

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