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<tr>
<th>THEME</th>
<th>SUBTHEMES</th>
<th>SUPPORTING QUOTATIONS</th>
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<tbody>
<tr>
<td>PSYCHOLOGICAL EFFECTS</td>
<td>Presence of psychological distress</td>
<td>&quot;I think everyone’s quite bad now. I think everyone wants to be furloughed, basically.&quot; Senior Sister, Emergency Department, July 2020</td>
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<td>&quot;So, none of us have really had a breather.&quot; Senior Sister, Emergency Department, July 2020</td>
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<td>&quot;So I really struggled coming out of the peak I think and going back to normal work and trying to live normal life I found really difficult. And I had nightmares and stuff for quite a long time. I've only just stopped really.&quot; Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;All these really horrible dark vivid dreams, and I think just because I would think about people and worry about patients once they're home.&quot; Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;I felt mental exhaustion. That was the difference.&quot; Senior Sister, Critical Care, July 2020</td>
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<td>&quot;And I could see that was very much a grieving process going on.&quot; Senior Sister, Critical Care, July 2020</td>
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<td>&quot;there was a lot of staff burnout and staff stress&quot; Senior Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;Everyone was so negative and people were going for their break and just cry. I did that many times. It was just too much stress.&quot; Staff Nurse, Critical Care, August 2020</td>
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<td>&quot;I think the COVID has left everybody a little bit PTSD angry where they don’t really know what they’re angry about. They’re on edge. They’ve gone into that fear response. It was sustained for those three months and it’s been harder to get out of it, if that makes sense.&quot; Staff Nurse, Critical Care, August 2020</td>
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<td>&quot;There were people who were really stressed. Although without knowing it they were fantastic at not showing it.&quot; Senior Sister, Critical Care, August 2020</td>
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<td>&quot;I’d get home and be so utterly exhausted that I’d feel like I had nothing left, just so drained emotionally and physically.&quot; Senior Sister, Critical Care, September 2020</td>
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<td>&quot;We have all started seeing things a bit different I think on a personal level, professional level, but it’s the constant stress of that from the mask that we need to wear all the time.&quot; Registrar, Emergency Medicine, September 2020</td>
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<td>&quot;And of course all of us, and regardless of professional role, are still trying to pick ourselves up after. So it’s just different types of stress. There’s some stress you don’t mind and there’s some stress that is just, like, this is crazy.&quot; Staff Nurse, Critical Care, October 2020</td>
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<td>&quot;Some people are just not ready to talk about it. They’re just not ready to talk about it. And I was originally one of those people, because it was just such a hard time. It was such, such, such a hard time. And I just don’t think people can always comprehend it. Sometimes it feels like you’re still there even though it’s a few months after.&quot; Staff Nurse, Critical Care, October 2020</td>
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<td>&quot;my mood did go down quite a bit&quot; Staff Nurse, Critical Care, October 2020</td>
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<td>&quot;I think morale is really low. The empathy is going, patience has gone a long time ago, people just don’t have... Yes, I think people are just exhausted and they just want to come in, do their work and leave and go home.&quot; Senior Staff Nurse, Critical Care, November 2020</td>
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<td>&quot;But a lot of people are just exhausted after the pandemic. The way that things are still at the moment, the conditions that they’re expected to work under, people have just had enough so they’re leaving.&quot; Senior Staff Nurse, Critical Care, November 2020</td>
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<td>&quot;I just feel like, it was a bad dream at the moment.&quot; Senior Staff Nurse, Critical Care, November 2020</td>
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<td>&quot;but they’re just burnt out. They’re on the floor, they’re just exhausted.&quot; Senior Staff Nurse, Critical Care, November 2020</td>
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"Normally in a shift, one or two people might be stressed at any one point in time but it’s an unusual thing for everybody to have a heightened thing, maybe in the depths of winter or in a major incident. But it’s not something on an ongoing basis where everybody’s anxieties is elevated.” Consultant, Emergency Medicine, July 2020

"Normally, it’s quite a bubbly, chatty team and people were just like unbelievably negative. Everyone was so negative and people were going for their break and just cry. I did that many times. It was just too much stress." Staff Nurse, Critical Care, August 2020

"They brought a psychologist to come and speak to us and then everybody would just speak to him and cry. It was just really negative. People would talk to each other but it was just like, oh I hate this. When is it going to end? I can’t deal with this. It wouldn’t be a normal conversation that we would normally have.” Staff Nurse, Critical Care, October 2020

"I think I need a little bit more TLC, and I got a little bit more help.” Staff Nurse, Critical Care, October 2020

"I found it stressful. I think I learned to manage. And I found that during the COVID, it was very different, so it came, a side of me that I did not know before. But because I’m aware of it, I raised it straightaway, so I knew that I had to get certain help with something or discuss things as they were going along, because it just helped me out. I felt mental exhaustion. That was the difference.” Senior Sister, Critical Care, July 2020

"So, all these things will happen, and then one small thing at the end will happen, and then I will just be really upset. And, look, that happened a couple of times to me, which had never happened to me at work before. So, I did have a couple of situations.” Staff Nurse, Critical Care, July 2020

"During COVID it was absolute chaos. That would just increase my stress levels another level. I couldn’t even find a 10ml syringe.” Staff Nurse, Critical Care, August 2020

"Because I got put up in accommodation near the hospital, so it was being away from your family, you friends. And yes, my mood did go down quite a bit” Staff Nurse, Critical Care, October 2020

"I was on the verge of I can’t handle it I need to go, and then the next minute it was just bang straight back into automatic pilot. It’s so strange.” Senior Sister, Critical Care, September 2020

"Absolutely, yes. Tiring, burnout and completely mentally devastated” Staff Nurse, Critical Care, July 2020

"I think I found it hugely stressful.” Physiotherapist, Critical Care, September 2020

"So, I found that when I wasn’t at work, actually was much more stressed and anxious. Because when I was at work I felt like I can control, I could make a difference, I could do something.” Senior Sister, Critical Care, July 2020

"I didn’t personally find it an enjoyable experience at all. I found it awful” Consultant, Critical Care, July 2020

"I know everyone in ITU is anyway, but on my first day, the numbers, I had three level 3s on quad strength Norad, all proned, and I just sat there crying, drawing up my Fentanyl.” Staff Nurse, Critical Care, October 2020

"And I think it was a bit quiet among all of us. I don’t know. It wasn’t how we normally would be in the break rooms and things like that.” Staff Nurse, Critical Care, July 2020

"probably the thing that struck me the most, was appreciating the increased stress in my colleagues, so across our staff, team. So, nursing staff as well as doctors, and their anxieties being more prevalent and just globally up.” Consultant, Emergency Medicine, July 2020

"But we didn’t know in the beginning. I think that was the heaviest burden.” Staff Nurse, Critical Care, July 2020

Fear of COVID-19

"And I think that the pandemic meant everyone is going through their own problems related to knock-on effects of the pandemic.” Staff Nurse, Emergency Department, October 2020

"Fear of getting COVID and is the PPE that we’re using right” Consultant, Emergency Medicine, July 2020

"it was very much felt that the people who were going in could potentially be in harm’s way” Senior Sister, Critical Care, July 2020
"And I was very aware of the idea that I was in an office round the back, and was not. I think, on reflection now, there were hundreds of us in this little tiny area. We were not socially distanced at all. Actually, we were all in a certain amount of danger and had a certain amount of risk." Senior Sister, Critical Care, July 2020

"There was a bit of personal stress because you didn't want to catch it or give it to your loved ones, but you could take steps to manage that." Consultant, Emergency Department, July 2020

"So, I think things that made it more stressful were, often, on intensive care, perhaps a protective mechanism, you can rationalise why you are not going to be in that critically ill situation. As in, I don't know, I don't smoke or I'm not old enough to have the disease you're in with or whatever. Yet, although it was biased towards a certain population group, there was still a lot of doubt how at risk we were." Physiotherapist, Critical Care, September 2020

"I think that you saw the bosses visibly shaken by it and ITU consultants, who obviously are hugely experienced, visibly shaken and anxious about it." Physiotherapist, Critical Care, September 2020

"One of them said to me, have you heard so-and-so's been admitted to A&E? Or I'd be in a safety briefing. Have you heard these people in their 30s are on non-rebreather bags in A&E? So, I think those things really stirred it up to a whole new level." Physiotherapist, Critical Care, September 2020

"I think when we were being redeployed from the wards we were being moved to other wards initially and I felt kind of safer in ICU than I did on the wards. Because even though you're in full PPE and it's stressful, but I felt I had more peace of mind working there as such." Staff Nurse, Critical Care, October 2020

"And coronavirus itself was stressful." Staff Nurse, Critical Care, October 2020

"everybody seemed to be aware that we were all vulnerable, we could fall ill, for example" Consultant, Critical Care, December 2020

"And obviously with Covid and lots of other personal things, it is interesting how people bring that to work, and even though she was seeing people, she couldn't, she didn't have the bandwidth to do her normal job role as a registrar." Registrar, Emergency Medicine, July 2020

"And handling pressures and concerns for their loved ones at home whether that's here, elsewhere." Consultant, Emergency Medicine, July 2020

"like I say, we have a number of Filipino nurses whose family are at home and they're worried about them, they haven't been, can't go, all of that side of things." Consultant, Emergency Medicine, July 2020

"There was a bit of personal stress because you didn't want to catch it or give it to your loved ones, but you could take steps to manage that." Consultant, Emergency Department, August 2020

Feelings of isolation

"Honestly, what it felt like was A&E versus the world." Senior Sister, Emergency Department, July 2020

"ITU were just not coming. We were calling and calling. They were just not coming. The Regis and consultants in the A&E were basically like, there's nothing we can do." Senior Sister, Emergency Department, July 2020

"I think the nurses got closer. And it's probably more of a nurse doctor division. But then there is more now of an A&E versus the rest of the world division. In the middle of Covid, it literally felt like A&E was the only place dealing with it. Because ITU just weren't interested in coming down. The wards were closed to Covid. So, the wards, they were closed. They weren't taking patients. We weren't doing an IV. So, we weren't doing half the treatment that we'd normally do for these patients." Senior Sister, Emergency Department, July 2020

"Secondly, I didn't see my family. I didn't see my friends. I did not see anyone. I just worked. I saw my work friends, obviously. And I'm very grateful that I was able to leave the house and do that." Senior Sister, Emergency Department, July 2020

"Sometimes you're in a room on your own and sometimes you're in a bay. When it started, you were in your room and you could be in there for four or five hours, because there weren't people to come and relieve you. But then as it started to get worse, in a way it got better. Because we went into recovery and that was so open that if you needed a hand or if you needed a break, there was somebody who would just watch your patient for five minutes." Staff Nurse, Critical Care, October 2020
"When we were still upstairs, you were just stuck basically. Even if you needed some help, you would have to wait." Staff Nurse, Critical Care, October 2020

"Ten minutes, because they didn't hear it. We were quite stuck on one side, and nobody on the other side came round because it was mid breaks on night shift. Nobody came, yes, not good. What else?" Staff Nurse, Critical Care, October 2020

"And she felt, there's no point in me being here. And she was vocalising this in front of lots of people, and said, there's no point of me being here. This is useless. Why am I here?" Senior Sister, Critical Care, July 2020

"It doesn't work every day, some days it just doesn't work. So we are trying but I find... I often finish the end of my week thinking, I just failed here, I really failed to create a good team spirit and making, feeling like I've had enough time at the beds with the patients and with the nurses." Consultant, Critical Care, November 2020

"I mean whether or not that was the right thing to do, I don't know. But we had to do something" Senior Sister, Emergency Department, July 2020

"We looked after her, really, to the best of our ability. But it was just awful. Those decisions. And maybe there was more to it than that. But it didn't feel at the time like there was more to it." Senior Sister, Emergency Department, July 2020

"Was that people were making really horrible choices. And to me, they didn't always feel that they were based ethically. But, then again, nothing was ideal. Never, ever, ever have to make those choices." Senior Sister, Emergency Department, July 2020

"We did absolutely the best that we could possibly do, but it just in no way, shape or form was good enough. But we did what we could in the confines of our environment" Senior Sister, Emergency Department, July 2020

"people were doing what they could do and recognised that there were going to be things that just couldn't be done." Senior Sister, Critical Care, July 2020

"But then you're also like if you're not going to do are you giving the same care that you normally did?" Senior Staff Nurse, Critical Care, July 2020

"It was just nuts, and you can't do it. You can't, even when they've all got the same disease. You can't do it safely, much less anything with anything else." Consultant, Critical Care, July 2020

"I think there's the sense that things were slightly out of control, and we were treating a disease we didn't understand." Consultant, Critical Care, July 2020

"And the fact that you couldn't give individualised care" Senior Staff Nurse, Critical Care, July 2020

"I think when everything was at its peak, I don't know, everyone just felt very out of their depth." Staff Nurse, Critical Care, July 2020

"even if we don't really agree with it or see eye to eye, that's what the powers that be have in place, we just have to go with it, for the bigger picture." Registrar, Emergency Medicine, July 2020

"Actually, we don't have this foresight, we don't have that extra vision, and we're now making decisions and we're using our best clinical judgement at this point" Registrar, Emergency Medicine, July 2020

"Because it was so clear that we were all in exactly the same boat, having the same feelings. Are we doing the right thing? Should we be doing more? What do we do now? Where do go for hear or are we asking for too much help?" Physiotherapist, Critical Care, July 2020

"I was like, oh my god, this is actually a disaster. I hate my life. I don't want to do this anymore." Staff Nurse, Critical Care, August 2020

"There were days I didn't even turn my patient once. That's awful. That was disgusting. We all just thought if each of these patients could have one to one care, they would probably do a lot better than they would cohoorted and not looked after in the proper way." Staff Nurse, Critical Care, August 2020

"Everyone felt like they weren't looking after their patients properly. We weren't." Staff Nurse, Critical Care, August 2020

"But I think it was the lack of being able to do anything." Junior Doctor, Emergency Department, August 2020
"And so a lot of care I think got missed, a lot of generally, the monitoring that we usually do got missed. We had a lot more unexpected arrests" Staff Nurse, Critical Care, August 2020

"I was completely lost as to what to do." Senior Staff Nurse, Critical Care, October 2020

"but each week I come away feeling I failed again, so it's hard," Staff Nurse, Critical Care, July 2020

"I think difficulty with Covid was probably less that people didn't know, but more that very, very difficult decisions had to be made." Senior Sister, Emergency Department, July 2020

"And then when ITU eventually did come, it was a very horrible, actually, conversation about which patient do you actually take into ITU." Senior Sister, Emergency Department, July 2020

"but there were some things that I couldn't change." Senior Sister, Critical Care, September 2020

"And I have two particular shifts that come to mind where all day, as long as I left and they were still breathing, that was the only thing I wanted." Senior Staff Nurse, Critical Care, October 2020

"So when it first hit... I've not really reflected on this, so it's a bit difficult, but about [inaudible]. But I think it was the lack of being able to do anything. People turned up with sats of 50." Junior Doctor, Emergency Department, August 2020

"I don't know, each shift I felt like oh, I don't know what I'm doing. And when you feel like you don't know what you're doing, you feel more stress" Senior Staff Nurse, Critical Care, July 2020

"And the fact that you couldn't give individualised care, because you had two Level 3s, and you're just jumping left, right and centre. And you might get mixed up with things, so situations have been like, someone is so stressed, they roll the patient, the patient is extubated accidentally. That happened during the COVID time." Senior Staff Nurse, Critical Care, July 2020

"Yes, it was just too much to deal with. Normally, I work like, my last gas was at six, I will do one at eight. I'm very almost anal about things. Everything was a mess during COVID and I was like, I can't even work in the space." Staff Nurse, Critical Care, August 2020

"I definitely remember a day when I was in one of the bays and there was just a lot going on. And then I felt incredibly overwhelmed and I just remember wanting to get out of there as soon as possible. I was there to relieve everybody else." Senior Sister, Critical Care, September 2020

"And obviously we were looking after more than one patient... I know when you've got a Level 3 intubated and that, it should be one to one, but we were having three to one at one point." Staff Nurse, Critical Care, October 2020

"So I think sometimes it's a double-edged sword, knowing what practice was before and the standard of practice before, and then of course, working through and adapting practice during" Staff Nurse, Critical Care, October 2020

"They probably needed a proper psychologist or some form of counselling professionally" Senior Sister, Critical Care, September 2020

"I think it did change. I think we became a much more of an emotional support. Probably, although technically yes, we were there, but I think emotionally we were supporting people with a lot of... Trying to relax and debrief them, let them talk about stuff to us as opposed to clinically trying to solve their problems." Senior Sister, Critical Care, July 2020

"So, I think it was important, and then, I think, then that gave them the time to open up, when maybe they didn't feel like they could or because we were so busy, and as such in crisis mode, that it gave them the opportunity that they could speak up!" Senior Physiotherapist, Critical Care, July 2020

"And I was becoming increasingly stressed and anxious and worried about all the staff that were clearly worried about getting COVID themselves, or their families. Or they've had to move into a hotel and can't see their children, those kinds of concerns as well as work." Senior Sister, Critical Care, September 2020

"I think everyone's carrying that around with them, and it just calls for a little bit more empathy when somebody snaps at you or something." Staff Nurse, Emergency Department, October 2020

"I suppose the only thing that I found during the pandemic is because I'm in that role anyway, and I offer a lot of pastoral support and stuff, I felt that I was taking a lot of it on as well." Senior Sister, Critical Care, September 2020
"So, I guess that is sometimes difficult, you obviously had to listen to people, and we were very worried about staff burnout and staff stress, but we really did still have so much work we had to do, with much more spread out staff than what we usually would have."
Senior Physiotherapist, Critical Care, July 2020

"I don’t think I particularly had a huge amount until COVID came along and there was this, yes, and then everything changed. But that was still, the stress that I felt was very much a stress of other peoples, taking on their worries and trying to support them."
Senior Sister, Critical Care, July 2020

As a function of the "unknown" nature of a pandemic

"but I think that was true for everyone that was there or that was redeployed or that was existing staff because I think it was just so... Everyone uses that word, unprecedented and I kind of hate that word now but it was so new, wasn’t it?"
Physiotherapist, Critical Care, July 2020

"I think there was an element of stress because we were dealing with something new."
Consultant, Emergency Department, August 2020

"I think it was, most of all, not knowing what was happening, not knowing how to make a patient better."
Staff Nurse, Critical Care, July 2020

"I guess it was just not knowing exactly what the problem is. We all knew that, okay, there’s coronavirus."
Staff Nurse, Critical Care, October 2020

"I noticed, some of my colleagues had so many difficulties just dealing with the new things."
Staff Nurse, Critical Care, July 2020

"Where sometimes you felt decisions were made a bit later because everyone was unsure on how to look after these patients."
Senior Staff Nurse, Critical Care, July 2020

"Managers tried to implement things, but they didn’t really help, because it was unknown to everyone, what was going on."
Staff Nurse, Critical Care, July 2020

"We didn’t really know what was going to happen either. I think it was difficult and stressful for everyone."
Senior Sister, Critical Care, July 2020

"We were handling a disease which we were not familiar with, and lots of things were different."
Consultant, Critical Care, October 2020

"I think it was obviously in keeping with everyone’s behaviour changing because we were all a bit like, this is new, for absolutely everyone here. No one’s really experienced anything like this before."
Physiotherapist, Critical Care, July 2020

"But in a way, that was also very liberating because you couldn’t be expected to know what to do because nobody did, because it was evolving. And therefore, in a way, it was less stressful than sometimes..."
Consultant, Emergency Department, August 2020

"I think before, because no one really knew what was coming, so you just had that mentality of, it’s coming, we just get on with it, we just cope as best we can."
Senior Staff Nurse, Critical Care, November 2020

Evidence of coping strategies

"sometimes you can go into the staffroom, it might be quiet, but during COVID it was always busy, loud, real positive environment. And we were all conscious of keeping each other’s morale up."
Senior Staff Nurse, Critical Care, July 2020

"And it’s just all I did. Just went to work and I just did it. That’s just pandemic response. Just go for it. And then, eventually, it would be finished."
Senior Sister, Emergency Department, July 2020

"We adapted to whatever came so it was madness because there was no control about anything."
Staff Nurse, Critical Care, July 2020

"I think in a sense, going through the pandemic and seeing that absolutely everyone is sometimes, in the same boat."
Physiotherapist, Critical Care, July 2020

"So if the physio can’t treat it, that’s then my job and then I take a step back, and then it’s not necessarily my responsibility to make the ultimate decision for the patient."
Physiotherapist, Critical Care, July 2020

"Yes, I think now, I’m much more content in the knowledge that I’m good at my job and I’m doing okay and if you do something that’s not right, you’ll know about it."
Physiotherapist, Critical Care, July 2020
"I knew that at some point it finishes. And that got me through and kept me quite calm through it. I was very calm through it." Senior Sister, Emergency Department, July 2020

"I can’t control this, this isn’t what I would have chosen, but then what can I control? I can control deciding to make this work." Staff Nurse, Critical Care, July 2020

"I think I went in with the idea that there were certain things I simply cannot control, and there’s no point in my becoming upset about things that I can’t control. That’s an aspect of my character, which I think I’m sometimes grateful for, and sometimes ashamed of, that I will just accept what’s happening and get on.” Senior Sister, Critical Care, July 2020

"You are sweating, your face is hurting. I think as well because I’ve been clinical and in charge on the ward and stuff. So, I think that experience did help me with organising and saying you need to do this.” Staff Nurse, Critical Care, August 2020

"It’s always nice to be able to just smile. I tried as much as possible to insert a smile and just keep people going as much as we could, as did thousands literally.” Staff Nurse, Critical Care, October 2020

"maybe a little bit of displacement activity, or mentioning how in their day things were different” Senior Sister, Critical Care, July 2020

"So, where we would do a handover every day being really clear about what… Because PPE, different areas of department, our layout, things were changing constantly, it was the need to be myself up to speed, make sure that the top of the day, top of shift brief was done well.” Consultant, Emergency Medicine, July 2020

"And there were times when I’d probably snap or I’d hurry people on and say actually no I don’t have time for this, I’ll speak to you later on or whatever. And that’s just not how I normally would communicate with people, and I’d notice that I was getting stressed at that stage.” Senior Sister, Critical Care, September 2020

"So those are few people that were noticeably very stressed, and then other people would get stressed around them. And normally I’m the opposite and it’s okay, but there were parts when I’d get a bit like that.” Senior Sister, Critical Care, September 2020

"I was very calm through it” Senior Sister, Critical Care, July 2020

"I spent a lot of time waiting and that really stressed me out I found, because I just felt out of control" Physiotherapist, Critical Care, July 2020

"it was just too much to deal with. Normally, I work like, my last gas was at six, I will do one at eight. I’m very almost anal about things. Everything was a mess during COVID and I was like, I can’t even work in this mess. It was increasing the stress. I’ve already got two or three patients and I can’t even work in the space.” Staff Nurse, Critical Care, September 2020

"I think different people responded differently. And I think again, stress really changed that” Staff Nurse, Emergency Department, September 2020

"I think having other personalities that weren’t ITU nurses in the mix probably helped as well.” Senior Sister, Critical Care, July 2020

"I would say definitely, yes. I think probably that environment I think while people were stressed I think they just kind of got on with it kind of thing” Staff Nurse, Critical Care, October 2020

"I think so. I think because I’ve noticed with my colleagues, all of us have reacted in different ways. I get stressed. I did have moments when I was very stressed.” Staff Nurse, Critical Care, July 2020

"I was so sad when actually we had to split up and go back to our normal jobs.” Physiotherapist, Critical Care, July 2020

"many people, at least the ones that I’ve spoken with since then, found themselves really exhausted after the pandemic started slowing down.” Senior Sister, Critical Care, July 2020

"Everything came with a boom and left with a boom. All of a sudden, you got used to this, it’s going to be extremely busy, and you got used to the impact of it, and you’re just left with nothing happened.” Senior Sister, Critical Care, July 2020

"Yes, it has, and it’s nice. Everyone’s definitely happier at the moment” Senior Sister, Critical Care, July 2020
"Now the problem with that is that I think people were just pushing back a lot of the negative feelings and a lot of the stress that they were actually feeling at the time." Senior Sister, Critical Care, September 2020

"I feel a bit strange saying this, but I have mentioned it to a few people, I miss COVID a bit." Staff Nurse, Critical Care, October 2020

"Afterwards, it hit you like a tonne of bricks after, especially even after a shift sometimes. When you’re in it, you’re in it. You don’t have the time to reflect on how you’re feeling. But afterwards, you’re like, whoa." Staff Nurse, Critical Care, October 2020

"People that you see around and get to know during that time it was still really nice and felt more similar but it has definitely faded off. Towards the end it’s kind of tailed off and people just get used to the new norm which is weird." Physiotherapist, Critical Care, July 2020

"I think less so now, actually. I haven’t quite put my finger on it yet but there’s something about the pandemic which has changed the way that I think about work now." Physiotherapist, Critical Care, July 2020

"It’s a very different kind of stress. It’s not stress where you cannot manage everything. It’s stress where you’re like, oh my gosh, I have to suffer through another six hours of doing very little, because there’s nothing to do. There’s nothing to occupy myself with. Where are the patients? Or, I don’t really like this person that I’m working with, and I have to talk to them for the next six hours because there’s no patients." Staff Nurse, Emergency Department, October 2020

"It’s just been a hard time. As I say, more so now. Like, we’re really getting back into, you are not a COVID-19 robot, and now we’re getting back into, oh yeah, you’re [name]. We know each other now." Staff Nurse, Critical Care, October 2020

"I think it’ll eventually go back to business as usual when we have new personnel and it all just… And you don’t have that common ground anymore with new people so it’s very difficult to build those relationships in that way again." Staff Nurse, Critical Care, September 2020

**CHANGES IN TEAM DYNAMICS**

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<th>Flattening of hierarchy, or changes in presence of hierarchy</th>
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<td>&quot;It’s always been pretty easy, but the fact that nobody knew much about it, surely flattened the differences between the senior staff and the junior staff.&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;Because no one knew what they were doing.&quot; Senior Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;So, you just ask, which was nice to be able to have a more level field on that kind of thing.&quot; Senior Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;Do I think it got flattened a bit? Not in a good way. It might have done but only because… I think the effect of it, to be honest, was probably that we were simply less able to provide the things that people do rely on us for and that they want the hierarchical relationship most of the time. They wanted to be able to dump stuff on us.&quot; Consultant, Critical Care, July 2020</td>
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<td>&quot;So no, I don’t think it did flatten it, really, and certainly not in a way that helped anything. I think there’s a slight sense that this was a different time, and it was a bit of [unclear]. I think that did flatten the hierarchy a little, and that was in a good way.&quot; Consultant, Critical Care, July 2020</td>
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<td>&quot;Maybe slightly flattened but not so much. I think the only reason why it flattened is we had people from different teams joining us, and they were already at their respected stages, so maybe that’s why it flattened&quot; Senior Sister, Critical Care, July 2020</td>
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<td>&quot;I think that, yes, there definitely was on the ground quite a flattening and a flattening between professions&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;I think it was the same, to be honest, because the consultant, it didn’t really differ, because all of the patients were the same. So, all the treatment that all the patients were having was the same treatment. There wouldn’t be a difference in the leadership of that patient.&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;Yes, I think it probably did, and I think, because where you had, maybe, people that were in a position of authority if you compare, like they were consultants, but they weren’t necessarily consultants that were specialists in critical care, they might have been more anaesthetic consultants. In that respect, I think, it was nice to recognise that, yes, you’re not medical, but actually, maybe, you do know a bit more about the day-to-day management of an ITU patient.&quot; Senior Physiotherapist, Critical Care, July 2020</td>
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"So, I think in that case, it probably did, and I think everybody, regardless of their banding and their grade, were happy to do whatever. So, I think it probably did flatten from that point of view, yes." Senior Physiotherapist, Critical Care, July 2020

"I think they were really open to chatting to us. Especially the physios, I noticed. Whereas they can be a little bit dismissive of our weaning plans or treatment plans or something like that, but I did notice that, during that pandemic, they were very much like what do you guys think?" Physiotherapist, Critical Care, July 2020

"Yes, there was no hierarchy during COVID I don't think" Staff Nurse, Critical Care, August 2020

"I think it's probably changed for the better. I don't know if it will stay that way. But certainly during the pandemic or during the surge, if you like, there was definitely less of a hierarchy in terms of patient care and priorities than there would be on a normal day." Staff Nurse, Emergency Department, August 2020

"I think it was very flat in COVID" Consultant, Emergency Department, August 2020

"There was an opportunity each day for consultation about management plans and how to look after someone. So, there was a mixture of a slight flattening, but also a quite nice system where one of the consultants would come down and basically sit through a handover. That would be a time for the incoming consultant or whoever to ask." Junior Doctor, Critical Care, September 2020

"But I saw at first-hand what was going on and it was brilliant, they were working more than a team, we were like a family and people just got on with it." Senior Sister, Critical Care, September 2020

"I think the relationships, generally, was very good. I think, maybe, it’s heightened it, if anything, and I think the camaraderie was amazing, between the MDT." Senior Physiotherapist, Critical Care, July 2020

"I think morale is really low" Senior Staff Nurse, Critical Care, November 2020

"Suddenly, there was an enormous amount of goodwill." Consultant, Critical Care, December 2020

"It’s something that particularly came to light I think during COVID, how supportive people are of one another." Senior Sister, Critical Care, July 2020

"So I’m grateful to have been in a supportive team because I think it would have been a big struggle otherwise." Physiotherapist, Critical Care, July 2020

"And that was incredibly impressive and quite moving on occasion" Consultant, Critical Care, July 2020

"I think everyone really stepped up and I think we really just acted as one team. It didn’t really matter what your role was, it didn’t matter who you were, what your experience was, everyone was just there to help. So, I think that was something that’s really nice, I think" Senior Physiotherapist, Critical Care, July 2020

"Looking back on it, it was a great team to work in and I wouldn’t have changed it for anything." Physiotherapist, Critical Care, July 2020

"But I think generally as a team they kind of pulled together pretty well." Staff Nurse, Critical Care, October 2020

"It was horrendous and we had to wear level three PPE all day, but everyone was in it together." Senior Staff Nurse, Critical Care, October 2020

"I would say for the pre and post, what I noticed in my team is that the immediate stress was fine, actually, and pretty easy... Not easy to handle but quite bonding and energetic." Staff Nurse, Critical Care

"said it was one of the most enjoyable times that they’ve had at work because of the atmosphere, the camaraderie, that can-do, let’s fix it, let’s stand together aspects of it. And that was incredibly impressive and quite moving on occasion, but there were significant downsides to COVID." Consultant, Critical Care, July 2020

"I think the nurses got closer." Senior Sister, Emergency Department, July 2020

"it’s something that particularly came to light I think during COVID, how supportive people are of one another." Senior Sister, Critical Care, July 2020
"I became so much closer with loads of the doctors, the nurses. Whereas usually, people are kind of friends, but less so to the extent that it was during COVID. It was really great, it felt like a little family and I enjoyed coming in to work." Physiotherapist, Critical Care, July 2020

"That was pretty different and there were loads of people that I’d never met before but I think just because you spend so much time with them, yes we became so close." Physiotherapist, Critical Care, July 2020

"Especially that was exaggerated during COVID, because when things got difficult, if anything, we got more supportive as a team. And especially outside of the clinical area." Senior Staff Nurse, Critical Care, July 2020

"Right, great, loads of people have come to help, that’s amazing, let’s all crack on together. So, I think that potentially helped" Senior Sister, Critical Care, July 2020

"everyone made extra effort to help people around them." Senior Sister, Critical Care, July 2020

"if they were in PPE for six hours at a time you'd be like, okay I’ll watch your patient while you go on a half an hour break, it’s not a big deal." Physiotherapist, Critical Care, July 2020

"I think, maybe, it’s heightened it, if anything, and I think the camaraderie was amazing, between the MDT" Senior Physiotherapist, Critical Care, July 2020

"I think everyone really stepped up and I think we really just acted as one team. It didn’t really matter what your role was, it didn’t matter who you were, what your experience was, everyone was just there to help. So, I think that was something that’s really nice, I think." Senior Physiotherapist, Critical Care, July 2020

"My experience was that everyone was really in it together." Senior Physiotherapist, Critical Care, July 2020

"Yes, and I think because we had been together for three or four months longer than we would have been, we’d got over that part of getting to know each other and we were actually just really good friends. It was everyone was just quite candid with each other, and real. Yes.” Physiotherapist, Critical Care, July 2020

"I think the camaraderie was amazing. It was nothing I’ve ever experienced before." Physiotherapist, Critical Care, July 2020

"I don’t think so because as we said, everybody had that comraderie, so people were quite willing to welcome me into that comrade point of view, from that perspective." Junior Doctor, Critical Care, September 2020

"when it’s stressful because of the circumstances that is when people just sort of roll up their sleeves and just get on with it and that’s actually quite good in terms of the comraderie and whatever” Staff Nurse, Critical Care, October 2020

"In that we did all just pitch in.” Staff Nurse, Critical Care, October 2020

"But the team, yes, there was like a good feeling of working together during COVID, for, you know, we’re all in this shit together kind of thing.” Staff Nurse, Critical Care, October 2020

"But I mean, everyone just pulled together and we made it in the end.” Staff Nurse, Critical Care, October 2020

"People were talking constantly, and there was a lot of communication, there was a lot of banter. Everyone seemed to be in really good spirits. Which was bizarre, but it was a really great time.” Senior Staff Nurse, Critical Care, November 2020

"but everyone was in it together. Everyone checked in, everyone was helping everyone else out” Senior Staff Nurse, Critical Care, November 2020

"Covid is very much for our team has really brought us together” Senior Sister, Emergency Department, July 2020

"My opinion is that the whole thing was run really, really well and it was a really difficult situation, but everybody put their best foot forward. I would say perhaps people stacked up even more.” Junior Doctor, Critical Care, August 2020

"I became definitely closer with the consultants through COVID than I did before.” Senior Sister, Critical Care, July 2020
Changes in relationships & breaking down barriers

“But then, at the same time, a lot of the doctors had come in, and we had to get doctors to cover ITU nurses and things like that for breaks, because there just wasn’t any cover. So, by the end of it, I think they realised that we really needed the help.” Staff Nurse, Critical Care, July 2020

“Has that affected the teamworking? No, it hasn’t because nurses have a vast respect for the doctors and I think the doctors have a vast respect for nurses. Perhaps they respect them more now because they know nurses are in there just figuring it out by themselves and trying their best.” Senior Staff Nurse, Critical Care, November 2020

“But I would imagine more experienced senior nurses in intensive care, I would imagine the doctors have more respect for them now because they carry more weight and they’re really supporting the juniors” Senior Staff Nurse, Critical Care, November 2020

“Some of them, I really, especially in the midst of PPE, no badges, I really didn’t know they were Band 8s. And we worked hand in hand together, fine.” Staff Nurse, Critical Care, October 2020

“And then going, that’s because they were on the same [unclear], and so I think some quite close relationships were formed. And it’s helped clinical care, subsequently, as well. It’s much easier to get a sensible surgical opinion.” Consultant, Critical Care, July 2020

“And so I think it also then made them more aware of what we do as physios as well. So then it was the feedback across working which was really amplified in that environment, more so than I felt before.” Physiotherapist, Critical Care, July 2020

“I think I felt part of the bigger hospital, I think we’ve worked really well together among the specialities, especially at the peak of everything. We were really good, we had systems in place, we had backup systems. Even simple things like if we couldn’t get hold of the ITU reg, there was a consultant number, I think it was a direct line to the ward. So, everybody knew the role that they had to play in the bigger picture, so there wasn’t any sort of long discussion, like we normally would have.” Registrar, Emergency Medicine, July 2020

“Many people who, for example, who may have had a conflict with one of the intensivists, or we’ve had some friction, suddenly became really friendly and supportive, and everybody seemed to be aware that we were all vulnerable, we could fall ill, for example.” Consultant, Critical Care, December 2020

Influenced by having COVID-19 as a shared experience

“I think definitely and it’s because you have that shared experience.” Physiotherapist, Critical Care, September 2020

“We’ve witnessed something together, but you can say, actually, I can completely depend on that person when everything is really terrible.” Senior Sister, Emergency Department, July 2020

“But we all can recognise we’ve been through it, the team’s been through it and we’re at the other side now.” Senior Staff Nurse, Critical Care, July 2020

“Because it was so clear that we were all in exactly the same boat, having exactly the same feelings” Physiotherapist, Critical Care, July 2020

“I don’t think it’s so much of a bonding experience, I think it’s an experience of exposure and I think we have that commonality in that we’ve gone through the experience of COVID. So it’s almost like a point of reference, like a badge of honour we’ve gone through this together.” Senior Staff Nurse, Critical Care, November 2020

“I think in a sense, going through the pandemic and seeing that absolutely everyone is sometimes, in the same boat.” Physiotherapist, Critical Care, July 2020

“No one really knew what to do or what to expect and those sorts of feelings, everyone was so much more vocal about them. It was so much more calming, in a way because it just always comes back to it’s the feeling of oh my god, am I totally alone in feeling like this? I think working through the pandemic just really helped to solve that for me.” Physiotherapist, Critical Care, July 2020

“This is part of a problem and part of a good thing. There’s a definite shift in the team. So, for a little while, there was a kind of pre-imposed ground fall [?] team. So, the nurses that were in ground fall are very tight. You can’t not be tight after something like that.” Senior Sister, Emergency Department, July 2020
“So in that sense, yes I guess so because you rely on these other people to get you through. And guess since you’re all experiencing the same thing it’s so hard to talk to other people about.” Physiotherapist, Critical Care, July 2020

“Yes. Because it’s something that you’ve all been through together, and we learned a lot about each other in that time. Everyone learned about the team a lot.” Senior Staff Nurse, Critical Care, July 2020

“But again, it’s quite, you know, when you’re all facing a challenge together, the team kind of comes together.” Staff Nurse, Critical Care, October 2020

“But the team, yes, there was like a good feeling of working together during COVID, for, you know, we’re all in this shit together kind of thing.” Staff Nurse, Critical Care, October 2020

“During the pandemic, it was like this is everyone’s job. We all need to do things. It doesn’t matter if you’re a healthcare assistant or a consultant. We were all in it together.” Staff Nurse, Critical Care, August 2020

“Yes. Because it’s something that you’ve all been through together, and we learned a lot about each other in that time. Everyone learned about the team a lot.” Senior Staff Nurse, Critical Care, July 2020

“Yes, I think it improved. It was like a trauma that we all went through together. And we knew that we were doing all we could.” Junior Doctor, Emergency Department, August 2020

“100%, yes. And not even just their general experiences, so a specific emergency or a specific intervention that you provided that made a patient improve or deteriorate or whatever. It’s those specific events and time that would have built that. If you don’t have that with someone, then you don’t have that common ground.” Staff Nurse, Emergency Department, August 2020

“I think there was definitely a feeling of being more united in purpose and in everyone’s going through the stress of dealing with this unknown disease.” Physiotherapist, Critical Care, September 2020

“But again, like a shared purpose really helps” Staff Nurse, Critical Care, October 2020

“but by the same token, other things worked better, simply because we had a common agenda.” Consultant, Critical Care, December 2020

“I think the behaviour change has definitely stayed but I think also, you developed this bond with everyone there because you were now coming out the other side of it.” Physiotherapist, Critical Care, July 2020

“I think it’s just purely a function of PPE, honestly, so we came out of a lot of the PPE over the summer and things were returning back to normal and now we’re back into putting it all on again and the same patterns of behaviour and habits.” Consultant, Critical Care, November 2020

“And that changed how we worked. Obviously, we missed care and things like that, that was the downside to it, but also, I feel like our unit became more efficient with it.” Senior Staff Nurse, Critical Care, July 2020

“Yes, I’m an emergency medicine registrar, and I deal with emergencies, but we don’t always deal with the super-specialist things, which is handy to call a friend and say, listen, I need some help, I’m looking for an opinion, I’m looking for some advice on a patient with X, Y and Z. And that has improved those relationships.” Registrar, Emergency Medicine, July 2020

“during COVID, everyone worked so hard, and they really stepped up to the plate, and I think the teamwork was even better.” Consultant, Critical Care, September 2020

“Yes, definitely, yes. Because I know now that we all work as a team.” Senior Staff Nurse, Critical Care, November 2020

“Or sometimes it can be fantastic, particularly for example, during the pandemic surge, all this suddenly became a much more friendly, and more positive interaction. We all seemed to suddenly become angels, in trying to support each other.” Consultant, Critical Care, December 2020

“in COVID everybody just relaxed slightly and realised that things just weren’t achievable.” Senior Sister, Critical Care, July 2020

“And actually I think it made people come across in a lot nicer way, and people were doing what they could do and recognised that there were going to be things that just couldn’t be done.” Senior Sister, Critical Care, July 2020
"Whereas normally the expectation is everything is done when you're handing over, and it can cause an issue or friction if it's not there. And actually that kind of just went." Senior Sister, Critical Care, July 2020

“And it felt like a huge team effort for a variety of MDT, whether they were redeployed as bed buddy and helpers or whether they were in their original roles” Senior Sister, Critical Care, September 2020

“The teamwork amongst the doctors, there were some quite good things I found in COVID, we had people from other specialties come and join and I actually quite enjoyed that, in having radiologists and surgeons and the team and that was quite a nice experience to have other people with other skills on the team, it could maybe kick in ideas and expertise, so that was quite nice.” Consultant, Critical Care, November 2020

“And obviously when we’re in full PPE we didn’t want to leave every time after we got into full PPE, so we would go see the one patient that we were doing the prone on and then go help with all the rolls on all the others. And then even when I was going in to treat patients I would ask does anyone need anything? And in that sense it just felt like more of a team” Physiotherapist, Critical Care, July 2020

“And I think it just actually made me realise how many times when I was doing physio I would just go see the patient, do a quick chest treatment on them on ITU and then be like, okay great see you later. Or be like okay can we hoist this patient out to the chair? And actually realising what a big job it is. And it’s all the nurses that actually have to do all that bit back. And then I think it made me realise that very time now when I go and see a patient on ITU I’ll always ask is there anything that you need with this patient?” Physiotherapist, Critical Care, July 2020

“Yes, I think so, I think so. Because everyone’s levels were stressed, like very high stress, I mean, that you had to kind of make sure you supported each other. Because no-one knew what to do, how to go about it, patients dying left, right and centre. You just had to work together.” Senior Staff Nurse, Critical Care, July 2020

“I became definitely closer with the consultants through COVID than I did before. And I think that’s because we were emotionally supporting each other as well.” Senior Sister, Critical Care, July 2020

“Because no-one knew what to do, how to go about it, patients dying left, right and centre. You just had to work together.” Senior Staff Nurse, Critical Care, July 2020

“But yes, definitely some of the normal medical team that were there were incredibly helpful and they valued that a lot.” Senior Sister, Critical Care, September 2020

“We always offer help. Especially during the pandemic, it was actually easier, because everyone knew that you would definitely need it.” Staff Nurse, Critical Care, July 2020

“But during the pandemic I suppose the team that were there had been there a while, and I think everybody just really pulled together. And it felt like a huge team effort for a variety of MDT, whether they were redeployed as bed buddy and helpers or whether they were in their original roles.” Senior Sister, Critical Care, September 2020

“I think definitely having the proning teams, they moved, so they’re working much closer with the nurses, so I think that definitely strengthened that sense of team” Physiotherapist, Critical Care, September 2020

“we’ve always been a cohesive team, and I think Covid probably just laid the cement a little bit better.” Registrar, Emergency Medicine, July 2020

“Yes, absolutely. And they even told me that they appreciated my presence. They were like, a lot of the doctors aren’t even here so the fact that you’re here makes a big difference to us.” Junior Doctor, Critical Care, August 2020

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“Yes, absolutely. And they even told me that they appreciated my presence. They were like, a lot of the doctors aren’t even here so the fact that you’re here makes a big difference to us.” Junior Doctor, Critical Care, August 2020

"Obviously, because I didn’t quite see myself as a critical care nurse, before the COVID, so when you start being deployed [unclear] intensive care, and they just think, okay, she doesn’t know what she’s doing.” Senior Staff Nurse, Critical Care, July 2020

"Just in regards to when you insert new people into your group, they will automatically cling to one another because it’s all you recognise” Staff Nurse, Critical Care, October 2020

"But it was more difficult when I was just surrounded by people whose names I didn’t know, whose background I didn’t know.” Staff Nurse, Critical Care, July 2020
"Except there was, are you an ITU nurse? Or are you a redeployed nurse? There was a lot of that. Then we had to wear badges that said ITU nurse. I didn’t feel like it was the hierarchy, I just felt it was the easier thing." Staff Nurse, Critical Care, August 2020

"Many more people we didn’t even know the names of, they were coming in and trying to help. But sometimes they didn’t receive enough training before coming to intensive care. It was really, really difficult" Staff Nurse, Critical Care, July 2020

"It was mixed. I think it varied from one minute to the next, because I think everyone was in a state of not so much panic, but we were all tap dancing with the next net. So, we needed people who could help us, and when people arrived, my attitude was that we were so grateful to them for coming. Because they put themselves into a place where they didn’t know anyone, or what they were doing, and were probably feeling very childlike in their parent/child continuum." Senior Sister, Critical Care, July 2020

"And I felt a certain responsibility or stress to help those who have come in to understand, this is not how we normally work" Senior Sister, Critical Care, July 2020

"You see some of them reacting well, and some of them struggling a lot. Particularly the senior nurses who are coming in, you can see them, their instinctive need to fix problems. You saw that coming across." Senior Sister, Critical Care, July 2020

"Yes, instead of asking you questions. I remember before that we would have non-ITU nurses from outpatients or something coming to help us. Then the consultant would start firing questions at them. I would be like, no, no, leave her alone. She is just here to help. Please don’t scare her." Staff Nurse, Critical Care, August 2020

"But I think put you in a pressure cooker situation and you add 50 of those people into the mix, some people received it well and others didn’t receive it well." Staff Nurse, Emergency Department, August 2020

"And then you’d have lots of extra staff that you’re trying to organise and work out where they can work, what they can do, what their background is, are they working within their scope?" Senior Sister, Critical Care, September 2020

"I was supporting a surge nurse that had come from a surgical ward with seven years’ experience. And I felt it was a bit like, how am I overseeing you and I’m newly qualified. It was that whole band hierarchy thing. But I mean, everyone just pulled together and we made it in the end" Staff Nurse, Critical Care, October 2020

"there was so many people up here that the kind of whole atmosphere changed significantly" Senior Sister, Critical Care, July 2020

"because also there was so many of them, new people as well, and you were just so grateful that they were there. We were just like thank you. They’re not going to be ITU nurses in such a short amount of time with the training they had but we appreciate what skills they did have and what they could add to that." Senior Staff Nurse, Critical Care, July 2020

"And you were just grateful that there was someone there to help you roll, proning, all that sort of stuff, a lot of things take a lot of man power. There were people there that were willing to help and they were always, to me, when I asked for help, they were always enthusiastic to help, so that makes it a positive environment" Senior Staff Nurse, Critical Care, July 2020

"And at times you could sense that they were intimidated by the environment, so you felt like you took them under your wing a bit. You’re like this is fine, we can do it and that sort of thing." Senior Staff Nurse, Critical Care, July 2020

"No, I think it helped, I think it very much felt like these people are coming to help and working. Right, great, loads of people have come to help, that’s amazing. let’s all crack on together. So, I think that potentially helped." Senior Sister, Critical Care, July 2020

"And yet they still provided an enormous... Even though it’s not their area of expertise at all, they provided an enormous amount of leadership in terms of resilience, coping, dealing with problems, and just generally keeping people cheerful. So we had two or three of the senior surgical registrars who were just fantastic, a real pleasure to work with" Consultant, Critical Care, July 2020

"We just embraced each other, it was just like, you have to be grateful they’re coming to help you. So, we made sure that, even though it was stressful, you teach whatever you know, and if you don’t know it, just say okay, can you ask someone quickly and then come back to me. It just made sure. Some of them actually, a lot of people stayed, after (overtalking) the COVID." Senior Staff Nurse, Critical Care, July 2020

"So they had some A&E staff in CDU. Some CDU staff in A&E, and actually, it was incredible. And I can’t express how impressed I am at how quickly they changed the way that they worked.” Junior Doctor, Emergency Department, August 2020

"I don’t think we did, actually. I think there was on really good integrating of the... We had four, five doctors come in from elsewhere, but no nurses, and they were integrated really well. And the nurses almost excessively took them under their wing to show them how it worked. I think it’s very sweet, really." Consultant, Emergency Department, August 2020
"And I definitely heard informal feedback from redeployed doctors and they felt that they were very well-supported." Consultant, Critical Care, October 2020

"Many more people we didn’t even know the names of, they were coming in and trying to help. But sometimes they didn’t receive enough training before coming to intensive care. It was really, really difficult." Staff Nurse, Critical Care, July 2020

"And then new people came. And we weren’t very good at assimilating new people” Senior Sister, Emergency Department, July 2020

"So, often I felt like we were constantly working and then we’d ask them when we needed something. So, a lot of the time maybe they didn’t have a role, they didn’t know what to do. So, they would stand there talking to themselves. So, you could think there was a bit of a divide there, but that wasn’t their fault. It all happened so quickly and we know what we’re doing and so we had to get on.” Senior Staff Nurse, Critical Care, July 2020

"I think the only caveat I’d say to that is there were a couple who were very unhappy about having been redeployed, and that was noticeable. I don’t know that they necessarily affected the whole team, but they were definitely significant outliers.” Consultant, Emergency Medicine, July 2020

"Yes, sort of, yes. And some of them did not have a nursing background, some of them are just midwives, and to explain everything when you are so busy, became really complicated and more stressed as well.” Senior Staff Nurse, Critical Care, July 2020

"When you’re stressed, you tell someone to do something in a way that you would normally do. And I did notice that with quite a few people. I felt really bad for the redeployed nurses at some point, because they just were at the wrong place, at the wrong time.” Staff Nurse, Critical Care, July 2020

"I think when everyone came we were in such a state of a mess and so much stress and tension, that people were snapping a lot at the redeployed staff and I did it many times. Afterwards, I was like I’m really, really sorry. I didn’t mean to snap at you.” Staff Nurse, Critical Care, August 2020

"We had a lot of medical staff redeployed to us as well. And a lot of people who were told you are here to help but we’re not really going to let you do anything because you’re not an anaesthetist or an ICU trained individual. So, I think they felt really useless” Staff Nurse, Critical Care, August 2020

"I think because it was all quite rush rush and it happened off the cuff, I think nobody was really prepared for... We didn’t know how long they were going to stay as well, so we didn’t know that they weren’t going to stay longer than three months because they only had a three month contract initially. So we didn’t want to put too much training into them at first because we thought they’re not going to be here long. And they didn’t really have an identity really, which was a shame for them.” Senior Sister, Critical Care, September 2020

"So I think actually to be honest they weren’t really incorporated into the team very well.” Senior Sister, Critical Care, September 2020

"But again those new nurses were assigned very sick patients that they probably didn’t have the skills to look after yet with machines they didn’t understand, and things like that. So the whole thing was just incredibly stressful” Senior Sister, Critical Care, September 2020

"But then there were obviously a lot of other doctors that were again redeployed so they didn’t know ITU, and they don’t understand ventilators, it’s not what they do. So they were a bit more reluctant to go in because they didn’t understand a lot of the questions that the nurses were asking.” Senior Sister, Critical Care, September 2020

"And we’re expected to work with people that didn’t know what they were doing. Like, you’d get someone to look after two of your four patients, or one of your four patients, and they’d say they are from a [unclear] and they can’t give drugs, and they’re not happy rolling. They just didn’t know what they were doing with the ventilator and that kind of thing. So, that was more stressful.” Staff Nurse, Critical Care, October 2020

"And bless them, they tried their best, but they obviously were more of a hinderance. To have to explain everything and make sure they were safe, when I had the patients to look after. And oh god, I don’t know how I got through that. My stress levels were through the roof.” Senior Staff Nurse, Critical Care, October 2020

"We had people redeployed to our unit who were not actually intensive care nurses. Sometimes, they weren’t even nurses. Of course, they were a huge help, but up to a certain point.” Staff Nurse, Critical Care, July 2020
"and the worst was that then you started to have the bed buddies. So the bed buddies will come and ask you questions, and you are already stressed." Senior Staff Nurse, Critical Care, July 2020

"So then it was really complicated for the ITU nurses to know what they could delegate to other people" Senior Sister, Critical Care, September 2020

"Yes, I definitely felt appreciated and useful. Particularly during the pandemic, to be honest." Physiotherapist, Critical Care, July 2020

"Yes, I’ve certainly been accepted and welcomed" Junior Doctor, Critical Care, September 2020

Breakdown in teamwork during and following first wave

"actually it’s been off the back of the peak that we’ve seen the teamwork slightly breaking down just because I think people are mentally and physically exhausted. And so they don’t have the time and the energy to be able to put in to do those extra things." Senior Sister, Critical Care, July 2020

"It’s been very difficult, and it is still difficult. So I think the whole teamwork thing has fizzled out a little bit actually." Senior Sister, Critical Care, September 2020

"I think, from a medical point of view, the teamwork is still pretty good, but the nurses are much more fragmented and I think they’re struggling with that." Consultant, Critical Care, September 2020

"That’s no one’s fault. It’s not that the teamwork has suffered, it’s more that there’s been so many obstacles put in the way of the teamwork. I think people are still motivated to work as a team, if that makes sense" Consultant, Critical Care, September 2020

"I would say the teamwork, the multidisciplinary teamwork has definitely suffered," Consultant, Critical Care, November 2020

"And we tried to look after each other, and we tried to do the job, and that was a huge change in attitude, and I wish we could have preserved it." Consultant, Critical Care, December 2020

"Unfortunately, not. I, and for someone who’s very comfortable with having conversations with consultants, I don’t really feel that difference anymore. I think there was a massive division, I haven’t added a huge amount of stress to the unit." Senior Sister, Critical Care, July 2020

"No. I think, no. From a multidisciplinary team, they definitely didn’t feel like this, we’re all in this together type of, nobody knows what they’re doing, let’s just wing it. It definitely didn’t feel like that here, unfortunately." Senior Sister, Critical Care, July 2020

"I don’t think that sometimes that’s been reflected on in quite a rosy way, and I’m not sure it was always that rosy, actually. I think that sometimes, the professions were not helping each other." Staff Nurse, Critical Care, July 2020

"It got worse because everybody had such a huge workload. Nobody really had the chance to support each other." Staff Nurse, Critical Care, July 2020

"I have read that other places were, wow, that’s amazing we all worked as one massive team and I’m, wow that unfortunate, definitely didn’t happen here." Senior Sister, Critical Care, July 2020

"But once it all got into gear and we had enough PPE I just started dragging them all in because there was that we’ve not got enough staff in there." Staff Nurse, Critical Care, July 2020

"We definitely had more people, and we were seeing far less of each other. Because normally, I would share several shifts with the same few colleagues. In that context, the team was more diluted. So, maybe I would go for a month without seeing one of my [unclear]. It could have been the shift patterns, or it could have been that I was off sick, and then maybe they were. So, it’s all more diluted." Staff Nurse, Critical Care, July 2020

"You saw a little bit more separation and slightly less cohesiveness then we would normally see." Consultant, Emergency Medicine, July 2020

"So just overnight trying to get people to work in teams very differently to how they normally would was quite challenging, for everybody I think" Senior Sister, Critical Care, September 2020

"It sounds really stupid but the doctors would go off and get their own food and takeaway. And then the nurses would see them eating there, so you don’t take away and either that you’re not being included or they wouldn’t sit with the rest of the nursing staff to have food. So, it was very much a group of doctors and the nurses over here." Senior Sister, Critical Care, July 2020
"And I think that's such a shame. I think for whatever reason, we really cocked that up as a whole team. That added a huge amount of stress." Senior Sister, Critical Care, July 2020

"So the model was a bit unclear, and there was, depending on what your relationship was with the individuals in those areas, it was more or less difficult to negotiate the situation. So that was quite unsatisfactory." Consultant, Critical Care, July 2020

"I'm not sure it was always that rosy, actually. I think that sometimes, the professions were not helping each other" Staff Nurse, Critical Care, July 2020

"I would say I think within different members of the MDT. So I think sometimes the nursing staff would get a bit frustrated" Physiotherapist, Critical Care, July 2020

"Especially if you've been to the ICU in [Location], there's some glass, and all of the nurses are entirely in view. And then, sometimes, some of the doctors would be outside, drinking their water through the glass, and they don't have to wear any PPE to go there. And I struggled with that. A couple of times I said to people, it's unfair for you to just be sat down at the desk, just hanging out. There's quite a few doctors as well, because there's redeployed doctors as well" Staff Nurse, Critical Care, July 2020

"I think we tried. Weirdly I think there was quite a barrier between the medical team and the nursing team." Staff Nurse, Critical Care, August 2020

"The nursing team being given the ultimatum of no you go in, you do eight hours and then you get a break when somebody can come and relieve you. And the medical team not feeling compelled to stay in there. I think it drove a bit of a wedge in between." Staff Nurse, Critical Care, August 2020

"I was writing about people that I've never seen or assessed before. If I was a nurse I would be furious and rightly so. It happens now. We have a pocket of airway generating procedures going on and doctors visit that part of the ward less" Junior Doctor, Critical Care, September 2020

"It was possibly, and the lockdown itself meant, that things we would do to decompress after a difficult day at work, were not available to us, i.e. go down the pub and have a chat. So, I wouldn't say that the team work disintegrated, that would be an over exaggeration, but I would say we were probably not as cohesive as we would normally be." Consultant, Emergency Medicine, July 2020

"maybe I had the psychological, idea that there was an invisible barrier between us." Staff Nurse, Critical Care, August 2020

"Yes, having a barrier I think is a real shame. I feel it really did happen." Registrar, Emergency Medicine, September 2020

"That was a source of a lot of friction, because it was a genuine barrier but it was also accompanied by an unwillingness to go in. That, of course, is a big source. I think that the nurses felt very unsupported in some areas by the doctors." Staff Nurse, Critical Care, August 2020

"waiting for decisions to be made because communication was so difficult." Senior Sister, Emergency Department, July 2020

"Calling in to bays, you're trying to bleep the doctors, trying to bleep anaesthetics because they hold the airways when you're proning patients. Trying to find out who's going to be pronounced when, and people go off for emergency scans or whatever. So yes, a lot of time waiting I think due to lack of communication." Physiotherapist, Critical Care, July 2020

"And we didn't really work enough, and still haven't, we didn't make much of the first six months since the first surge, to facilitate communication. For example, to have intercoms between bays, and between the staff bays, which would make it much more spontaneous, rather than having to dial a number and ring, bed space so and so, just having an intercom. So, yes, it was a hurdle but by the same token, other things worked better, simply because we had a common agenda. And we had a lot of goodwill, but communication was a problem, yes." Consultant, Critical Care, December 2020

"I mean, as everyone knows, it’s been really hard in COVID times because you just don't have that same quality of interaction at the bed space, either because you’re not at the bed space because you’re doing a virtual ward round for most of it and then just popping by the bed side or because you’ve got masks and PPE and it’s just so darn hard to communicate." Consultant, Critical Care, November 2020

"And we spent a lot of time waiting for anaesthetists to come and help us with the airway, or again communication between departments about who was going to help who and that made things a lot more difficult." Physiotherapist, Critical Care, July 2020
<table>
<thead>
<tr>
<th>Changes in support (both received and ability to provide)</th>
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<tr>
<td>&quot;They were kind of tied in to helping us but didn’t really want to, or wasn’t really sure from their big bosses.&quot; Physiotherapist, Critical Care</td>
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<td>&quot;It made it tricky if you feel like someone’s not coming in.&quot; Senior Staff Nurse, Critical Care</td>
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<td>&quot;I think our senior support was, from the physios, our physio senior support was amazing. Even the support from the nurses, the ITU nurses that were welcoming in all these new faces. Bed buddies and redeployed doctors, redeployed staff from all over the place, like PPE helpers...&quot; Physiotherapist, Critical Care</td>
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<td>&quot;I think when we were being redeployed from the wards we were being moved to other wards initially and I felt kind of safer in ICU than I did on the wards. Because even though you’re in full PPE and it’s stressful, but I felt I had more peace of mind working there as such.&quot; Staff Nurse, Critical Care</td>
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<td>&quot;Obviously, because I didn’t quite see myself as a critical care nurse, before the COVID, so when you start being deployed [unclear] intensive care, and they just think, okay, she doesn’t know what she’s doing.&quot; Senior Staff Nurse, Critical Care</td>
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<td>&quot;They were kind of tied in to helping us but didn’t really want to, or wasn’t really sure from their big bosses. Or our big bosses. Or funding issues, about who’s going to pay who for these hours and equipment and stuff. And I think that made things a lot more difficult when actually I don’t know why people can’t just help.&quot; Physiotherapist, Critical Care</td>
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<td>&quot;And again, they helped with morale because they didn’t don as much but they were in the staffroom a lot so people could ask things easily. And that made a positive environment and one of them would come round once or twice a day into the COVID area and see if there’s anything they could do to help. Which made a good effect.&quot; Senior Staff Nurse, Critical Care</td>
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<td>&quot;But from a clinical perspective and for the more junior staff I would say it was less because the consultants just weren’t able to go in to the COVID areas because they were also responsible for patients in other areas.&quot; Senior Sister, Critical Care</td>
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<td>&quot;Because I felt so out of my depth with the lack of support.&quot; Senior Staff Nurse, Critical Care</td>
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<td>&quot;So, especially with retrospect, I didn’t feel well prepared. I didn’t know where stuff was, who everyone was and then I didn’t have very basic things like ventilator training. So, my troubleshooting at the moment has been a bit slow really.&quot; Junior Doctor, Critical Care</td>
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<td>&quot;So I’m grateful to have been in a supportive team because I think it would have been a big struggle otherwise.&quot; Physiotherapist, Critical Care</td>
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<td>&quot;I feel like our matrons did a good job, they stepped up, they were present on the unit a lot, they changed their shift patterns so there was someone there every day of the week. And they were there, the long day shifts, 7:30 till 8.&quot; Senior Staff Nurse, Critical Care</td>
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<td>&quot;accompanied by an unwillingness to go in. That, of course, is a big source. I think that the nurses felt very unsupported in some areas by the doctors.&quot; Staff Nurse, Critical Care</td>
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<td>&quot;But I never thought that I had to battle with doctors to come in and support, if it was necessary. They were always very willing to do that.&quot; Physiotherapist, Critical Care</td>
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<td>&quot;But generally, I was very well supported by senior [unclear] staff and then, the nursing staff and other health professionals were just amazing. They just got on with it.&quot; Junior Doctor, Emergency Department</td>
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<td>&quot;And they are just telling us off in no little reason, if you were five minutes late, oh, blah blah blah.&quot; Senior Sister, Critical Care</td>
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<td>&quot;We all were supported in the way that we all help each other, despite differences. They behaved wonderfully.&quot; Staff Nurse, Critical Care</td>
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<td>&quot;I think I’m lucky to be working where I am. Everybody was very, very supportive.&quot; Junior Doctor, Emergency Department</td>
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<td>&quot;I think maybe because it was stressful for everyone, everyone made extra effort to help people around them. It was a different situation and a very different reality to what we normally experience. There was much more understanding and, I guess, mental support.&quot; Senior Sister, Critical Care</td>
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<td>&quot;That’s all you can do, if you do your job to the best of your ability then I feel like I can always walk away and feel okay.&quot; Senior Staff Nurse, Critical Care</td>
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"I wasn't as experienced as a lot of other people were during the surge and stuff so I had to just step up." Staff Nurse, Critical Care

“We were expected to step up a bit more in terms of being able to be more confident in our own decision making because there were more patients to see.” Junior Doctor, Emergency Department

“And I didn’t have any time to support the ITU nurses, or the ITU doctors, or people that were already there. And they were thrown in a situation that was very difficult for them, to work with lots of new people that they don’t know, to try and train them up as well as looking after some really sick patients.” Senior Sister, Critical Care

“I wasn’t so supportive to new staff as I could have been because of the workload” Staff Nurse, Critical Care

“And they were thrown in a situation that was very difficult for them, to work with lots of new people that they don’t know, to try and train them up as well as looking after some really sick patients.” Senior Sister, Critical Care

“And at times you could sense that they were intimidated by the environment.” Senior Staff Nurse, Critical Care

“But again those new nurses were assigned very sick patients that they probably didn’t have the skills to look after yet with machines they didn’t understand, and things like that. So the whole thing was just incredibly stressful.” Senior Sister, Critical Care

“I realised, even myself, I wasn’t so supportive to new staff as I could have been because of the workload.” Staff Nurse, Critical Care

“That [training] wasn’t happening. And that was all side-lined and that obviously impacts on their development in some shape or form.” Senior Sister, Critical Care

“that’s been a thing where we’re aware that nurses have really struggled, and we’ve tried really hard to reverse that but it’s just really hard to do, to spend adequate time.” Consultant, Critical Care

“But from a clinical perspective and for the more junior staff I would say it was less because the consultants just weren’t able to go in to the COVID areas because they were also responsible for patients in other areas. They weren’t putting on PPE and stuff, so the visibility of them in the clinical area and communication with the junior staff wasn’t how it is normally.” Senior Sister, Critical Care

“I think so, yes. I think so. I got a lot of calls asking questions, and I would go in if they needed me, but there were definitely times when we troubleshooted things over the phone, and again that’s not something that we’d normally do.” Senior Sister, Critical Care

“Normally, we’d just pop round the corner and, let me just check that, or I would just have a quick look at the sheet and stuff, so that’s the only thing that happened for us.” Consultant, Critical Care

Changes in nursing autonomy

“I remember one shift where resus was completely full. I was in charge resus. ITU were just refusing to come down. I think, in their heads, they were like, we’re full and there is bugger all else we’re going to do. And A&E can just do their thing. And so, as nurses, we were making the decisions to prone patients.” Senior Sister, Emergency Department, July 2020

“And we were like, right... So, we were proning patients ourselves.” Senior Sister, Emergency Department, July 2020

“I really, really acknowledge and am really sensitive to the autonomy of ITU nurses.” Staff Nurse, Critical Care, October 2020

“the nurses on the bed side that were handling the acute situations that you would normally have your reg’s come in for” Staff Nurse, Critical Care, October 2020

“But then I guess it all just helped with the learning side of it too, I guess it got you in more of an autonomous role to, rather than relying on the doctors, we were like, oh no, we’ve got to do it ourselves now.” Staff Nurse, Critical Care, October 2020

“Yes, definitely, yes. And I felt like got exposed, obviously the patients I would look after, they were really high acuity.” Staff Nurse, Critical Care, October 2020

“Nobody heard the emergency alarm, the bed buddies didn’t know what it was, and it was four in the morning. It was my patient, and one of the nurses was bagging the patient for ten minutes before anyone came.” Staff Nurse, Critical Care, October 2020

“No, normally twice a day we have a doctor’s ward round where they are physically on the unit, walk around and review the patients. But that stopped happening. And I suppose it was just the lack of medical presence on the floor, so literally if you had an emergency
and you called the emergency call bell, you had to wait for the medical staff to don up, come in whenever." Senior Staff Nurse, Critical Care, November 2020

"There wasn't much medical presence, if I'm being honest, on the unit at the time. I think the nurses felt a little bit more like, we're kind of here on our own dealing with it a bit more than in a standard situation because there's more medical presence." Senior Staff Nurse, Critical Care, November 2020

"You're sweating, your face is hurting. I think as well because I've been clinical and in charge on the ward and stuff. So, I think that experience did help me with organising and saying you need to do this." Staff Nurse, Critical Care, August 2020

"And I think ITU nurses by their nature like to just do everything, they're used to having one patient and just getting on with it. So it's difficult for them to take a step back and realise they've now got four, which is different to normal, and then get other people to do stuff and to try and delegate that appropriately. That's not the way they work." Senior Sister, Critical Care, September 2020

"It was strange, because you weren't actually working with the team that you're used to, because the ratio changed. So, you'd be the only ITU nurse in the area, and everyone else was redeployed from other areas. So, you don't necessarily know everyone's strengths, and a lot of people weren't trained in critical care. You knew the medical team. They weren't really inside. There was the inside and the outside. It was like through the glass. You're in the PPE and there's everyone outside. So, you're a bit more on your own." Staff Nurse, Critical Care, July 2020

"So, in resus, just nurses with the sickest patients you have ever seen in your life" Senior Sister, Emergency Department, July 2020

"they were looking to me to provide the answers, even though they were more senior. So, I found that quite difficult" Senior Physiotherapist, Critical Care, July 2020

"That was so stressful. Another stressful factor was if my patient was deteriorating, the doctor in the room wouldn't be an ICU doctor or an ICU trained doctor. I was like, oh my god, my patient is desaturating and I've got a surgical reg here!" Staff Nurse, Critical Care, August 2020

"It was strange, because you weren't actually working with the team that you're used to, because the ratio changed. So, you'd be the only ITU nurse in the area, and everyone else was redeployed from other areas." Staff Nurse, Critical Care, July 2020

"sometimes I would just do it on my own because there was nobody coming in. Nobody wanted to come in, or they wanted to come in and they couldn't come in." Staff Nurse, Critical Care, October 2020

"There wasn't much medical presence, if I'm being honest, on the unit at the time. I think the nurses felt a little bit more like, we're kind of here on our own dealing with it a bit more than in a standard situation because there's more medical presence." Senior Staff Nurse, Critical Care, November 2020

**Changes in responsibility**

"you could sense that they were under a lot more pressure. Their patient load went up a lot. Normally they'd look after 16 but at days they were looking after 32. Their workload doubled." Senior Staff Nurse, Critical Care, July 2020

"I felt very guilty and I felt like I had to support a lot of people through that, so that was quite difficult." Senior Physiotherapist, Critical Care, July 2020

"by redeploying so many physios into that team, I basically decimated my out of hours staff. So, then I went from having about 20, 25 people per rota, to five, and so covering that rota was very stressful" Senior Physiotherapist, Critical Care, July 2020

"I guess it was just the responsibility that I felt, having to look after so many people" Senior Physiotherapist, Critical Care, July 2020

"but when we were in the peak of the surge, as much as you wanted people to open up and debrief, there was a certain element was, well we've still got a lot to do, and we still need to get on with it!" Senior Physiotherapist, Critical Care, July 2020

"the other thing I found, during COVID, even though the teamwork may have been amazing, there were so many things that were not done to best practice because of how people were stretched. And I think I often had to bite my tongue quite a lot regarding things that were let slip, sadly, with the nursing staff. And as I said, I couldn't blame them at all." Consultant, Critical Care, September 2020

"When it began, even the senior people were panicking and then all running up and down. Not really shouting, I'm not saying shouting, but we can see the stress on their face" Senior Staff Nurse, Critical Care, November 2020
"But I think the nurses that when they saw me come in they suddenly felt really relieved that I was there, and I just suddenly felt this overwhelming pressure like I don't even know what's going on." Senior Sister, Critical Care, September 2020

"And then everyone's looking at me and oh God I'm supposed to be really senior and I've no idea what's happening. And then I felt really overwhelmed and wanted to get out as quick as possible." Senior Sister, Critical Care, September 2020

"So, it's not always just the speciality, often it falls on me as the reg, or my colleagues who are senior, when there's not a consultant around to make that call. And especially, more so at the minute, because, obviously, there's nobody else around." Registrar, Emergency Medicine, July 2020

"There are people who are really generous with their time, but there are people I'm asking now and I'm a bit like is this something that I really should have got under control in the very early days?" Junior Doctor, Critical Care, September 2020

"For me, stepping into roles that I wouldn't normally do or things or decision-making I wouldn't normally do, there's a short burst of stress followed by an increase in capability" Staff Nurse, Critical Care, July 2020

"it might have been different from one bed space or one day to the next depending on the specific person in that bay at that specific time and their skill set. Had you have had a senior nurse as a junior doctor, your role and responsibilities might have been a lot more fluid than what they usually would be." Staff Nurse, Emergency Department, August 2020

"I think because if something happened with your patients, it was your responsibility to deal with that at the time, because other people there, you can't expect them to know what to do, because they're not trained in intensive care." Staff Nurse, Critical Care, July 2020

"obviously, as support staff, we were asked to support the hospital outside of our usual working roles," Senior Physiotherapist, Critical Care, July 2020

"The nurses were run off their feet. They were terrified. When their ratios changed from one-to-one, to one-to-two, before they got the bed buddies in, it was an absolute, unmitigated disaster." Consultant, Critical Care, September 2020

"I think it did change. I think we became a much more of an emotional support. Probably, although technically yes, we were there, but I think emotionally we were supporting people with a lot of... Trying to relax and debrief them, let them talk about stuff to us as opposed to clinically trying to solve their problems." Senior Sister, Critical Care, July 2020

"If I didn’t have a handle on it, it would reduce, not just the trust the colleagues have, but actually increase their anxiety because they’re looking to me for assurance and reassurance." Consultant, Emergency Medicine, July 2020

"But I'm afraid if you've got 32 or 64 patients that you are responsible for, just because you're off to one patient's bedside doesn't mean you're not at one of the other 63's." Consultant, Critical Care, July 2020

"100%, yes. I think there was also, even the people that were usually looked to for guidance were quite happy to admit that they didn't know because no one knew. And so it breaks that barrier of you should know, whereas they didn't and they weren't expected to almost. It was like a more informal, let's try this. What do you think? It was that, or what do I do now?" Staff Nurse, Emergency Department, August 2020

"Yes. Because no one knew what they were doing. And I like the research so I would be reading journals and I could ask the consultants. We never ventilate anyone APRV, we don’t use it. Then I was seeing papers saying that maybe that works for COVID patients. So, you just ask, which was nice to be able to have a more level field on that kind of thing." Senior Staff Nurse, Critical Care, July 2020

**CHANGES IN PSYCHOLOGICAL SAFETY**

Improved by "the unknown"

"Yes I think so, because it’s so unknown, yes. Obviously no one really knows and you go looking for seniors and they don’t know either so it’s easier to kind of talk about it as a group rather than someone having an issue, yes." Physiotherapist, Critical Care, July 2020

"I do think there was a change, but I think that was true for everyone that was there or that was redeployed or that was existing staff because I think it was just so... Everyone uses that word, unprecedented and I kind of hate that word now but it was so new, wasn’t it?" Physiotherapist, Critical Care, August 2020

"100%, yes. I think there was also, even the people that were usually looked to for guidance were quite happy to admit that they didn't know because no one knew. And so it breaks that barrier of you should know, whereas they didn’t and they weren't expected to almost. It was like a more informal, let's try this. What do you think? It was that, or what do I do now?" Staff Nurse, Emergency Department, August 2020

"When Covid came, all of a sudden, nobody was an expert, but I had had some previous experience with something a bit similar. So, I felt more confident than even somebody who was more senior than me." Staff Nurse, Critical Care, July 2020

"Yes. Because no one knew what they were doing. And I like the research so I would be reading journals and I could ask the consultants. We never ventilate anyone APRV, we don’t use it. Then I was seeing papers saying that maybe that works for COVID patients. So, you just ask, which was nice to be able to have a more level field on that kind of thing." Senior Staff Nurse, Critical Care, July 2020
"I think it was obviously in keeping with everyone’s behaviour changing because we were all a bit like, this is new, for absolutely everyone here. No one’s really experienced anything like this before. I think they were really open to chatting to us. Especially the physios, I noticed. Whereas they can be a little bit dismissive of our weaning plans or treatment plans or something like that, but I did notice that, during that pandemic, they were very much like what do you guys think?" Physiotherapist, Critical Care, August 2020

"But there might not be as much experience with just the whole situation, in general. Even if it was things about staff management or I don’t know, PPE or positioning or something like that, I do think that it was easier to vocalise, if there was anything" Physiotherapist, Critical Care, August 2020

"I think there was also, even the people that were usually looked to for guidance were quite happy to admit that they didn’t know because no one knew. And so it breaks that barrier of you should know, whereas they didn’t and they weren’t expected to almost. It was like a more informal, let’s try this. What do you think? It was that, or what do I do now?" Staff Nurse, Emergency Department, August 2020

"Empowerment and improved psychological safety as a consequence of COVID-19"

"Probably more so after COVID, yes. I think people are a lot more sympathetic I reckon, and more I guess maybe less judged for bringing up issues." Physiotherapist, Critical Care, July 2020

"Probably just from the whole MDT camaraderie point of view as well. People would kind of respect your opinion a bit more.” Physiotherapist, Critical Care, July 2020

"So, I think there was a facilitated broadening of responsibilities of care and opportunity for discussion. So, I think that was done quite nicely actually thinking about it" Junior Doctor, Critical Care, September 2020

"People certainly felt very free to contribute in a positive way and did so." Consultant, Critical Care, July 2020

Whereas now I think everyone is just slightly more aware that it is hard and it’s actually okay to have an issue." Physiotherapist, Critical Care, July 2020

"I feel more confident being able to speak up and being heard.” Physiotherapist, Critical Care, July 2020

"I think in that sense it then made me feel like actually it’s fine to ask those questions and to actually have the confidence to be like, can I see something new? Or if you do have a question about something that you might feel is ridiculous to ask, having the confidence to ask them because you know them." Physiotherapist, Critical Care, July 2020

“But I think after COVID I would definitely have more confidence to speak to the nurse in charge, to go find a registrar if I had a question about something. And just go into the doctor’s office and ask a question rather than speaking to the nurse first, or speaking and getting advice from my senior. I’d rather just go to where I knew the answer could be.” Physiotherapist, Critical Care, July 2020

"I think we were all so vocal and so open about how mad this whole situation was, that it left it all out there. There was nothing that was unsaid, if that makes sense." Physiotherapist, Critical Care, July 2020

"It was everyone was just quite candid with each other, and real.” Physiotherapist, Critical Care, July 2020

"So, in the case where we’ve been rehabbing a lot of long-term COVID patients, where there have been a lot of barriers to their progress, I would say it’s been a really open environment to raising concerns and suggesting new approaches. And I’ve never had any hesitation in doing so.” Physiotherapist, Critical Care, September 2020

"Yes definitely, I think there was a big barrier as well broken down I felt between the physios and the nursing team. Because we were proning we were there on night shifts with them, we were helping with repositioning.” Physiotherapist, Critical Care, July 2020

"I think because a couple of times the consultants would come around and then they’d change some things. And you’d have to say to them, look, I’m the only person here who, if something goes wrong with that change that you’ve made, can deal with it. I just need to be there when you’re making these changes, because I need to know. And they were respectful of that, to be honest, when they were doing their rounds.” Staff Nurse, Critical Care, July 2020

"I think so. Probably more so after COVID, yes. I think people are a lot more sympathetic I reckon, and more I guess maybe less judged for bringing up issues.” Physiotherapist, Critical Care, July 2020

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“So, I think it was important, and then, I think, then that gave them the time to open up, when maybe they didn’t feel like they could or because we were so busy, and as such in crisis mode, that it gave them the opportunity that they could speak up.” Senior Physiotherapist, Critical Care, July 2020

“You could always talk to someone, because the patients that we were getting, they were sick, but everyone was the same” Staff Nurse, Critical Care, July 2020

“There was an opportunity each day for consultation about management plans and how to look after someone.” Junior Doctor, Critical Care, September 2020

Lack of psychological safety during COVID-19 / New barriers to psychological safety created by COVID-19

“It definitely wasn’t during COVID, because there were mistakes that were made. Not major ones, but just in terms of the different stuff that we’re working with. And before and after, I don’t think it is really, but it was probably highlighted more in our safety briefings and things like that. Whereas previously I think it was rushed over.” Staff Nurse, Critical Care, July 2020

“During Covid, I found it more difficult to raise concerns because of the time constraints.” Staff Nurse, Critical Care, July 2020

“But it was more difficult when I was just surrounded by people whose names I didn’t know, whose background I didn’t know. I didn’t even know who was more competent than me doing what. If you are with people you don’t know much about, then it gets difficult.” Staff Nurse, Critical Care, July 2020

“Not necessarily the ward round but PPE was a good example. They didn’t feel PPE was good enough. If I had a question about the PPE and why it had changed, I’d go and speak to the Matron and be like what’s the new change? Whereas they felt they couldn’t and that created a bit of tension there.” Senior Staff Nurse, Critical Care, July 2020

“Sometimes there were comments from them that they felt they couldn’t raise concerns.” Senior Staff Nurse, Critical Care, July 2020

“I think with the stress of your role, even myself, I’m really not that person to speak to people” Staff Nurse, Critical Care, July 2020

“I think our structure and hierarchy, above my level, changed during Covid, and sometimes it wasn’t always clear who the right person was to go to.” Senior Physiotherapist, Critical Care, July 2020

“But it got to the point where nobody was speaking up because they didn’t have time to.” Staff Nurse, Critical Care, August 2020

“The reality was no one had time to ask anything and we were all on walkie talkies, behind masks, visors.” Consultant, Critical Care, September 2020

“I don’t think that environment was conducive to anything, to be honest.” Consultant, Critical Care, September 2020

“They felt they weren’t well received or they didn’t know who to speak to.” Senior Staff Nurse, Critical Care, July 2020

“I think raising concerns, and I think especially during COVID there were a lot of issues with PPE. And I think it was really difficult for people who were in the hospital every day, so like the nurses in charge organising everything on ITU, organising the amount of staff, and obviously knowing there’s not enough PPE.” Physiotherapist, Critical Care, July 2020

“So I think that sense of them raising the concern of something that has been an issue I think it did cause some tension. Because I think some of them weren’t there all the time, so when they were there they were like, oh well this is an issue, and then I think it was already seen as an issue. But I feel like until they sometimes raised the concerns nothing was done.” Physiotherapist, Critical Care, July 2020

“I think during COVID, people did raise concerns about the obvious things, but I think because we’re all in the same boat, it was quite difficult because you know that you’re having the same problem as everyone else.” Staff Nurse, Critical Care, July 2020

“And so, there were times when having a lot of voices was unhelpful in that we spent too much time airing views and debates about stuff which there wasn’t a right answer to. And really, what it needed was maybe less voices and also the boss makes a decision and we just get on with the day. Does that make sense?” Physiotherapist, Critical Care, September 2020

“It was just carnage. We lost control completely. I think it was only for about three weeks that it completely went. But it got to the point where nobody was speaking up because they didn’t have time to” Staff Nurse, Critical Care, August 2020
"The reality was no one had time to ask anything and we were all on walkie talkies, behind masks, visors." Consultant, Critical Care, September 2020

**IMPACT OF PERSONAL PROTECTIVE EQUIPMENT**

**Difficulties in communication**

"wearing all full PPE so you don’t know who everybody is" Senior Staff Nurse, Critical Care, July 2020

"PPE communication got difficult, yes, not knowing who anyone was in PPE." Staff Nurse, Critical Care, August 2020

"There’s quite a lot of me shouting instructions at people and then PPE communication got difficult, yes, not knowing who anyone was in PPE." Staff Nurse, Critical Care, August 2020

"And I don’t know how much of that is because you’re behind a mask every day and some of that comes isn’t as good as it would normally be." Consultant, Emergency Medicine, July 2020

"No, normally twice a day we have a doctor’s ward round where they are physically on the unit, walk around and review the patients. But that stopped happening. And I suppose it was just the lack of medical presence on the floor, so literally if you had an emergency and you called the emergency call bell, you had to wait for the medical staff to don up, come in whenever." Senior Sister, Critical Care, July 2020

"I don’t see many people without their masks. Yes. You’re kind of closer, but you don’t really see each other." Physiotherapist, Critical Care, September 2020

"I definitely rely on a nurse’s name being on the board by the patient’s bed or a name tag, and you don’t have that. You can’t even see their faces. Yes. It definitely makes it a lot harder." Physiotherapist, Critical Care, September 2020

"FFP3, nobody could hear me." Registrar, Emergency Medicine, September 2020

"And even people I knew, you’d be just talking to them for a few minutes and then you’d go, oh, hello, oh, it’s yourself, kind of thing. So, I think the PPE was a massive barrier, actually, in that respect, but there was nothing you could do about it, really." Consultant, Critical Care, September 2020

"I wouldn’t say that much of a barrier, but there were times when I mistook someone just because we were in the full PPE" Staff Nurse, Critical Care, October 2020

"either because you’re not at the bed space because you’re doing a virtual ward round for most of it and then just popping by the bed side or because you’ve got masks and PPE and it’s just so darn hard to communicate." Consultant, Critical Care, November 2020

"Difficult to know, it was a barrier, to go into a bay with COVID, obviously you had to put the whole gear on, so you tried to solve a lot of things on distance, over the phone or making signs, or putting a blood gas [?] on a window. So, yes, there was a physical barrier, and hearing was very difficult, the voice gets very difficult to hear under an ffp3 mask, or a personal respirator." Consultant, Critical Care, December 2020

**Physical difficulties and the impact of wearing PPE**

"And then feeling claustrophobic and stuff in all the gear, staying in for four hours, waiting around for people." Physiotherapist, Critical Care, July 2020

"It was wearing PPE for six hours is hard. And, in the beginning, I remember it was half an hour, and we were getting upset. They were all so heavy. And then, by the end of it, wearing it for six hours. And I think it was a bit quiet among all of us. I don’t know. It wasn’t how we normally would be in the break rooms and things like that." Staff Nurse, Critical Care, July 2020

"You are sweating, your face is hurting." Staff Nurse, Critical Care, August 2020

"I don’t know. Maybe. We have all started seeing things a bit different I think on a personal level, professional level, but it’s the constant stress of that from the mask that we need to wear all the time" Registrar, Emergency Medicine, September 2020

"I think it was probably more stressful being in full PPE all day long and what have you" Staff Nurse, Critical Care, October 2020

"The thing is, the stress isn’t even just because of the patient load. It was wearing PPE for six hours is hard" Staff Nurse, Critical Care, July 2020
Shortages of PPE

“Yes, definitely, and in fact, the shortage of PPE made that a real problem, because I couldn’t just go and do that check-in with multiple people in multiple areas like I normally would do. And I really found that very hard, because actually there just wasn’t enough PPE, it wasn’t a good use of the available PPE. I didn’t mind putting it on and off. If there’d have been more of it, I’d have done it.” Staff Nurse, Critical Care, July 2020

“because I wasn’t going, oh, I really want to go, but if I do that, maybe there won’t be enough for the night staff.” Staff Nurse, Critical Care, July 2020

“Yes, definitely, for everybody, and that was one of the biggest problems the whole way through, that you’re constantly weighing up, is this reason to leave a room or go into a room worth the impact on PPE?” Staff Nurse, Critical Care, July 2020

“I think especially during COVID there were a lot of issues with PPE. And I think it was really difficult for people who were in the hospital every day, so like the nurses in charge organising everything on ITU, organising the amount of staff, and obviously knowing there’s not enough PPE.” Physiotherapist, Critical Care, July 2020

“But yes, I think there was definitely a stage where I don’t think we ever ran out of any PPE at [Name]. We got dangerously close to the last box of masks, and people stayed in a lot longer,” Senior Sister, Critical Care, September 2020

“But yes, definitely not having enough PPE was a problem at various points. It felt like I wasn’t an essential entity, I should leave that for a doctor that’s going in to review the patient or the proning team. I sorted that,” Senior Sister, Critical Care, September 2020

“And then if they’re working in the PPE, we didn’t have the right PPE all the time which was concerning” Staff Nurse, Critical Care, October 2020

“And then when the doctors were coming in and being like, oh well there are no masks. And they were like, there are no masks and masks fit tested poor, what are we going to do? And they’re like well yes none of the nurses, no one’s had the correct masks they’ve been fit tested for, for the last two week” Physiotherapist, Critical Care, July 2020

“I think the PPE did make it difficult, communication was sometimes very difficult, just hearing each other. And also, where PPE was so limited, where you might have said, oh I’ll come and help you with that patient, we had to basically… I was [unclear] clinical A&E at Charing Cross. So, if they weren’t on my side to treat, then potentially I couldn’t go to the other side, because I felt bad for wasting PPE. So, that was quite tricky.” Senior Physiotherapist, Critical Care, July 2020

“So, in that instance, for example, we would’ve just had a quick look, but every time, when somebody wants to have a quick look, they have to don PPE and there was already… We came down to the wire quite a number of times where there was no PPE left and where people were looking for gowns and finding them stored away in cardiology, or cath lab, or somewhere. And getting the site manager and saying, we have no more gowns or we have no more this, that and the other.” Consultant, Critical Care, September 2020

Barriers arising as a result of PPE

“Whereas they weren’t even coming in to do ward rounds because of COVID it was all done kind of via teams and most of the time without the bedside nurse at all.” Staff Nurse, Critical Care, August 2020

“They felt that it was the doctors if not also the healthcare assistants as well, who had not received any training at that time. So, they kind of blanket blamed us not themselves. But we did notice that the doctors were a lot more casual about the PPE at the time and it created a bit of a division between the nurses. I saw nurses wearing two sets of gloves, with the first set of gloves sticky taped to the gown, with the upper set of gloves able to be removed and replaced. I never saw any of the doctors do that” Staff Nurse, Critical Care, October 2020

“I didn’t see one doctor for at least four days” Senior Staff Nurse, Critical Care, October 2020

“I felt like they didn’t want to don that often” Senior Staff Nurse, Critical Care, July 2020

“Whereas a lot of the consultants wouldn’t often don and come into the COVID area” Senior Staff Nurse, Critical Care, July 2020
“it took a long time to get a doctor into that PPE area and I think that generated a lot of stress and anxiety for the nursing staff.” Senior Sister, Critical Care, July 2020

“The physical barriers also, if you were going on for a shift, you would say, all right, I'm going to don. I'm going to go in. I'm going to go around, and then I'm going to get out and do the things that I can do away from the bedside. And the nurses certainly found that there was less doctor presence, generally. I'm not sure about consultant presence specifically, but the nurses certainly objected to that and rightly so, I think.” Consultant, Critical Care, July 2020

“what I heard from the nurses, was frustration that when they’d ask for help it wasn't instantly there where it would normally be and there was a bit of a wait.” Senior Sister, Critical Care, September 2020

“But, it did mean that our interaction with the nurses, I don’t even know if they felt they saw us. Do you know what I mean? Because we would come in and you could be in there for two or three hours yourself. But, A, there were lots of agency, B, there were lots of people from GICU that we didn’t know and, C, you could be anybody. There was this thing in writing with [unclear], changing an apron between patients, so you can’t write it every single time.” Consultant, Critical Care, September 2020

“there was kind of a little bit of discomfort between nurses and doctors.” Consultant, Critical Care, October 2020

“Because, and they did raise this issue in one of the review meetings, that they felt that the trainees, especially the junior trainees, were not seen in the unit, in the red area.” Consultant, Critical Care, October 2020

“I think there was a lot of issues with the medical team and the nursing team, because I think the nursing team felt very much that there wasn’t a lot of medical presence on the unit” Staff Nurse, Critical Care, Critical Care, October 2020

“If anything, there was a massive divide between the nursing team and the medical team. Because the medical team weren't as visible and present on the floor and were doing their rounding from an office, so it infuriated the nursing staff. So there was a massive divide and a lot of animosity. There was a lot of complaints made about that.” Senior Staff Nurse, Critical Care, Critical Care, October 2020

“So I think they were possibly a bit more stand-backish in terms of medical presence because physically they weren’t present on the unit either half as much.” Senior Staff Nurse, Critical Care, November 2020

“like the nurses felt quite abandoned, not enough doctors on the shop floor, hard to get hold of a doctor, not nearly so much time at the bed space with doctors because of all the PPE requirements.” Consultant, Critical Care, November 2020

“I think the barrier became the nursing staff were in the red zone and they were in there all the time. And the doctors were coming in and out and I think that was an active barrier. So, there was a lot of stress, especially during night shifts.” Senior Sister, Critical Care, July 2020

“No, normally twice a day we have a doctor’s ward round where they are physically on the unit, walk around and review the patients. But that stopped happening. And I suppose it was just the lack of medical presence on the floor, so literally if you had an emergency and you called the emergency call bell, you had to wait for the medical staff to don up, come in whenever” Senior Staff Nurse, Critical Care, November 2020

“So I think sometimes the nursing staff would get a bit frustrated as we would just come in and do proning and do rolls. And then we would be able to go away and get more of a break, and we didn’t have to stand there and be in PPE for as long as they were. The longest we were ever in PPE for was three and a half hours, whereas the nurses were in there for five or six hours” Physiotherapist, Critical Care, July 2020

“You knew the medical team. They weren’t really inside. There was the inside and the outside. It was like through the glass. You’re in the PPE and there’s everyone outside. So, you’re a bit more on your own.” Staff Nurse, Critical Care, July 2020

“I think it did, but they were quite aware that that was a big barrier and so, there was never any issues with just picking up the phone. They were like, we’re literally just in there, see what you think.” Physiotherapist, Critical Care, August 2020

“But yes, definitely the physical barriers of [unclear] and PPE and stuff meant that it was difficult to access that immediate clinical support.” Physiotherapist, Critical Care, August 2020

“Yes, so there was a shortage of PPE so we got told right at the beginning we got told only essential staff to go in. And that trickled down from the consultants to the teams that they were leading as you don’t go in unless we need you. So, we didn’t have a lot of space left up here. The nurses would quite often walk past the room that we crammed all the doctors into whilst they were on a break.
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<tr>
<th>CHANGES IN WORKPLACE</th>
<th>Impact of COVID-19 on workload and working environment</th>
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<tr>
<td>And the doctors would all be sat there doing nothing. And it felt like a disparity when in reality they were told not to come in.&quot; Staff Nurse, Critical Care, August 2020</td>
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<td>&quot;It's not even about presence, it's the accessibility because we can't walk to the doctor's office or we can't say, look doctor, come in here, I'm under pressure. We don't have that luxury because it's a bit of a mouthful to get all the PPE on before the medics can come in to us. So there is that physical barrier that has made it so the medics can't be more present.&quot; Senior Staff Nurse, Critical Care, November 2020</td>
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<td>&quot;It was madness, absolute madness, but it was life and the tense situation. We adapted to whatever came so it was madness because there was no control about anything.&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;But I guess there's all that stuff that we don't really think about that was going on. I think all the kind of structural, all that kind of stuff has made it more difficult.&quot; Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;eventually, we got more used to the disease and what the hell was happening and stuff. But, that very initial first weekend in April was pretty horrific.&quot; Consultant, Critical Care, September 2020</td>
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<td>&quot;I just felt bad for the patients, because if you're stressed, sometimes you can't even look after the patients properly.&quot; Senior Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;Covid has added a whole new level to it. Previously, it wasn't that stressful&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;everything went crazy, and we were dealing with a totally new disease in a totally new environment&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;Very stressful, yes&quot; Senior Staff Nurse, Emergency Medicine, July 2020</td>
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<td>&quot;During COVID, definitely felt the stress a lot more,&quot; Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;During the COVID, each of them, more mental exhaustion. You're dealing with patients that cannot see their families, they're tubed. Some of them are very, very sick and might be dying, and you have to deal with someone over the phone. Especially that is the family that is also distressed.&quot; Senior Sister, Critical Care, July 2020</td>
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<td>&quot;that was stressful because I had too much to do in very little time.&quot; Senior Sister, Critical Care, July 2020</td>
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<td>&quot;And then, of course, we've had the pandemic, which is extremely stressful. That was a completely different level of stress that I haven't really been through before.&quot; Staff Nurse, Critical Care, July 2020</td>
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<td>&quot;I would say that everyone's been working under a heightened background stress level for the last six months or so.&quot; Senior Sister, Critical Care, July 2020</td>
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<td>&quot;So, it's increased patient numbers, there was a lot of unknown, there was a lot of staff burnout and staff stress.&quot; Senior Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;It was pretty chaotic&quot; Senior Physiotherapist, Critical Care, July 2020</td>
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<td>&quot;Obviously COVID was a whole different story. It all went to pot then.&quot; Staff Nurse, Critical Care, August 2020</td>
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<td>&quot;I think ITU is a stressful environment anyway, but it doubled, tripled over the course of a few weeks.&quot; Senior Sister, Critical Care, September 2020</td>
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<td>&quot;So it's an absolute domino effect, this pandemic, not only the pure COVID cases and the masks and all the other restrictions that we're having.&quot; Registrar, Emergency Medicine, September 2020</td>
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<td>&quot;COVID wise, obviously it was stressful for everybody&quot; Staff Nurse, Critical Care, October 2020</td>
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<td>&quot;It was different. It was a different stress.&quot; Staff Nurse, Emergency Department, October 2020</td>
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<td>&quot;obviously COVID was the most stressful time.&quot; Staff Nurse, Critical Care, October 2020</td>
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"There was too many stresses at one time." Staff Nurse, Critical Care, October 2020

"God, everything was stressful." Staff Nurse, Critical Care, October 2020

"I went in, straight into the deep end with COVID and so yes, it was really stressful to be honest." Staff Nurse, Critical Care, October 2020

"The individual patient contact was more stressful because you had a greater awareness of how sick they were and the potential to deteriorate" Consultant, Emergency Medicine, July 2020

"And they were all six level-three patients that we were having, so you definitely felt it more than you normally would." Staff Nurse, Critical Care, July 2020

"Pre-pandemic, I normally don't find work that stressful. It was stressful if I had a sick patient, but it would be easier. If there was one sick patient, no other patient would be as sick as them, so everybody would help out. Whereas during COVID, everyone was sick. Everyone was proned and on filter and on every infusion know to man. So, you helped each other but it wasn't like before if that makes sense." Staff Nurse, Critical Care, August 2020

"All the patients were so unbelievably sick" Staff Nurse, Critical Care, August 2020

"We went from only having four or five really sick patients per shift to all of them are really sick. They're all ventilated." Staff Nurse, Critical Care, August 2020

"that was absolutely horrendous, I was doubling two very sick patients. It was pretty gruelling." Senior Sister, Critical Care, September 2020

"Like, normally when you walk around the ITU Unit, if you saw, we have maybe a few very sick patients. And during COVID if you'd walked around, let's say 16 beds, so part of the unit, it was like every single patient was what we'd normally call acutely unwell. So, that was one thing, you know definitely, all of them were acutely ill. And then it was just that we often had more than one patient that was our responsibility, which obviously adds to the pressure." Staff Nurse, Critical Care, October 2020

"Anything... You get two Level 3s, and two ventilated patients, and it was just really, really stressful at the time." Senior Staff Nurse, Critical Care, July 2020

"There was things weren't getting picked up not because they were not being noticed as in somebody would notice it and not say anything. It was not getting picked up because nobody noticed something was... Because everyone was running around like headless chickens going through one sick patient to the next. It just didn't stop really" Staff Nurse, Critical Care, August 2020

"The speed in which we were expected to work. We had a lot of admissions very, very quickly." Staff Nurse, Critical Care, August 2020

"And everything had to be fast paced, but it was just a bit overwhelming." Senior Sister, Critical Care, September 2020

"During COVID, definitely felt the stress a lot more, and I guess you're a lot more aware of your environment because it's so crammed and all the PPE and stuff just makes everything so much worse. And you can't just nip in and out and go and get things I think" Physiotherapist, Critical Care, July 2020

"Suddenly all the ventilators got changed, the anaesthetic vents, which I had no training or ever seen before, and the patients were really sick." Senior Staff Nurse, Critical Care, October 2020

"The skill mix also got worse because, obviously, we had so many people off sick" Staff Nurse, Critical Care, July 2020

"But then, I think when everything was at its peak, I don't know, everyone just felt very out of their depth. Managers tried to implement things, but they didn't really help, because it was unknown to everyone, what was going on." Staff Nurse, Critical Care, July 2020

"And then it was just that we often had more than one patient that was our responsibility, which obviously adds to the pressure." Staff Nurse, Critical Care, October 2020

"they're trying to do so much at the one time" Consultant, Critical Care, September 2020
Stress caused by frequent changes in policy and protocols

"I think the morale is starting to drop a bit because no one can really work out these pathways. So now everyone’s being treated as a red even though you know that they possibly don’t have COVID." Staff Nurse, Critical Care, October 2020

"They changed 20 minutes ago, and they’re going to change in another 20 minutes’ time. That was difficult I think for them." Senior Sister, Critical Care, July 2020

"So, I think they start off quite a high level of PPE and I know that, whenever they tried to decrease what we wore, people weren’t very happy. And people always assumed it was driven by supplies, rather than safety considerations, no matter how much you were reassured." Physiotherapist, Critical Care, September 2020

"specifically now, given Covid, I think a lot of the stress is a lot of emotional, people’s anxiety, meeting expectations, currently having to just be able to adapt all the time, every time there’s a new guideline." Registrar, Emergency Medicine, July 2020

"all the planning around Covid was incredibly stressful for me." Senior Physiotherapist, Critical Care, July 2020

"What was good management this week would probably been seen as not very good management in two weeks’ time. That’s what, I think, was very stressful and difficult" Consultant, Critical Care, July 2020

"currently having to just be able to adapt all the time, every time there’s a new guideline." Registrar, Emergency Medicine, July 2020

"Every day there’s a new rule, there’s something new added to the system, so we just have to adjust and play ball, and even if we don’t really agree with it or see eye to eye, that’s what the powers that be have in place, we just have to go with it, for the bigger picture." Registrar, Emergency Medicine, July 2020

"I think we had quite short notice on everything, like everybody did, so getting all the policies and procedures through" Senior Physiotherapist, Critical Care, July 2020

"That totally restricted us from our normal way for doing things, a lot of the coaching that they need to have done as part of the GPICS guidelines." Senior Sister, Critical Care, September 2020

"I think the morale is starting to drop a bit because no one can really work out these pathways." Staff Nurse, Critical Care, October 2020