to keep things pretty strictly business professional? Or did you feel like you could just like joke with them, or whatever?

Participant 34: Yeah, there were some communications with their immediate co-workers, which is very friendly, and we can talk too. And then you know, like, we have a conversation of just our team leads alone, too, with the co-workers, which was very friendly environment. And then, okay, this is what I'm encountering from the team. It starts as a funny conversation, and then it becomes like, you know ‘Okay, this is what we can do as a quality initiative.’ Like we come up with a solution through our talk too. And sometimes we talk about food, we talk about like places to go around too as like initiation like to start with, and then we go into the previous decisions on what's happening with the team. So yeah, it was very nice and friendly environment, I can say yes.

Interviewer: good um. Did you feel like you could just be yourself at your job, or did you find that you had to act a certain way?

Participant 34: Um, no, I think it was pretty open. When I am with my team, I'm with my coworkers, yes, I feel very comfortable. I don't have any problem, or, of course, there are certain meetings, as I said, where we need to be different, uh more professional than how casually we are. Like with more data in your brains and then more answers to the questions they ask. So there are some situations, but mostly it's very friendly, and environ, yes.

Interviewer: Gotcha. Can you tell me a little bit more about the demographics of the people you work with, like the composition of your overall workplace? What like kind of gender, race, age were people and like how many people were in your particular department or whatnot.

Participant 34: So yeah, it was, as I said, like it's a very diverse and broad. Now I'm thinking, there are less males than females. So there were more female, I can say when compared to the male. I can just say like more, 60-70% percent of female, and then the remaining we’re male. But it doesn't seem like that, they are equally have their opportunities and everything. But when it comes to the age group, I can say, like we have entry careers to very old personality because it's a public health. There are very people from diverse cultures. Yeah, we have somebody from Africa, Syria, like, you know, I can say from everywhere, all around the world. We have people from everywhere who got settled here. And yeah, it's a very diverse community. And I can say, since it's a Santa Clara County or California, I can say more of a Hispanic community too, mixed up. Um, yeah, it's very diverse from all over the places and more of Hispanic. Yeah, that's what I can say, because we need Spanish-speaking people too. We recruited people who can speak Spanish, so that made them more.

Interviewer: That makes sense. Did you ever feel like your race or your gender mattered with how you were viewed at work?

Participant 34: Um, no! So I don't think so. We didn't have any of the gender or issues. Even I, can say there are some he/she, and then there are some they like, you know, there is a mix in that gender, too. And then we had a regular conversation with them, and we didn't feel any different, or we don't have any issues with any of them. So it was very friendly in that way, yeah.

Interviewer: So did you ever experience any sort of stereotyping or anything like that?

Participant 34: No.

Interviewer: No?

Participant: No.

Interviewer: Cool. So one thing that I'm interested in in this study is how people feel and express their emotions in the workplace. So one thing that's helpful to know is, first of all, what kind of person are you emotionally, at work or in general? Do you consider yourself an emotional person, and do you generally share what you're feeling, or do you tend to keep it pretty private?

Participant 34: I'm pretty open, I cannot hold back something. So sometimes I feel that's very bad, to not hold back, but when I feel something bad about, I am a person who want to share it immediately, I don't hold back. So sometimes it’s led me to some troubles, too, but yeah, now I try to learn in some places, but you know, I am very open and very emotional. Uh, but there are situations where you have to hold up, when you are talking or having a conversation with a patient. We had a very hard situation to deal with, where you need to hold back your emotions, and you have to show that you are strong enough to support the other person. So in that case, it varies, and I hold back—not in others. When you are talking to your coworkers, you cannot hold your emotions, so that’s what I feel.

Interviewer: Sure. Can you think of any times when you felt particularly emotional at work?

Participant 34: Mmm. Yeah um it happened when there were situations when there is a very high case load. And I remember I worked from morning eight to my work till seven o'clock, but it was extended till ten and twelve too in the night, because even though our calls complete, but we still have to fill out the information and send them the end of the day report. And then some people in the team members, they won't reply back to you. Like I can supervise some records, but some of the records will be incomplete, so I have to get the answer why that's incomplete, whether you completed the interview but you still have no time to fill it out. What exactly? And some people will say ‘I'm still working on it. It might take til ten o'clock.’ So some people will say it might take longer, so I wait and wait, and then, you know, you break up at the end. So if it happens like for one week, and then you don't have a sleep, and then on the top of everything, it's more stressful that time. Like if I cannot do my work properly or like complete the end of the day report and send it, that's when it's more stressful. So, even though you are being nice, and your team members are nice, we know that they cannot do much to where one interview might take one hour or like one and a half hours, or some people might have more emotions and more needs to, you know, convince and everything. So for like in eight hours, they can take 8, to the max, 10, if you cannot reach out to somebody or something. But if you get like thirty records, and you try to take as much as you can, but you cannot, even though you do the prioritization and cut down the information, how much you gather, which is more important. But it still was stressful on their part. It's not only on my part. The team members were stressed, and I was stressed too, and then I was doing some of the calls to help them. But then still, it was very stressful those days. But then we all discussed, then we came up with a solution, what we can do, how can we shortlist prioritization and everything? And then it worked out after a couple of days. Yes, they are very, very stressful and emotional days, too.

Interviewer: What did you do to manage or cope with your stress? Did you have any strategies?

Participant 34: Ah, I didn't have a strategy to think of that time, because I can think of nothing like, even if I think ‘Okay, let me stop this and go for something’ we cannot like because I'm very kind of a goal-oriented person. For that day, if I have some goals I finish it to move to next thing. So, that time, I didn’t think of much things, like it was more stressful on my family too—I have two kids. So, I wanted to go, and, like, you know, they call in the evening, ‘Okay, let's go out or do something go for a park.’ But I'm not in a mood to do it, because I don't know when that will be done, and then I can finish up on submit my report. So it was stressful. It was for a couple of days, I was trying to like release my stress on something, but it was not. But then, when we talked to the people, and then they said like we can take something, and that's when I try to. Okay, I have to deviate. I have to be nice to my kids. So my kids are like most deviating, relaxing factor. I try to deviate on them a little bit for them, cook for them, and relax with them a little bit, and then in between I sneak peek. So that's the main thing I did, and then I sent for a walk. So just close the laptop and everything for some time, and let me go for a walk in the evening, and then come back and check this thing. So that helps, too. So I think my walk and my kids change my world that time.

Interviewer: Yeah, yeah, no, that's fair. Did you ever end up feeling emotionally exhausted from your work?

Participant 34: Yes, I did. Like that's what I said, like every day, it was nice, but at the same time it was emotionally and physically draining. Because everyone like I'll be on the phone all day. One minute I'll be talking to that one person and the other person is already on the line calling me. And then, if you don't pick and answer to them immediately, they were like ‘Oh, I was in the phone with the other person, you didn't pick the phone.’ So yeah, it was. It was emotionally draining to convince everybody, and then they are stressed to answer the other person, and then you have to convince them, and ‘You can say this,’ but they say ‘No, I already told them so what else I could say?’ So it’s like a lot of [laugh] stress, emotion.

Interviewer: Yeah. Can you think of any interactions that were particularly stressful or emotional for you?

Participant 34: Um, yes. So with a medical background, I have seen so many deaths, and I have been like talk to so many people—the parents—to convey about the death or any information regarding it. So I never had any a big problem in conveying the news or talking to them or consoling them. But I know the people whom we are working with—like I work with the people who are from 20s to even 75—so there are people in my team who are 60 and 75, and then you talk to them. There are some people who have died like who had encountered death due to Covid, and in that case, when you call that person, you have to talk to the family members and ask about his symptoms and his hospitalization details. If he's in the hospital we get the information from the hospital, but if he was not in the hospital, he was at the home and he's dead, then we need to get the minimum information, not the whole one hour interview, but the minimal information. To convince the person or the family and get that information, to show that empathy, is very hard for everyone to do it. And there are certain situations where they were very devastated, like one of my team members started crying in my phone like, ‘I don't want to do this job anymore. I am exhausted. I cannot. I mean, I'm feeling as if like something is happening to me.’ They are like putting themselves in their places, and how it feels like and how to convince their family. Yeah. So they were literally crying and like, you know, I know that team member very well, I know that person how strong. But then, when it comes to the situation where they cannot deal with, and then they become emotional, it's hard to convince them and tell them, especially, the person is also a cancer survivor, and also like the age, and then to talk to the person whom you know every day you're talking with, who’s a strong person to talk with them, and the convince was very emotional for me that time when I talk to. But I think now, it's different. But when I talk at that situation, and then convince that person to talk to the family member, um, was very emotional to me, yeah, that time.

Interviewer: Sure, sure um. Did you ever feel like there were any cultural differences that you experienced in these sorts of conversations?

Participant 34: Um, yeah, sometimes, not much. But yeah, I had one of the situations where like it's the same English, but their way of understanding culturally is different than what I was. I had that conversation, too, and she had a misunderstanding of what I was talking because she is from a different culture. And then there was a big argument too, during the team meeting, and then you know what I did was I talked to that person after, and then I understood that’s a cultural difference with what they have, how they take things, and then how we take things is different. And it took time for me to talk to them, one on one to understand, ‘Okay, this is culturally different. That's why their way of understanding is different from mine.’ So yes, there are some things which are not only the talking. I understood, like there are some things which are done by me is not same by the people in a different culture. So there are definitely some cultural differences. And like some of the persons like, they go to church, but some goes to the Church Catholic, some goes to the different church. So, they were differences in praying, in their culture like, and we had some meetings where they wear their own cultural dresses. And some people celebrate Christmas, some people don't, some people have different. So when we had like a Christmas party or something, they say like, ‘We don't do this, we do this.’ So we learned so much about different cultures and what they do. We had conversations. We kept the team meeting specifically on what they do in their culture, how different it is! And it's always nice to know about the different cultures and different foods. They have different food in their culture. So it was, yeah, it is culturally, very, very different. And there are, if we understand people, then everybody's seen. I feel that, I feel that way. Yeah.

Interviewer: This is specifically with your coworkers, right?

Participant 34: Yes, and also the team members. Yes.

Interviewer: And the team members. What about with clients or patients? Did you ever experience any kind of cultural conflicts?

Participant 34: Yeah, because the directly my team members are the ones who um like interviewing the cases. They said like there are some differences, and they said that it is different to talk to a person who says like, ‘I believe in this.’ So same thing, for example, I can say vaccine. Like some people who are culturally different, they don't want to take any vaccine. They don't want to take it, whatever you explain to them, or tell them that to take vaccine. So they have that vaccine skepticism. There are some differences in their culture that won't change. But there are people who don't have any cultural issues, but they still have some misunderstanding. Those are the people who, if they have the vaccine skepticism, you can correct them, or you can explain them, you can answer their questions. They will be easy to go back to the take the vaccine. So that's also one more thing. We have to identify is it because of their vaccines, or is it because of what? Same thing with the blood. You know some people are like in the hospital, they don't want to take the blood, we need to know why. Is it because of their culture they don't want to take it, or is it because of their like misunderstanding? So we need to know the difference, and then work with them. That helps us to move forward.

Interviewer: Sure, yeah. Just switching gears a little bit, in the last couple of years with Covid there's been an increase in news reports of violence against Asian Americans. Is that something that you've been aware of and is it something that has affected you at all?

Participant 34: So yes, during my work, this kind of—I have so many Asian Americans who have been working with me, whether it's from the it's a various different Asian populations. So yes, they had encountered something, which I heard about from one of my coworkers who was out there, team lead. She was in California, and she had a friend who is an Asian American, and she said like she had very bad experience dealing with. And then she wanted to support her, too, during that situation. So that's the only thing I heard about. But I personally never encountered anything, maybe because I was working remotely or something, that's a different one. But yes, I had one or two friends who said like they had some experiences. Who had like a whether it is in the talk, whether it is in the like racial talk or something. Yes, in the communities, sometimes I hear about those stories for the Asian American. Yes, I heard those stories.

Interviewer: Sure. Yeah, yeah. Is there anything else about your workplace or your job or whatnot that we haven't discussed that you want to talk about?

Participant 34: No, it was like very diverse. One thing I can say is it's very diverse, and also like, since it's a remote work, we live in a different parts of US. Some were in Ohio, some where in Iowa, some were in Texas, some were in California. So, it was very diverse culture, not only on the age, um culture, and also the places that we live here—and ages, we have a different team members of different age groups. So, very diverse community, and it made me learn several things. When we work with the same culture, it's very hard to learn several things, or know about diversity. Like we think it's diverse, but diversity, I feel like it helped a lot for me. I don't know about several cultures before I had this role. And even if we were on site, we never had that much suspicions on the cultures orcommunities, kind of. But, yeah, this remote work made me explore several things too. So yeah I think we touched, you asked most of the questions about... Yeah.

Interviewer: Very cool. Yeah, yeah um. I have a couple of other questions for you that might have come up already, but I'll just repeat them anyway. You said you're located in Santa Clara, California. Is that correct?

Participant 34: No, I am in Texas.

Interviewer: You're in Texas. Okay. But the people you were talking to were in...

Participant 34: I worked with, yes, yes.

Interviewer: Oh okay. So you’re in Texas. Where in Texas, are you?

Participant 34: I’m in Dallas

Interviewer: in Dallas, okay um.

Participant 34: Where are you located?

Interviewer: I'm in Atlanta?

Participant 34: Oh, okay.

Interviewer: Yeah, yeah. I used to live in Texas, though, so I'm familiar with it a little bit.

Participant 34: Oh, okay, nice, nice.

Interviewer: Um where were you born/where did you grow up?

Participant 34: I born and grew up in India.

Interviewer: And what part of India were you born?

Participant 34: Uh, I am in uh Chennai. That’s the lower—South India.

Interviewer: Chennai? Okay. Yeah, yeah. Um can you tell me your age?

Participant 34: I am 40.

Interviewer: 40. And do you know your gender pronouns as well?

Participant 34: She/her.

Interviewer: she/her. Okay, great. Um, I think that's it from those questions. Yeah, I've asked most of my question, so that's pretty much it. I don't want to take up more of your lunch break.