

Supplementary Materials to “Put your nose to the grind and let’s go to work”: exploring COVID-19 pandemic impacts on staff in one ICU

Table of Contents

eTable 1. Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist[2](#)

eTable 2. Study Interview Guide.....[5](#)

eTable 3. Qualitative Analysis Codebook.....[8](#)

eTable 1. Consolidated criteria for Reporting Qualitative research (COREQ) Checklist

Domain 1: Research team and reflexivity		
<i>Personal Characteristics</i>		<i>Location in Manuscript, section</i>
Which author/s conducted the interview or focus group?	SMi, CD	Methods
What were the researcher's credentials? E.g. PhD, MD	Jeanna Parsons Leigh, PhD Sara J. Mizen, MA Stephana J. Moss, PhD Rebecca Brundin-Mather, MASc Chloe de Groot, MSc Alexandra Dodds, MPH Kimia Honarmand, MD Sumesh Shah, CCRP Sangeeta Mehta, MD	Title page
What was their occupation at the time of the study?	Jeanna Parsons Leigh, Assistant Professor Sara J. Mizen, Research Assistant Stephana J. Moss, Senior Research Associate & Team Lead Rebecca Brundin-Mather, Research Associate Chloe de Groot, Project Coordinator Alexandra Dodds, Research Assistant Kimia Honarmand, Critical Care Physician Sumesh Shah, Research Coordinator Sangeeta Mehta, Critical Care Physician	N/A
Was the researcher male or female?	Female	Methods
What experience or training did the researcher have?	All (training in qualitative methods, facilitator experience)	Methods
<i>Relationship with participants</i>		
Was a relationship established prior to study commencement?	Yes, Study recruiters were on-site	Methods

What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Participants were recruited in-person; informed consent was obtained (participant was informed of research purpose, what their participation included, and all questions were answered prior to giving their consent)	Methods
What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	No biases were identified	Not reported in manuscript
Domain 2: Study design		
<i>Theoretical framework</i>		
What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Thematic analysis (Braun and Clarke 2006)	Methods
<i>Participant Selection</i>		
How were participants selected? e.g. purposive, convenience, consecutive, snowball	Purposive	Methods
How were participants approached? e.g. face-to-face, telephone, mail, email	Recruited face-to-face	Methods
How many participants were in the study?	26 recruited	Methods
How many people refused to participate or dropped out? Reasons?	3 recruited did not participate, did not respond to interviewer email	Methods
<i>Setting</i>		
Where was the data collected? e.g. home, clinic, workplace	Virtually via Zoom, or telephone from home office	Methods
Was anyone else present besides the participants and researchers?	No	NA
What are the important characteristics of the sample? e.g. demographic data, date	Demographic data	Methods Table 1 & Results
<i>Data collection</i>		
Were questions, prompts, guides provided by the authors? Was it pilot tested?	Yes The interview guide was piloted tested by 2 ICU RNs	Methods
Were repeat interviews carried out? If yes, how many?	No	NA

Did the research use audio or visual recording to collect the data?	All semi-structured interviews were audio-recorded using an audio tape recorder	Methods
Were field notes made during and/or after the interview or focus group?	Yes, but notes were not used in the data analysis	Not reported in manuscript
What was the duration of the interviews or focus group?	Median time of 14 minutes	Results
Was data saturation discussed?	Yes	Methods
Were transcripts returned to participants for comment and/or correction?	Yes; all participants offered opportunity to member check; 3 accepted	Methods
Domain 3: analysis and findings		
<i>Data analysis</i>		
How many data coders coded the data?	Two, with oversight by a 3 rd	Methods
Did authors provide a description of the coding tree?	Yes, code book was provided.	Methods Supplemental File, Table 3
Were themes identified in advance or derived from the data?	Derived from the data	Methods
What software, if applicable, was used to manage the data?	NVivo12	Methods
Did participants provide feedback on the findings?	No	NA
<i>Reporting</i>		
Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Yes, quotation was identified with participant numbers	Results Table 2
Was there consistency between the data presented and the findings?	Yes	Results
Were major themes clearly presented in the findings?	Yes	Results
Is there a description of diverse cases or discussion of minor themes?	Yes	Results

eTable 2. Interview Guide

<p>Introduction</p> <p>Thank you for agreeing to speak with me today. We have asked you to take part in this interview because you are currently working in an intensive care unit which is providing care for COVID-19 patients.</p> <p>This interview will focus on the many ways that working in intensive care during the COVID-19 pandemic has affected you personally, especially what has added stress and fear or helped with stress and fear.</p> <p>We look forward to learning from your insights and experiences.</p> <p>The interview will take 10 to 15 minutes of your time. Your participation is completely voluntary. If at any point you feel uncomfortable with the process and wish to end your participation you are free to do so. We want to make you feel as comfortable as possible. If you feel discomfort and would like to skip a question or end the interview early, please let me know. If you wish to withdraw your participation after the interview, you will have 1 week following the interview after which point it will not be possible to remove due to rapid timeline to synthesize all interview data for thematic analysis.</p> <p>Do you have any questions? Do you agree to be recorded in order for us to accurately capture our discussion? <If participant has consented, start recording></p>
<p>Semi-structured Interview Guide</p>
<p><u>Warm-up / Background Questions:</u></p>
<ol style="list-style-type: none">1. What is your role in the ICU?<ul style="list-style-type: none">• Has your ICU admitted any patients with a diagnosis of COVID-19?2. If so, how many patients with COVID-19 has your ICU managed?<ul style="list-style-type: none">• How many COVID-19 patients have you personally engaged with?
<p>We are trying to understand the many ways that working in intensive care during the COVID19 pandemic has affected you both personally and professionally.</p>
<ol style="list-style-type: none">3. What do you think are the most important issues for you personally as a [title] working in the ICU during an active pandemic?<ul style="list-style-type: none">• What about professionally?4. What can you say about the availability of the correct PPE, and training to use it?<ul style="list-style-type: none">• Was there enough?• Were you confident you were using the right equipment?• Did you feel well-trained?• How did that make you feel?5. Policies and directions about PPE, visitors and other changed often during the pandemic. How did those changes affect you?

- Did the reasons for these changes make sense to you?
- Who communicated these changes to you?

6. Feeling that others "have your back" can be very important when trying to manage a difficult and potentially dangerous situation. How did you feel about the support you received from your organization?

- From your colleagues?
- From your family or friends?

7. Limits on the availability of equipment and staff may lead to very difficult ethical choices. Were you in situations in which you needed to implement or observe clinical choices that were not at the usual standard of care?

- How were these decisions made?
- How did you feel about the decision making process?
- How did the outcome affect you and your colleagues?

8. Has your experience during the COVID-19 pandemic made you think differently about your career and the kind of work you do?

- Why or why not?
- What have been the biggest factors affecting your thinking?

9. What would you say is the most important lesson you have learned from this experience personally? Professionally?

- What has the most important lesson been for the health care system? For society?

10. Do you have any final thoughts?

Thank you for participating in our COVID-19 study. Your perspectives and experiences are appreciated.

<turn off recorder>

Post Interview Demographic Questions

1. What is your age, sex and marital status?
2. What is your profession?
3. How many years has it been since you finished residency (MD only)?
4. What is your current role? (e.g., intensivist, department head, registered nurse etc.)
5. How many years have you been in your current role?
6. What is your clinical specialty?
7. Do you have any children?
8. Do your children live with you?
9. What are the age (s) of your child(ren) ?
10. Who else lives in your household (e.g., parent, spouse)
11. Have you previously worked during an infectious disease outbreak (e.g. SARS, H1N1)

eTable 3: Qualitative Analysis Codebook

Code
Changes to Personal Life
Family Environment
Personal Gaps
Tension created by Job
Personal Supports
Familial Support
Fear of Worst-Case Scenario
Fear of Becoming a Vector
Fear of Exposure
Hero Mythos
Leadership Environment
Leadership Gaps
Leadership Support
Psychiatric Support
Trust in Leadership
Learning Moments
Importance of Planning
Personal
Professional
Society
PPE
Preparations
Usage
Quality of Care
Medication Shortages
Team Environment
Team Gaps
Feeling Judged
Hierarchy
Interprofessional Conflict
Team Support
Work Instability
Changing Communications Structure
Changing Priorities
Feeling Burnt Out or Drained
Policy or Process
Keeping Up with New Policies
Struggling to Communicate with Families
Visitation Policy
Feeling Badly for Families
Work Stability
Consistent Messaging
Meaningful Work