WICC Survey

Survey Flow

Standard: Introduction (3 Questions)

Branch: New Branch

If

If Eligibility:  This survey is aimed at all attending/staff intensivist and non-intensivist physici... If you are not eligible or do not wish to complete this survey, please click here to opt out.<br /> Then, click the Next (arrow) button to reach the&nbsp;<strong>SUBMIT </strong>button. Is Selected

Block: Submit (1 Question)

EndSurvey:

Block: Part 1: Moral Distress (Measure of Moral Distress for Healthcare Professionals) (7 Questions)

Standard: Part 2: Burnout (9 Questions)

Standard: Part 4: Coping skills (5 Questions)

Standard: Part 6: Demographic Information (23 Questions)

Standard: Conclusion (3 Questions)

Standard: Submit (1 Question)

EndSurvey:

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| Page Break |  |

Start of Block: Introduction

Intro Moral Distress, Professional Fulfillment, Burnout, and Coping in Physicians Working in the ICU During the COVID-19 Pandemic - a Project of the Women in Critical Care Interest Group of the American Thoracic Society  You are invited to participate in a survey to examine moral distress, professional fulfillment, burnout, and coping strategies in intensive care physicians.   This survey includes the following four validated tools: ·       Measure of Moral Distress for Healthcare Professionals ·       Stanford Professional Fulfillment Inventory ·       Maslach Burnout Inventory – 2 item version ·       Brief COPE scale   Taking part in this study is voluntary. If you choose to participate in this study, it will take you about **12-15 minutes** to complete the survey. Your responses will be completely anonymous and confidential.  No personal or identifying information about you will be collected. You do not have to answer any questions that you do not wish to. The free text boxes are optional and do not have to be completed in order to submit the survey.   *All information will be collected using the University of British Columbia web-based survey tool provided by Qualtrics and all data collected will be hosted on servers residing in Toronto, Ontario and backed up in Montreal, Quebec.*   There are no known risks to participating in this study. The benefits are a better understanding of moral distress and related phenomena in intensive care physicians but individual participants may not benefit from this study.  One or more of the situations mentioned in this survey could elicit distress, but this has not limited use of any of these questionnaires in previous studies.   The need for formal ethics approval was waived by the Hamilton integrated Research Ethics Board (HiREB). If you wish to participate in this research study and are comfortable with the procedures described in this letter, please complete the attached questionnaire.    Please read the instructions carefully and answer the questions based on **your recent clinical experiences during the COVID-19 pandemic in caring for both COVID and non-COVID patients**.  Please be sure to complete the section about demographics in this survey.  Studies involving humans now routinely collect information on race and ethnic origin as well as other characteristics of individuals because these characteristics may influence how individuals respond to different questions.

OptOut Eligibility:  This survey is aimed at all attending/staff intensivist and non-intensivist physicians (or equivalent) who took care of patients (adult and pediatric) in an ICU during the recent COVID-19 pandemic, regardless of whether or not these physicians were formally trained as ICU physicians.   We are excluding all post-graduate trainees (residents or fellows) due to differences in context and responsibility for these physicians. We are also excluding physicians who did not take care of patients in the ICU, non-physicians, and physicians who are no longer in practice.

* If you are not eligible or do not wish to complete this survey, please click here to opt out. Then, click the Next (arrow) button to reach the **SUBMIT** button. (1)

ContactInfo **Contact Information** For further information, please contact Dr. Karen E. A. Burns (Karen.Burns@unityhealth.to), Dr. Peter Dodek (peter.dodek@ubc.ca) or Dr. Marc Moss (marc.moss@cuanschutz.edu)

End of Block: Introduction

Start of Block: Submit

Submit Please click the "Submit" button to record your response and close the survey.

End of Block: Submit

Start of Block: Part 1: Moral Distress (Measure of Moral Distress for Healthcare Professionals)

Q44 Part 1:  Moral Distress (Measure of Moral Distress for Healthcare Professionals)  
Moral distress occurs when professionals cannot carry out what they believe to be ethically appropriate actions because of constraints or barriers. This survey lists situations that occur in clinical practice.  If you have experienced these situations they may or may not have been morally distressing to you.

Q1 Please indicate how frequently you have experienced each item related to providing patient care during the COVID-19 pandemic.  Also, rank how distressing these situations are for you.  
If you have never experienced a particular situation, select “0” (never) for frequency.  Even if you have not experienced a situation, please indicate how distressed you would be if it occurred in your practice.  
Please rate each item on a Likert scale for how often it occurs in your practice and for how distressing it is when it occurs.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Frequency Never Very Frequent | | | | | Level of Distress None Very distressing | | | | |
|  | 0 (1) | 1 (2) | 2 (3) | 3 (4) | 4 (5) | 0 (1) | 1 (2) | 2 (3) | 3 (4) | 4 (5) |
| Witness healthcare providers giving “false hope” to a patient or family. (1) |  |  |  |  |  |  |  |  |  |  |
| Follow the family’s insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient. (2) |  |  |  |  |  |  |  |  |  |  |
| Feel pressured to order or carry out orders for what I consider to be unnecessary or inappropriate tests and treatments. (3) |  |  |  |  |  |  |  |  |  |  |
| Be unable to provide optimal care due to pressures from administrators or insurers to reduce costs. (4) |  |  |  |  |  |  |  |  |  |  |
| Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it. (5) |  |  |  |  |  |  |  |  |  |  |
| Be pressured to avoid taking action when I learn that a physician, nurse, or other team colleague has made a medical error and does not report it. (6) |  |  |  |  |  |  |  |  |  |  |
| Be required to care for patients whom I do not feel qualified to care for. (7) |  |  |  |  |  |  |  |  |  |  |
| Participate in care that causes unnecessary suffering or does not adequately relieve pain or symptoms. (8) |  |  |  |  |  |  |  |  |  |  |
| Watch patient care suffer because of a lack of provider continuity. (9) |  |  |  |  |  |  |  |  |  |  |
| Follow a physician’s or family member’s request not to discuss the patient’s prognosis with the patient/family. (10) |  |  |  |  |  |  |  |  |  |  |
| Witness a violation of a standard of practice or a code of ethics and not feel sufficiently supported to report the violation. (11) |  |  |  |  |  |  |  |  |  |  |
| Participate in care that I do not agree with, but do so because of fears of litigation. (12) |  |  |  |  |  |  |  |  |  |  |
| Be required to work with other healthcare team members who are not as competent as patient care requires. (13) |  |  |  |  |  |  |  |  |  |  |
| Witness low quality of patient care due to poor team communication. (14) |  |  |  |  |  |  |  |  |  |  |
| Feel pressured to ignore situations in which patients have not been given adequate information to ensure informed consent. (15) |  |  |  |  |  |  |  |  |  |  |
| Be required to care for more patients than I can safely care for. (16) |  |  |  |  |  |  |  |  |  |  |
| Experience compromised patient care due to lack of resources/equipment/bed capacity. (17) |  |  |  |  |  |  |  |  |  |  |
| Experience lack of administrative action or support for a problem that is compromising patient care. (18) |  |  |  |  |  |  |  |  |  |  |
| Have excessive documentation requirements that compromise patient care. (19) |  |  |  |  |  |  |  |  |  |  |
| Fear retribution if I speak up. (20) |  |  |  |  |  |  |  |  |  |  |
| Feel unsafe/bullied amongst my own colleagues. (21) |  |  |  |  |  |  |  |  |  |  |
| Be required to work with abusive patients/family members who are compromising quality of care. (22) |  |  |  |  |  |  |  |  |  |  |
| Feel required to overemphasize tasks and productivity or quality measures at the expense of patient care. (23) |  |  |  |  |  |  |  |  |  |  |
| Be required to care for patients who have unclear or inconsistent treatment plans or who lack goals of care. (24) |  |  |  |  |  |  |  |  |  |  |
| Work within power hierarchies in teams, units, and my institution that compromise patient care. (25) |  |  |  |  |  |  |  |  |  |  |
| Participate on a team that gives inconsistent messages to a patient/family. (26) |  |  |  |  |  |  |  |  |  |  |
| Work with team members who do not treat vulnerable or stigmatized patients with dignity and respect. (27) |  |  |  |  |  |  |  |  |  |  |
| If there are other situations in which you have felt moral distress, please enter and score them here: (28) |  |  |  |  |  |  |  |  |  |  |
| Click to enter other situation (29) |  |  |  |  |  |  |  |  |  |  |
| Click to enter other situation (30) |  |  |  |  |  |  |  |  |  |  |

Q72 Epstein EG (2019). Enhancing Understanding of Moral Distress: Measure of Moral Distress for Health Care Professionals. AJOB Empirical Bioethics;10 (2):113-24,

Q2 Have YOU ever left or considered leaving your clinical position due to moral distress related to patient care during the COVID-19 pandemic?

* No, I have never considered leaving or left a position. (1)
* Yes, I considered leaving but did not leave. (2)
* Yes, I left a position. (3)

Q3 Are **YOU** considering leaving your position now, due to moral distress related to patient care during the COVID-19 pandemic?

* Yes (1)
* No (2)

Q45 Compared to times before the COVID-19 pandemic, my experiences of moral distres overall have

* Increased (1)
* Remained about the same (2)
* Decreased (3)
* Not applicable (4)

Q4 Comments about moral distress during the COVID-19 pandemic:

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End of Block: Part 1: Moral Distress (Measure of Moral Distress for Healthcare Professionals)

Start of Block: Part 2: Burnout

Q7 The following questions seek to assess your career satisfaction as a practicing intensivist and are based on the Stanford Professional Fulfillment Index which is a validated wellness screening tool.

Q47 How true do YOU think the following statements are about you at work during the COVID-19 pandemic. Select ONE response for each option provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all true (1) | Somewhat true (2) | Moderately true (3) | Very true (4) | Completely true (5) |
| I feel happy at work (4) |  |  |  |  |  |
| I feel worthwhile at work (5) |  |  |  |  |  |
| My work is satisfying to me (6) |  |  |  |  |  |
| I feel in control when dealing with difficult problems at work (7) |  |  |  |  |  |
| My work is meaningful to me (8) |  |  |  |  |  |
| I am contributing professionally (e.g. patient care, teaching, research, and leadership) in the ways I value most (9) |  |  |  |  |  |

Q46 During the COVID-19 pandemic, I have felt (select ONE response for each option provided)...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | Very little (2) | Moderately (3) | A lot (4) | Extremely (5) |
| A sense of dread when I think about work I have to do (1) |  |  |  |  |  |
| Physically exhausted at work (2) |  |  |  |  |  |
| Lacking in enthusiasm at work (3) |  |  |  |  |  |
| Emotionally exhausted at work (4) |  |  |  |  |  |

Q77 During the COVID-19 pandemic, my job has contirbuted to me feeling (select ONE response for each option provided)...

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all (1) | Very little (2) | Moderately (3) | A lot (4) | Extremely (5) |
| Less empathetic with my patients (1) |  |  |  |  |  |
| Less empathetic with my colleagues (2) |  |  |  |  |  |
| Less sensitive to others' feelings /emotions (3) |  |  |  |  |  |
| Less interested in talking with my patients (4) |  |  |  |  |  |
| Less connected with my patients (5) |  |  |  |  |  |
| Less connected with my colleagues (6) |  |  |  |  |  |

Q73 Trockel M (2018). Brief Instrument to Assess Both Burnout and Professional Fulfillment in Physicians: Reliability and Validity, Including Correlation with Self-Reported Medical Errors, in a Sample of Resident and Practicing Physicians. *Acad Psychiatry*;42:11–24.

Q8 Select the single option that reflects how frequently you have experienced each of the following situations while providing patient care during the COVID-19 pandemic:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never (1) | A few times a year or less (2) | Once a month or less (3) | A few times a month (4) | Once a week (5) | A few times a week (6) | Every day (7) |
| I feel burned out from my work (1) |  |  |  |  |  |  |  |
| I have become more callous toward people since I took this job (2) |  |  |  |  |  |  |  |

Q74 West CP (2009). Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals J Gen Intern Med;24(12):1318-21.

Q49 Compared to times before the COVID-19 pandemic, my symptoms of burnout overall have:

* Increased (1)
* Remained about the same (2)
* Decreased (3)
* Not applicable (4)

Q9 Comments about professional fulfillment and burnout during the COVID-19 pandemic:

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End of Block: Part 2: Burnout

Start of Block: Part 4: Coping skills

Q13 **Part 4:  Coping Strategies** Brief COPE These items deal with ways you have been coping with the situations that cause moral distress related to providing patient care during the COVID-19 pandemic. There are many ways to try to deal with problems.  These items ask what you have been doing to cope with this one.  Different people deal with things in different ways, but we are interested in how you have tried to deal with situations that cause moral distress.  Each item says something about a particular way of coping.

Q14 We want to know to what extent you have been doing what the item says while providing patient care during the COVID-19 pandemic -- how much or how frequently.  Please do not answer on the basis of whether it seems to be working or not—just whether or not you are doing it.  Try to rate each item separately in your mind from the others.  
Make your answers as true FOR YOU as you can.

|  |  |  |  |  |
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|  | I haven't been doing this at all (1) | I have been doing this a little bit (2) | I have been doing this a medium amount (3) | I have been doing this a lot (4) |
| I have been turning to other activities to take my mind off work. (e.g. family activities, traveling, exercising, other hobbies) (1) |  |  |  |  |
| I have been taking action to try to make the situation better. (e.g. changed my work environment, my work schedule, or my professional activities) (2) |  |  |  |  |
| I have been refusing to believe that unpleasant/stressful events at work have happened. (3) |  |  |  |  |
| I have been using alcohol or drugs to help me get through it. (4) |  |  |  |  |
| I have been getting emotional support from others. (e.g. family, colleagues, professional help). (5) |  |  |  |  |
| I have been getting help and advice from other people. (6) |  |  |  |  |
| I have been giving up trying to deal with it. (7) |  |  |  |  |
| I have been expressing my negative feelings (venting). (8) |  |  |  |  |
| I have been trying to see it in a different light, to make it seem more positive. (9) |  |  |  |  |
| I have been trying to come up with a strategy about what to do. (10) |  |  |  |  |
| I have been making fun of challenging/stressful situations at work. (11) |  |  |  |  |
| I have been learning to live with it. (12) |  |  |  |  |
| I have been trying to find comfort in my religion or spiritual beliefs. (e.g. by praying or meditating). (13) |  |  |  |  |
| I have been criticizing or blaming myself for what happened. (14) |  |  |  |  |

Q75 Carver, C. S.(1997). You want to measure coping but your protocol’s too long:  Consider the Brief COPE. *International Journal of Behavioral Medicine*. 4:92-100.

Q50 Compared to times before the COVID-19 pandemic, my overall ability to cope has

* Increased (1)
* Remained about the same (2)
* Decreased (3)
* Not applicable (4)

Q15 Comments about coping during the COVID-19 pandemic:

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End of Block: Part 4: Coping skills

Start of Block: Part 6: Demographic Information

Q33 **Part 6: Demographic Data**   
Please share some information about yourself that will help us understand the results.   
**NB**: If you were invited to complete this questionnaire by a 'local champion' and you worked outside of your usual practice setting, your responses to the items about your work during the COVID-19 pandemic should be based on the specific practice setting of the 'local champion' (not your usual practice setting).

Q51 Please indicate where you provided patient care during the COVID-19 pandemic

|  |  |
| --- | --- |
|  | Click to write Scale Point 1 (1) |
| City (1) |  |
| State/Province (2) |  |
| Country (3) |  |

Q52 Are you an attending / staff (or equivalent) physician?

* Yes (1)
* No (2)

Display This Question:

If Q52 = 1

Q53 Which specialty(ies) did you practice before the pandemic? Select all that apply:

* General internal medicine (1)
* Anesthesia/Anesthesiology (2)
* General surgery (3)
* Emergency medicine (4)
* Respirology/Pulmonary (5)
* Pediatrics (6)
* Adult critical care (7)
* Pediatric critical care (8)
* Other medical subspecialty (specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other surgical subspecialty (specify) (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (specify) (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Q52 = 1

Q55 What 'roles' did you assume while providing care to critically ill patients during the COVID-19 pandemic? Select ALL that apply.

* Attending/staff physician in an ICU (1)
* Code Blue/resuscitation team (2)
* Response/Outreach/MET team (16)
* Proning team (13)
* Intubation or/ procedural (i.e., central or arterial line) team (14)
* ECMO team (17)
* Other (Specify) (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (Specify) (18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q20 How many years have you been in practice as an attending / staff physician (whole number):

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Q21 In which practice setting(s) did you care for critically ill patients during the COVID-19 pandemic? Select ALL that apply.

* University hospital (1)
* Community hospital (with or without a University affiliation (2)
* Government (e.g. VA Hospital) (3)

Q22 What type of practice were you in before the pandemic (i.e. your usual practice setting)?

* ICU only (1)
* ICU combined with other practice (2)
* Other (non-ICU) practice (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q23 What type of patients do you care for in your usual practie (before COVID-19)?

* Adults (1)
* Children (2)
* Both adults and children (3)
* Neither (my practice does not include direct patient care) (4)

Q56 **In the questions below, the two time periods might refer to the same practice setting; but if you worked in different settings, the 12 month period before 1 March 2020 refers to your home hospital/ICU and the period for 1 March 2020 to the present refers to the  hospital/ICU where you provided care during the COVID-19 pandemic (i.e., site where you worked at the invitation of the local champion who asked you to complete this survey).**

Q76 *These questions refer to the number of days per month that you worked as an attending/staff physician in the ICU. In house calls nights means that you stayed overnight in the hospital to do clinical work period.*If you did not work in the ICU or hospital as an attending/staff physician, enter 0.

|  |  |  |
| --- | --- | --- |
|  | 12 month period before 1 Mar 2020 (1) | 1 Mar 2020 to the present (2) |
| Approximately how many **days per month** did you work as an attending/staff physician in the ICU (1) |  |  |
| How many **planned/scheduled** in-house call nights (or night shifts ‘in house’) did you work in the ICU? (2) |  |  |
| How many **unplanned** (additional) in-house call nights (or night shifts ‘in house’) did you work in the ICU? (3) |  |  |

Q62 ***These questions refer to the number of COVID-19 positive patients in the ICUs in the hospital where you worked during the COVID-19 pandemic.***

Q63 Up to the time of completing this questionnaire, how many confirmed COVID-19 positive patients did you and your colleagues take care of cumulatively in the ICU(s) at the hospital where you worked during the COVID-19 pandemic?

* 0 (1)
* 1-50 (2)
* 51-100 (3)
* 101-250 (4)
* 251-500 (5)
* 501-750 (6)
* 751-1000 (7)
* More than 1000 (8)

Q64 ***These questions refer to the number of ICU beds in the hospital where you work predominantly.***

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Q66 At the hospital where you worked predominantly before the pandemic, approximately how many ICU beds were occupied with ANY critically ill patients on any given day (pre-pandemic)?

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Q65 At the hospital where you worked predominantly during the pandemic, approximately how many ICU beds were occupied with ANY critically ill patients on any given day (during the pandemic)?

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Q68 **What is your age category?**

* < 30 (1)
* 31-40 (4)
* 41-50 (5)
* 51-60 (6)
* 61-70 (7)
* 71-80 (8)
* >80 (9)
* Prefer not to answer (10)

Q28 **What is your gender identity? Select the single best response.**

* Woman (1)
* Man (5)
* Trans Woman (6)
* Trans Man (7)
* Gender Non-Conforming (8)
* Gender Fluid (9)
* Two-spirit (10)
* Prefer not to answer (11)
* Other (please specify) (12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q69 **Which of the following best describes your race/ethnic background?**

* Indigenous (e.g., First Nations, Inuit, Métis person, etc.) (1)
* Black – African (e.g., Ghanaian, Kenyan, Somalian, etc.) (4)
* Black – North American (e.g., Canadian, American) or Caribbean (e.g., Barbadian, Jamaican, etc.) (5)
* Latin / Hispanic (e.g., Argentinian, Chilean, Salvadorian, etc.) (6)
* East Asian (e.g., Chinese, Japanese, Korean, etc.) (7)
* South Asian (e.g., Indian, Pakistani, Sri Lankan, East Indian from Guyana, etc.) (8)
* Southeast Asian (e.g., Filipino, Cambodian, Indonesian, Laotian, Vietnamese, Thai, etc.) (9)
* West Asian (e.g., Iranian, Iraqi, Persian, etc.) (10)
* Central Asian (e.g., Kazakh, Afghan, Tajik, Uzbek, Caucasus, etc.) (11)
* Middle Eastern (12)
* White – European (e.g., British, Italian, Portugese, or Russian) or North American (e.g., Canadian, American) (13)
* Mixed heritage (14)
* Other (please specify) (15) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to answer (16)

Q70 **Do you consider yourself to be a person of colour (non-white/not Caucasian) in the country in which you practice?**

* Yes (1)
* No (2)
* Prefer not to answer (3)

Q29 **Which of the following best describes you?**

* Single (1)
* Married/partnered/in a common law relationship (2)
* Divorced/separated (4)
* Widowed (5)
* Prefer not to respond (6)

Q30 **Do you provide care for any dependents (this may include a child, parent, other family member, relative with a disability, etc.)?**

* Yes (1)
* No (2)
* Prefer not to answer (3)

Q71 What is your professional position at present?

* Early career physician < 5 years as an attending/staff physician (1)
* Mid-career physician > 5 and (4)
* Later career physician > 20 years as an attending/staff physician (5)
* Retired from clinical practice (6)
* Physician-in-training (7)
* Other, please specify (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Part 6: Demographic Information

Start of Block: Conclusion

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Q31 ***We are interested in hearing more about your experience!*** Surveys can only inform on certain aspects of your experience at work. We want to find out more about causes, consequences, and solutions related to moral distress by conducting individual and focus group interviews. If you have more to say on this topic and would agree to be contacted for an interview, please let us know by providing your email contact here:

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ThankYou   
Thank you very much for completing this survey.    
Questions about the collection of this information may be directed to Dr. Karen Burns (karen.burns@unityhealth.to)

SubmitResponses If you are satisfied with your responses, please click the SUBMIT button. Otherwise, use the back button to review your answers.

End of Block: Conclusion