1. Marginalization
    1.1. Due to race
    1.2. Outsider status
2. Racism
    2.1. Active discrimination
    2.2. Being visible minority
3. Pre-existing leadership roles (helped people feel better prepared)
    3.1. EMS
    3.2. Military
    3.3. University research lead
    3.4. Chief
        3.4.1.Greater feeling of empowerment
        3.4.2.Actively fostering connection between colleagues
    3.5. Disaster medicine specialist
    3.6. ER director
    3.7. Vice president of hospital medical staff association
4. New (post-COVID) leadership roles - feeling empowered
    4.1. “Disaster Specialist” part of Incident Management Team for hospital
        4.1.1.Was able to demonstrate skills to peers
        4.1.2.“Covid Lead”
    4.2. PPE training and simulations
5. Reasons for missing shifts - feeling guilty
    5.1. Mild symptoms of COVID-19
        5.1.1.Would have worked a shift before COVID-19
    5.2. Needing COVID-19 swab
    5.3. Travel
        5.3.1.Locums who cover shifts (mandatory isolation)
    5.4. Redeployment
        5.4.1.Emergency Operations Centre
    5.5. Opting out of shifts for self-protection
    5.6. Giving shifts away for own well being
6. Reasons for covering for other colleagues
    6.1. Covering for locums who travelled in to work and could not
    6.2. “Wanted to be there” to help colleagues at beginning of pandemic
    6.3. Vacation plans cancelled
    6.4. Mild URI symptoms
    6.5. Unrelated medical issue with increased risk for COVID
    6.6. Increased availability due to cancelled work
    6.7. Overworking as a coping mechanism
7. Pandemic fatigue
    7.1. “Post-deployment blues”
    7.2. Anticlimactic preparation - Waiting for Godot
    7.3. Increased complexity of routine tasks
    7.4. PPE fatigue
        7.4.1.Cognitive load
        7.4.2.Perceptions of difficulty
    7.5. Information bombardment
        7.5.1.Social media fatigue

- 7.5.2. Needing to rapidly learn more about COVID
- 7.5.3. Conflicting information
- 7.6. Fatigue of consultants

8. Work environment
   - 8.1. Usual culture of ED use
     - 8.1.1. Entitled patients
     - 8.1.2. Low acuity, non-emergent cases
     - 8.1.3. New specialty on the block
     - 8.1.4. Catch all (safety net)
     - 8.1.5. Overcrowding
   - 8.2. Feelings & zeitgeist
     - 8.2.1. Fear/anxiety
       - 8.2.1.1. Lack of knowledge of COVID-19
       - 8.2.1.2. Uncertainty about…
         - 8.2.1.2.1. Life during the pandemic
         - 8.2.1.2.2. Natural history of COVID-19 as a disease
       - 8.2.1.3. Fear…
         - 8.2.1.3.1. For patients
         - 8.2.1.3.2. For colleagues / profession
         - 8.2.1.3.3. For family
         - 8.2.1.3.4. Of lack of PPE
         - 8.2.1.3.5. Of workforce ramifications
         - 8.2.1.3.6. For personal health
         - 8.2.1.3.7. About medical exams
       - 8.2.1.4. Vigilance of potential exposure to others
       - 8.2.1.5. Lack of transparency from Province/Leadership
         - 8.2.1.5.1. Unclear rationale for decisions *[resources vs. evidence best practice]*
         - 8.2.1.5.2. Lack of practical acknowledgement for healthcare workers
     - 8.2.2. Anger/frustration
       - 8.2.2.1. Feeling dismissed by admin
       - 8.2.2.2. Frustration with colleagues not wearing masks social distancing
       - 8.2.2.3. Frustration with colleagues for not taking leadership roles/participating in system planning
       - 8.2.2.4. Frustration with COVID-19 self screening and whether to go to work
       - 8.2.2.5. Frustration with other essential sectors for expecting healthcare workers to take extra risks but not doing the same
       - 8.2.2.6. Frustration with extra burden in the ER (more sick, lack of primary care, etc)
     - 8.2.3. Need for control
       - 8.2.3.1. Helplessness
     - 8.2.4. Pride (524)
       - 8.2.4.1. Admiration for colleagues
       - 8.2.4.2. Admiration for and supported by administration
       - 8.2.4.3. Cohesiveness with other facilities/good interfacility communication
     - 8.2.5. Sense of purpose
       - 8.2.5.1. Feeling validated for professional work
     - 8.2.6. Feeling overworked/overstimulated
       - 8.2.6.1. Bleeding of work into life, lack of work/life divide
       - 8.2.6.2. Bombardment about COVID-19 via social media

- 8.2.6.3. COVID information overload
- 8.2.6.4. Maintaining long work hours despite being COVID+
- 8.2.6.5. Too much email
- 8.2.7.Relief
  - 8.2.7.1. Prepared
  - 8.2.7.2. After infection, now immune
- 8.2.8.Isolation/desire for human connection
- 8.2.9.Soul crushing experiences

8.3. Systems changes to COVID

- 8.3.1.Development of hot & cold zones
- 8.3.2.New innovations
  - 8.3.2.1. Separating different zones
    - 8.3.2.1.1. Hot/cold mixed
    - 8.3.2.1.2. Renovations to existing units
  - 8.3.2.2. Drive-through services
  - 8.3.2.3. 3-D printing
  - 8.3.2.4. Virtual care
  - 8.3.2.5. Ideas for new innovations
  - 8.3.2.6. Virtual meetings
  - 8.3.2.7. Improved protocols
  - 8.3.2.8. Increased patient care areas
    - 8.3.2.8.1. Tents
    - 8.3.2.8.2. Additional ICU
  - 8.3.2.9. Hearing aids for patients
  - 8.3.2.10. Check-ins for physician well being
  - 8.3.2.11. Cohorting staff based on COVID risk
  - 8.3.2.12. Procedural supply kits
  - 8.3.2.13. Virtual translator
  - 8.3.2.14. Increased housekeeping and cleaning
  - 8.3.2.15. Pictures on scrubs
- 8.3.3.Interdepartmental collaboration/code blue teams
  - 8.3.3.1. Failed airway team
- 8.3.4.Wearing universal PPE
  - 8.3.4.1. Changes the way you relate to patients
  - 8.3.4.2. Fear with regard to PPE efficacy
  - 8.3.4.3. Inadequate PPE standards
  - 8.3.4.4. Out of supplies
  - 8.3.4.5. No choice in PPE, strict protocols
  - 8.3.4.6. Protected code blue
- 8.3.5.Staffing of physicians
  - 8.3.5.1. Additional call system (unpaid)
  - 8.3.5.2. Additional backup system
  - 8.3.5.3. Calling back retired physicians
  - 8.3.5.4. Impact of pre-shift screening
  - 8.3.5.5. Keeping empty shifts empty (impact of low volumes on schedule)
- 8.3.6.Changes in compensation
  - 8.3.6.1. Unpaid work
    - 8.3.6.1.1. Call

- 8.3.6.2. Pay changes decrease
- 8.3.6.3. Pay changes increase
- 8.3.6.4. Lack of hazard/pandemic pay
- 8.3.7. Resources changes/increasing complexities
- 8.3.7.1. Availability of consultants
- 8.3.7.2. Changes to patient care
- 8.3.7.3. Availability of specific tests
- 8.3.7.4. Difficulties with standardizing new protocols
- 8.3.7.5. Shift in responsibilities
- 8.3.8. Cultivating a sense of community/togetherness
- 8.3.8.1. Support group
- 8.3.8.2. Town halls with leadership
- 8.3.9. Wake up call
- 8.3.10. New influx of COVID patients
- 8.3.11. Crowded staff environments
- 8.3.12. Visiting policy changes
- 8.3.13. Systems change failures
- 8.3.13.1. Did not use new procedures/used old procedures
- 8.4. Teamwork
- 8.4.1. Reasons for improved teamwork
- 8.4.2. Positives
- 8.4.2.1. Sense of solidarity, team building
- 8.4.2.2. Commonality of experience (being “in the trenches”)
- 8.4.2.3. Greater empathy for colleagues
- 8.4.3. Negatives
- 8.4.3.1. Hero worship of single individual (not recognizing team or luck?)
- 8.4.3.2. Not a war situation
- 8.4.3.3. Disappointment in lack of teamwork
- 8.4.3.3.1. Loss of team-bonding due to isolation/distancing
- 8.4.3.4. Scapegoating staff due to outbreaks or infection
- 8.4.3.4.1. Long-term care workers
- 8.5. Desire for better resources/planning
- 8.5.1. Better isolation facilities
- 8.5.2. Palliative care resources
- 8.5.3. Inequalities with rural communities
- 8.5.4. Harder to recruit adequate staffing
- 8.5.5. Better communication with non-hospital facilities (eg. long-term care, walk-in clinic)
- 8.5.6. Better and more PPE
- 8.5.7. Increased training before event (pre-planning)
- 8.5.8. Structural changes/physical plant
- 8.5.8.1. Negative pressure rooms
- 8.5.9. COVID testing availability for healthcare workers

9. The experience of physicians’ families
- 9.1. Fear
- 9.2. New home protocol
- 9.3. Explaining to kids
- 9.4. Hard on partner
- 9.5. Unable to (choosing not to) isolate from family within the home

- 9.6. More time with family
- 9.7. Socializing with those not fearful of COVID
- 9.8. Loss of alternate care givers and childcare
- 9.9. Isolation from family outside of household
- 9.10. Separation from core family members

10. Overall experience during the pandemic
    - 10.1. Early (first 3 weeks) = enthusiasm
        - 10.1.1. Fear of going outside
        - 10.1.2. Not what they expected
        - 10.1.3. Fear of spreading COVID
            - 10.1.3.1. Bringing COVID home to family
        - 10.1.4. Uncertainty about COVID
        - 10.1.5. Lack of pandemic preparedness
            - 10.1.5.1. Overwork of administration/leaders
            - 10.1.5.2. Inadequate admin support for physician leadership
            - 10.1.5.3. Poor coordination with public health unit
        - 10.1.6. Increased responsiveness from other hospital colleagues
        - 10.1.7. Quality improvement
            - 10.1.7.1. Improvisation
            - 10.1.7.2. Rapidly changing protocols
            - 10.1.7.3. Simulations
        - 10.1.8. Feeling appreciated by public
            - 10.1.8.1. Temporary appreciation
        - 10.1.9. Patient care more difficult (PPE, fear of COVID, new protocols)
    - 10.2. Middle (4-7 weeks)
        - 10.2.1. Chronic & usual illnesses that were ignored now acute ill
        - 10.2.2. Lower volumes
            - 10.2.2.1. Decreased mental health patients
            - 10.2.2.2. Decreased waiting times
            - 10.2.2.3. Increased time to spend with patients
        - 10.2.3. Fear for patients not presenting even though sick
        - 10.2.4. Fear for patients who have had elective surgeries cancelled
        - 10.2.5. End-of-life care
        - 10.2.6. Less fear of COVID due to immunity
        - 10.2.7. Pandemic effect on elderly patients
    - 10.3. Late (weeks 8+) = annoyance with PPE, increasing volumes
        - 10.3.1. Return to pre-COVID-19 behaviours
        - 10.3.2. Anxiety
            - 10.3.2.1. Provider dissipation of anxiety
            - 10.3.2.2. Increase in patients with anxiety issues
        - 10.3.3. Complacency with PPE
            - 10.3.3.1. Personal
            - 10.3.3.2. Supply stock
        - 10.3.4. Lack of primary care providers/resumption of healthcare services occurred at different rates
        - 10.3.5. General supplies unavailable
    - 10.4. 4th wave (beyond initial 3 waves) - economic/psychosocial
        - 10.4.1. Increased stressors for patients

- 10.4.2. Psychosocial supports for healthcare workers
  - 10.4.2.1. Lack of supports
  - 10.4.2.2. Presence of supports
- 10.5. Bracing for 2nd wave of COVID-19/recurrence

11. Desire for change in the healthcare system
- 11.1. Entire system needs to be blown up and reassembled
  - 11.1.1. Desire to end hallway medicine
  - 11.1.2. Functioning electronic medical record
  - 11.1.3. Lack of primary care access for patients (driving ED volumes/poor care)
- 11.2. Inadequate pandemic response for provision of medical supplies/equipment
- 11.3. Inappropriate utilization and distribution of specialists and experts
- 11.4. Improved communication required
  - 11.4.1. Bad communication from health authority
  - 11.4.2. Unified electronic health record
  - 11.4.3. Intercommunication issues between ED staff
  - 11.4.4. Communication with patients and family
  - 11.4.5. Sharing of resources/learnings
  - 11.4.6. Check ins for physician well being
- 11.5. Overcrowding in emerge
- 11.6. Need for change in outpatient services
  - 11.6.1. Poor patient flow through the department/hospital

12. Desire for change outside of the healthcare system
- 12.1. Closing of borders

13. Physician health & well-being
- 13.1. COVID-19 illness
- 13.2. Other health
  - 13.2.1. Mental health deterioration
  - 13.2.2. Physical health deterioration
- 13.3. Effects of pandemic on physician life
  - 13.3.1. Physical distancing/quarantine
  - 13.3.2. Cancelling of major life events
  - 13.3.3. Continuing education cancelled
  - 13.3.4. Physical activity/exercise
  - 13.3.5. Called back from vacation
  - 13.3.6. More time to be with family due to self-isolation
  - 13.3.7. New long-term goals
  - 13.3.8. Social Isolation from others
- 13.4. Coping mechanisms
  - 13.4.1. Increased physical activity/exercise
  - 13.4.2. Engaging in hobbies
  - 13.4.3. Keeping in contact with friends and family
  - 13.4.4. Overworking
  - 13.4.5. Identifying as a hero
  - 13.4.6. Acknowledging benefits of…
  - 13.4.7. Being with nature
  - 13.4.8. Less time spent watching the news
  - 13.4.9. More time spent watching the news
  - 13.4.10. Meditation

13.4.11. Maintaining/reinforcing self-awareness techniques
13.4.12. Increased virtual meetings with friends/family
13.5. Dissatisfaction with career
13.6. Financial worries