

Supplementary file 1. Questionnaire part I-IV.

Healthcare professionals' experiences with COVID-19 patients in intensive care units in Norway

Reference ID

- The field is filled in automatically

At the end of the questionnaire there is a field for open comments. Thank you for taking the time to share your views and experiences working with COVID-ICU patients

1. Background

Sex

- Female
- Male

What is your age?

What is your marital status?

- Married / partner
- Unmarried
- Widow / widower
- Other

How many children do you have?

- 0
- 1
- 2
- 3 or more

How many people currently live in your household?

- 1
- 2
- 3
- 4 or more

Which hospital is your main workplace?

- Please select from the list

What is your pre-Covid profession?

You can select multiple answers)

- Registered nurse
- Intensive care nurse
- Anaesthetic nurse
- Operating theatre nurse
- Clinical teacher
- Pediatric nurse
- Anesthesiologist
- Intensive care physician
- Cardiologist
- MD, Permanent resident
- MD Physician under specialization (LIS)
- MD Physician, external supervisory tasks

- Psychiatrist
- Manager/leader

Have you had any previous experience in working in an intensive care unit?

- Yes
- No

Have you worked with patients suffering from severe lung failure before now?

- Yes
- No

Do you have any previous experience working full-time shifts in isolation?

- Yes
- No

How long had you been working in the department you were employed in just before the COVID-19 pandemic?

- Less than 1 year
- 1 - 5 years
- More than 5 years

Do you have previous work experience where you performed tasks similar to those you faced during the pandemic?

- Yes, for almost all work tasks
- Yes, for some of the work tasks
- No

How many years of professional experience do you have performing tasks similar to those you faced during the pandemic?

(The following item appears only if the option 'Yes, for some of the work tasks' or 'Yes, for almost all work tasks' is selected in the question 'Do you have previous work experience where you performed tasks similar to those you faced during the pandemic?')

If you are a doctor, how many years have you practiced medicine since earning your degree?

If you are a nurse, how many years have you practiced nursing since you trained as a nurse?

2. PREPARATIONS FOR COVID ICU

The following questions are about the preparations and your experiences leading up to starting work in the ICU.

How many days elapsed from the time first thought it might be relevant for you to work in a COVID-ICU until you worked with COVID patients?

Did you experience being well-prepared to begin your work in a COVID-ICU?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
Professionally prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentally prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you know where equipment and medications were kept?

Did you know how to protect yourself with personal protective equipment (donning and doffing)?

Had you worked with ICU patients before?

Have you participated in practice / simulation with treatment teams in a situation that may be similar to working with COVID-ICU patients?

- Yes, once
- Yes, several times
- No, never

How would you describe the information you received from your leader during this preparatory period for work in a COVID-ICU?

Choose all answers that apply

- Informative and clear
- Created a sense of security
- Information arrived too late
- Information was insufficient and did not cover all aspects of care
- Information was unclear and not informative
- Information was insufficient in the start-up phase
- Information was insufficient even after the start-up phase

Do you currently work with COVID-ICU patients?

- Yes
- No
- Not applicable

Have you participated in training for COVID-ICU similar working tasks?

- Yes, for all work tasks
- Yes, for some of the tasks
- No

3. YOUR DAILY WORK SITUATION AT COVID-ICU

The following questions are about your physical working conditions, views and experiences when working in a COVID-ICU

What function is / was your function in the COVID-ICU?

- Nurse
- Clinical teacher
- Physician
- Other

Do you or have you had leadership/management responsibilities in an COVID-ICU?

- Leadership function accounts for 50% or more of this position
- Leadership function accounts for less than 50% of this position
- Not applicable

What percentage of your work is / has previously been with direct patient care in a COVID-ICU?

- 0 - 25%
- 26 - 50%
- 51 - 75%
- 76 - 100%

On what date did you begin working with COVID-ICU patients?

- 17 - 23.2
- 24.2 - 1.3
- 2.3 - 8.3

- 9.3 - 15.3
- 16.3 - 22.3
- 23.3 or later

Have you worked overtime in a COVID-ICU?

- No
- Rarely (less than one shift)
- Occasionally (2 or 3 shifts)
- Often (4 - 9 shifts)
- Very often (more than 10 shifts)

Have you had your shifts and working hours changed?

- Yes
- No

When you have worked in a COVID-ICU, has this been a new workspace for you?

- Yes
- No

Have you worked in more than one COVID - ICU?

- Yes
- No

When are /were you told where you would be working the next day?

- The day before
- Two days before
- Three to six days before
- A week or more before
- You are permanently in your department, which has been converted to a COVID-ICU
- Not applicable

PERSONAL PROTECTIVE EQUIPMENT (PPE)

What type of mask have you used in the COVID ICU?

Choose all answers that apply

- P3 mask
- Gas mask with replaceable filter
- Masks not approved for transmission of airborne particles
- Ordinary surgical masks
- Not applicable

Are / were dedicated personnel available to assist in donning PPE at the start of each shift in the COVID-ICU?

- Yes, at the very beginning
- Yes, all the time
- Yes, sometimes
- No

Have you experienced problems getting a mask properly fitted before you started work in a COVID-ICU?

- Yes
- No
- Not applicable

Have you experienced marks / ulcers on the face and / or behind the ears after wearing a mask / eye shield?

- Yes
- No

The following item is displayed only if the option 'Yes' is selected in the question 'Have you experienced marks / ulcers on the face and/or behind the ears after wearing a mask / eye shield?'

Did you get help/advice for marks/ulcers on the face and/or behind the ears after wearing a mask/eye shield?

- Yes, I received help / advice to reduce marks / wounds?
- No, I did not get help / advice to reduce marks / wounds?

Do / Did you experience the fear of infection if the mask is / was not approved for airborne infections?

- Yes
- No
- Not applicable

Have you worked in cohorts / isolation rooms that have NOT had negative pressure?

- Yes
- No
- Not applicable

The following item is displayed only if the option 'Yes' is selected in the question 'Have you worked in cohorts/isolation rooms that have NOT had negative pressure?'

If you have worked in a cohort / isolation room that has NOT had negative pressure, has it contributed to an increase in fear of the spread of infection?

- Yes, it has contributed to increased fear of transmission
- No, it has not contributed to increased fears of transmission

Some COVID-ICUs have been relocating their medication rooms and other equipment for healthcare professionals to be able to move between COVID-ICUs with similar set-ups. How have you experienced this?

- Mentally energy-consuming
- Time-consuming
- Unproblematic
- Not applicable

Have you experienced the following symptoms / feelings while working in a COVID-ICU?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
Feeling dehydrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heaviness in the head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartbeat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult to get to the toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Claustrophobia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overheated, sweaty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indifference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncertainty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROFESSIONAL ROLE, COMMUNICATION AND COLLABORATION WITH COLLEAGUES IN THE COVID-ICU

The following questions ask about your professional role.

	Not at all	To a small degree	Partly	To a high degree	To a very high degree
Did you know what your area of responsibility was?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you assigned tasks without sufficient aids and resources to complete them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did your job include tasks that were contrary to your personal values?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you think the COVID-19 represents new professional challenges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How do / did you experience communicating with colleagues when wearing PPE?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
Misunderstandings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need to repeat questions or answers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- | | | | | | | |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Tiring? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There were no problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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As a nurse or doctor, have you worked in a COVID-ICU with an unfamiliar nurse or doctor?

- Yes, on one occasion
- Yes, on 2 or 3 occasions
- Yes, on more than 3 occasion
- Yes, one I had not met before
- Yes, someone I know but have not worked with before
- Not applicable

The following item appears only if the option 'Yes, on one occasion', 'Yes, on 2 or 3 occasions', 'Yes, on more than 3 occasion', 'Yes, one I had not met before' or 'Yes, someone I know but have not worked with before' is chosen for the question 'As a nurse or doctor, have you worked in a COVID-ICU with an unfamiliar nurse or doctor?'

How would you describe your experience working with an unfamiliar nurse or doctor in a COVID-ICU?

- Unproblematic
- Uncertainty about the other person's level of training, for example, in the event of an emergency
- Uncertainty about the other person's mental reactions
- Tiresome
- Heavy responsibility
- Not applicable

How would you describe the professional collaboration in the COVID-ICU?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionally enriching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiresome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe the social collaboration in the COVID-ICU?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionally enriching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiresome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe the practical collaboration (accomplishing tasks) in the COVID-ICU?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionally enriching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiresome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID-ICU PATIENTS AND THEIR RELATIVES

To what extent do you think your contact with COVID-ICU patients is / was

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
A valuable professionally experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A valuable personal experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many COVID-ICU patients have you treated?

- 1 - 5
- 6 - 10
- 10 - 20
- 21 or more
- Not applicable

How many COVID-ICU patients under the age of 50 have you been involved in treating?

- 1-5
- 6 -10
- 10 - 20
- 21 or more
- Not applicable

How many COVID-ICU patients have you experienced died?

Relatives – In regard to relatives, how would you describe your communication with relatives of COVID-ICU patients?

	Not at all	To a small degree	Partly	To a high degree	To a very high degree	Not applicable
Experienced misunderstandings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to repeat questions / answers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was strenuous / tiring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has gone very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent has it been stressful for you that patients could not be visited by relatives and friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent has it been stressful for you to have to reject relatives and friends who wanted to visit the patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. YOUR DAILY WORK SITUATION AT COVID-ICU

Do you currently have any of the following risk factors for becoming infected with the coronavirus?

Heart disease, including high blood pressure; lung disease; older than 65 years of age; immune disease / immune depressants; diabetes; obesity (BMI > 30) or others not listed here

- Yes
- No

This item appears only if the option `Yes` is selected in the question `Do you currently have any of the following risk factors for becoming infected with the coronavirus?`

Which of the following risk factors for becoming infected with coronavirus do you have?

- Heart disease including high blood pressure,
- Lung disease
- Age over 65
- Immune disease / immune depressants
- Diabetes
- Obesity (BMI> 30)
- Other

Have you been infected with COVID-19??

- Yes
- No

Have you quarantined?

- Yes
- No

Have you been afraid to go to work because of fear of becoming infected?

- Yes
- No

Thank you so much for taking the time to respond to this survey!

Your participation is greatly appreciated, and we are extremely grateful for your contribution to this research on the experiences of healthcare personnel working in COVID-ICUs in Norway.

Please feel free to invite your colleagues to participate in the study.

You have received a copy of the consent form in your digital mailbox and can manage your consent via the consent portal: tsd.usit.no/

<https://nettskjema.no/user/form/preview.html?id=147356#/> Page 29 of 29

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