ELECTRONIC SUPPLEMENTARY MATERIAL

Ryan MJ *et al.*: Impact of COVID-19-restricted family presence policies on Canadian pediatric intensive care units clinicians: a qualitative study

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eAppendix 1 Consolidated Criteria for Reporting Qualitative Studies: 23-item checklist

Checklist item		Guiding question(s)	Location	
1	Interviewer/facilitator	*Which author/s conducted the interview or focus group?*	Methods: Study design	✓
2	Credentials	*What were the researcher's credentials? E.g. PhD, MD*	Methods: Study design	✓
3	Occupation	*What was their occupation at the time of the study?*	Methods: Study design	✓
4	Gender	*Was the researcher male or female?*	Methods: Study design	✓
5	Experience and training	*What experience or training did the researcher have?*	Methods: Study design	✓
6	Relationship established	*Was a relationship established prior to study commencement?*	Methods: Study design	✓
7	Participant knowledge of the interviewer	*What did the participants know about the researcher? e.g. personal goals, reasons for doing the research*	Methods: Study design	✓
8	Interviewer characteristics	*What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic*	Methods: Study design	✓
9	Methodological orientation and theory	*What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis*	Methods: Study design	✓
10	Sampling	*How were participants selected? e.g. purposive, convenience, consecutive, snowball*	Methods: Recruitment	✓
11	Method of approach	*How were participants approached? e.g. face-to-face, telephone, mail, email*	Methods: Recruitment	✓
12	Sample size	*How many participants were in the study?*	Results	✓
13	Non-participation	*How many people refused to participate or dropped out? Reasons?*	N/A	-
14	Setting of data collection	*Where was the data collected? e.g. home, clinic, workplace*	Methods: Data collection	✓
15	Presence of non-participants	*Was anyone else present besides the participants and researchers?*	Methods: Data collection	✓
16	Description of sample	*What are the important characteristics of the sample? e.g. demographic data, date*	Results Table 1	✓
17	Interview guide	*Were questions, prompts, guides provided by the authors? Was it pilot tested?*	Methods: Data collection Supplementary file 2	✓
18	Repeat interviews	*Were repeat interviews carried out? If yes, how many?*	Methods: Data collection	✓
19	Audio/visual recording	*Did the research use audio or visual recording to collect the data?*	Methods: Data collection	✓
20	Field notes	*Were field notes made during and/or after the interview or focus group?*	Methods: Data collection	✓
21	Duration	*What was the duration of the interviews or focus group?*	Methods: Data collection	✓
22	Data saturation	*Was data saturation discussed?*	Not appropriate for study design. Recruitment endpoint described in Methods: Recruitment.	✓
23	Transcripts returned	*Were transcripts returned to participants for comment and/or correction?*	Methods: Data collection	✓
24	Number of data coders	*How many data coders coded the data?*	Methods: Data analysis	✓
25	Description of the coding tree	*Did authors provide a description of the coding tree?*	Supplementary File 3	✓

26	Derivation of themes	*Were themes identified in advance or derived from the data?*	Methods: Data analysis	☑
27	Software	*What software, if applicable, was used to manage the data?*	Methods: Data analysis	☑
28	Participant checking	*Did participants provide feedback on the findings?*	Methods: Data analysis	☑
29	Quotations presented	*Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number*	Results Table 2	☑
30	Data and findings consistent	*Was there consistency between the data presented and the findings?*	Results	☑
31	Clarity of major themes	*Were major themes clearly presented in the findings?*	Results	☑
32	Clarity of minor themes	*Is there a description of diverse cases or discussion of minor themes?*	Results	☑

Checklist adapted from Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007 Dec 1; 19 (6): 349-57.

eAppendix 2 Final interview guide

Interview Guide Final Version (October 2021)

Pre-brief

Thank you for taking the time to talk to me today about your experience with restricted family presence in your PICU. We are doing this research to help us understand what this policy was like for HCPs in PICU'S across Canada. In this study we are talking to a variety of HCP who were in direct contact with patient care in the PICU.

Before we get started with the interview there are a few points I need to go over with you.

1. The interview will be recorded and then transcribed verbatim. You will have the opportunity to review the transcript to make sure we captured your meaning.
2. You can withdraw at any point in the study.
3. If being a part of this interview causes you to become distressed, we can end the interview at any time. I will contact you in a few days to see if you would like to withdraw or if you wish to continue. If you are still very distressed, I can put you in touch with another member of the team who can talk this through with you and provide you with more resources.
4. Remember there are no right or wrong answers. We are interested in hearing your thoughts, feelings and experiences with RFP.
5. Any questions?
6. Consent signed?

Baseline Data

What province do you practice in? (classify as appropriate region in the transcript: Pacific, Prairies, Ontario, Quebec, Atlantic)

Which of the following best describes your gender: female, male, non-binary, or another gender?

Do you self-identify as Black, Indigenous or a person of colour?

Role in the PICU: Nurse, RT, Staff Physician, Resident Fellow, Social worker, clinical leader

Number of years in your profession?

Number of years working in the PICU?

Do you have a leadership role in the PICU?

Qualitative Question Template.

Can you describe for me what your personal experience has been with restricted family visitation during the COVID-19 pandemic?

Open ended follow-up questions….

1. How do you feel about the restricted visitation rules that were in place?
2. How did you feel about the rules and how they were developed?
3. What was it like enforcing the rules? How did that impact your relationship with the patient and family?
4. How did you feel about the way your management team approached restricting family at the bedside?
5. How do you feel your practice of enforcing RFP compared to your colleagues'?
    - Did this cause any conflict? How was this resolved?
6. How did the restricted visitor policy impact your ability to care for children in the PICU?
7. Was there a process for if you formally disagreed with the RFP? What was that process like? Can you describe what went well and what didn't?
8. How has your PICU adapted to the changes in family visitation and presence policies during the pandemic?
    - Can you think of any innovative approaches you or your colleagues used to include the family in their child's PICU stay? **
9. How might your experience with restricted family presence compare to someone who sees the patient [more/less often, depending on interviewee's role]? **
10. Was there a formal exceptions process within the hospital where someone could request an exception to the RFP policy? ***
    - Who was in charge of requesting and granting these exceptions? What was your role in this process, if any? ***
11. Can you tell me about your experiences with families who accepted the policies?****
12. Outside of [extreme cases – draw on an example the interviewee has given], could you describe what a typical day with restricted family presence policies looked like when working with stable PICU patients and their families?****
    - Probe for frequency after extreme examples: How often did situations like that come up? How common was [that type of reaction to the policy/that scenario]?****

Impact on patient and family

13. How did the restricted visitation policy affect the children you cared for?
14. Did you find there was a difference between chronic and short-term acute admissions?*
15. How did it affect the parents and families of the children you cared for?
16. How did the policy impact the siblings?*
17. Do you feel that certain groups or types of families were more significantly impacted than others by RFP policies and rules? How so? ***

Impact on HCP

18. How did the restricted family presence policies affect you personally? Were you concerned about your own safety? How was that addressed?
19. Do you have any situations that were particularly impactful for you that you would like to share (we will not identify you or the family/patient on our study)?
20. Have your experiences with restricted family presence impacted your relationship with the organization? If so, how? **
21. Have your experiences with restricted family presence impacted your relationship with your profession and how you feel about your work? If so, how?**
22. What aspects of these policies were most impactful for you?****

Looking forward

23. If you could design a policy for family presence with very sick children in the PICU during a pandemic what would the visitation look like?

24. From your perspective, what long-term impacts do you think restricted family presence policies may have on patients or their families, if any?**

* Questions that were developed after the first two interviews.
** Questions developed after first five interviews.
*** Questions developed after interviews 6 &7.
****Questions developed after interviews 8-12.
Focus for interviews 10+: long term impacts, patient family relationship, impact on the family, therapeutic relationship. We have heard a lot about enforcing and policy development. Move away from logistics probing and further into impacts related to implementation.

eAppendix 3 Final codebook and definitions

RFP-HCP Codebook	Version: Jan 24, 2021		
Code	Definition	Example of what it IS	Example of what it IS NOT
Acceptance	Rationalization of the policy. Recognition of the policy as a necessary evil, as a provision of safety, as relatively better than what the adult patients and hospitals had to manage. Indications of a sense of perspective about what is hard to manage based on what is known about other situations. Do not code at parent node – apply this definition to Family OR HCP acceptance child nodes.		
Family Acceptance	Discussion of family accepting/rationalizing RFP policy.	"For the vast majority of families, they understood what was happening. They got it. They understood that it was out of our control. " - HCP002	
HCP Acceptance	Discussion of HCP accepting/rationalizing RFP policy.	"I have total respect for the fact that this was new, and it's ongoing and it's always changing." -HCP 004; "the visitor restrictions were the least of my problems." -HCP005, compared to other COVID issues and restrictions	
Advocacy	Includes description or example of healthcare providers voicing concerns, advocating for patients and families or for each other, pushing or advocating for change. Includes specific discussion of lack of advocacy or advocacy that does not lead to desired change, or that fails. Includes going to manager to request exemption for child who would not normally qualify. Excludes advocacy that is part of an established process (e.g. going to the manager to request exemption as spelled out in exception process).	"there were many situations in which I think we could have advocated for more social support for like a parent... this woman was not supported at the bedside. Do you know what I mean? Not in the way that is meaningful to her. And the way that is meaningful to her is to have people with her, holding her hand, talking to her, you know. And we couldn't provide that. Even though we weren't even in the second wave at that time point. She could have one family member there with her, or one friend rather with her there, and that was it. And it was just... Yeah, we just didn't get heard. And maybe next time we'll have to be louder. I'm not sure."- HCP002	"We would always go to our patient care manager and our unit manager and just kind of describe the situation, and then try to get extra family members at the bedside. And I mean I think 99 times out of 100… I know that's not accurate. But the vast majority of the time we'd get the exception" - HCP002 describing the advocacy work involved in requesting exceptions
Benefits of RFP Policy	Includes discussion of healthcare providers supporting the RFP policy or providing examples of the policy in helping to support their patients or their work. Refers primarily to unexpected or unintentional benefits of RFP (e.g., parents able to take a night off and sleep at home, having less people around while HCPs are performing procedures). Does not include intended benefits, namely preventing COVID spread. Does not include discussion of feeling safe due to RFP policy.	"Maybe [RFP] helped, the fact that there were less people in the room and I could focus mainly on my ventilator and my patient instead of answering questions or explaining what's happening to the parents, explaining who I am, what is my role." - HCP001	
Changing roles and responsibilities	Discussion of how the RFP did or did not impact amount of work or the way that HCPs at the bedside worked. Includes discussion of new or loss of roles and responsibilities, or changes in them. Includes significant increase or decrease in workload due to RFP.	" I've been able to get exceptions to have either siblings come to do family pictures or, you know, grandparents that have never met their grandchild. And if it looks like it's going to go in a palliative direction, I get permission for... Even before they're even designated palliative, I get permission for somebody else to come on the unit. For some reason, I'm the person that gets approached with that. So I don't know why I became that person, but I clearly am that person. I'm the one that puts in the majority of the requests up to management and administration with requests for visitor exceptions."- HCP006	
Communication with family members	Describes communication with family members who are and are not enabled to be at the bedside, Includes discussion of mechanisms of optimizing or enabling communication.	"I've watched grandparents Facetime, and they do fantastic jobs with it. But even the response from our long term kids, they actually don't want an iPad or a screen in front of them anymore. They're so done with it. It's remarkable. I've seen them push it away." - HCP004	
Alternate ways to stay involved	Describes alternate ways to keep family involved during RFP. Includes opportunities offered by hospital and those not offered by the hospital. Examples: Video calls, having families visit the windows, bringing kids outside for family visits etc.	people were very frequently using FaceTime and other means to get family to see their child. But it's not the same, though. It's not the same as being present. - HCP009	
Coping	Discussion of mechanisms of Healthcare provider coping or not coping with the restricted family presence policy. Things that the healthcare provider does for themself to help them (positively or negatively) deal with the impacts of the policies. Does NOT include discussion of family member coping. Includes "What really helped was...". Includes mitigating factors that improve mental well-being. Separate from innovations and changes in policy (e.g., successful advocacy that improved ability to cope).	"I am fortunate, my best friend also works in peds. She's moved into a leadership role as well. So like we always talk like every day about it, and the challenges. And I'm not shy to talk about it either. Like I'm not like, "Oh, this is a breeze," or I don't need to talk about it. I'm just like, "Holy crap, this is insane." So I do. And I also exercise a lot. So I'm like, "I'm just going to go for a run. It's going to be fine." That's it." - HCP003	
Differences in unit settings	Discussion around differences in RFP based on unit setting (e.g., within a paediatric unit in an adult hospital vs. a fully paediatric hospital). Includes: following with restrictions placed in other units, confusion/frustration between RFP policy in peds versus adult units or in one hospital versus another; physical differences like placement in the building, aspects of built environment related to RFP.	"So the adult centres ask that we follow the same rules that they follow just so there wasn't a discrepancy within our region. Which is fair. I totally get that. And that would be really, really challenging if you're like, "Oh, my loved one, one of them is at [adult hospital] and one of them is at [children's hospital], and then they have different visiting restrictions? Like what?" Like that would be crazy. So we follow their... Like [hospital] is like our partner hospital for the whole adult centre thing. So we follow whatever they say for restrictions." - HCP003	"I don't know how much this is isolated to our hospital, but we have not been able to practice family-centred care in the way we previously had. And we do struggle with that being a pediatric facility in an adult hospital because it's seen in a different way." - HCP005 discussing the impact of COVID restrictions of patient care (unrelated to RFP policy)
Emotion	Includes expressions of sadness, frustration, horror, sense of tragedy as it relates to the restricted family presence rules	"it was exhausting. And you don't know who to talk to, right. I mean... Yeah, it was very tiring. And we certainly did not do an adequate job providing social supports because we would never in that situation. We would do our best to support the family. But we don't replace family. We don't replace friends, right . We don't replace colleagues. Like it's just not the same." - HCP002	
Frustration	Description of a sense of being frustrated with anything related to restricted family presence	"Well, I mean I think like a lot of my colleagues, we felt frustrated that we couldn't practice to our full potential when it came to supporting our families and like providing family-centred care and patient-centred care concurrently." - HCP001	
Moral distress	When people discuss knowing what the right course of action is, but being prevented from doing it by others or rules. Includes feelings of guilt or of a sense of responsibility with respect to the impacts of the restrictions on the family members.	"I think there was like sort of moral confliction around the things that we were doing and the groups of people that were hanging out, and the numbers of people that we had in a small space, and then how that was being reflected to the families. [...] And then say like, "You can't do this but we can," felt hard." - HCP005	
Powerlessness	The feeling of a lack of power, control, ability to affect change.	I feel like we voiced a lot of our concern because we were the ones that would go in the room every hour. But I don't think it made a really big impact. Because again, we're a big hospital, and the people that makes the rule are higher up and not necessarily going into the room to make their check every hour. So they're not taking that into consideration what we have to say." - HCP001	

Stress	Discussions of things being tiring, exhausting, stressful. Concept of being overwhelmed, mentally exhausted, cognitive burden of restrictions, and/or feeling overloaded included in here.	" it was like probably the part that I looked forward to the least. I was like oh God, I don't want to deal with this. Or like it always made me like a bit apprehensive when I'd like come in and then like the other nurse would be like, "Oh, yeah, this family, you know, like they're breaking the rules. Like good luck." And I'm like I don't want to deal with that. So it's like quite stressful".	
Empathy statements	Examples of HCP explicitly expressing empathy with family experiences related to RFP. E.g., putting themselves in families' shoes, "I can only imagine how hard it was", "I feel sad for them", "It was so hard seeing them go through this", "As a parent, I would find these rules really hard."	I was just exhausted with like feeling for them because they were like suffering so much. - HCP003 I don't think it was ever easy. Because I'm a parent, and you put yourself in their shoes. -HCP006	
Enforcing	Refers to healthcare providers enforcing rules, and their experiences and thoughts around the same. Includes need to reiterate, rather than be an enforcer.	what was the most challenging aspect in terms of for you as a nurse? R: I think it was like policing it, honestly. Like I just felt like it wasn't my job to be like you can't be here with your sick child, like you can't be in the ICU with your child who's on ECMO. Like you can only have one. And it was very distressing because I was like it's not… It wasn't… Is that my role? Like I don't know. But also you can't be here. And it was the expectation. Like the charge nurses would come through and be like, "Hey, why are the parents here? They've been here overlapping for more than an hour. Like you need to tell them to leave." And I'm like, "I have. Now what? Like what do you want me to do?" And I just was like… Like that felt quite uncomfortable and challenging. And I was like I don't really like this. And then there's a whole layer on it. We had COVID. And then there was like, "Oh, now you can't be here at all." So I don't know what to do with that. - HCP003	
Deferring blame	HCP's active defferal of blame as a strategy when enforcing RFP policies (e.g., HCP006 telling families"This is not our policy. This is the provincial government's policy.") Interviewee places blame on external group/organization instead of self or own organization. Involves direct comparison between one or more groups (e.g., the PICU/our hospital didn't have any control over these rules, it was all the province; I don't like the rules either, but they're made by xyz.	"I don't think it was ever easy. Because I'm a parent, and you put yourself in their shoes. And you're just like, you know, "I'm so sorry." You know, our fallback always was, "This is not our policy. This is the provincial government's policy. This is a public health policy." So we kind of had that fallback where we could defer the blame to some bigger entities, which kind of made it easier for us." - HCP006	"I would say that there was kind of an increase in frustration or anger expressed towards staff, and not the right people, right. So again, not the people at the end of the day that can really be part of making that change. I think it was directed to the people who were doing their best, and don't have a lot of autonomy." - HCP007 placing the onus on external decision makers, but not outwardly directing blame when enforcing RFP policy
Family resistance to policy	Example of family resisting to the RFP rules.	"I remember having a patient who was quite sick in the PCCU. And the family were lying on their screening questions when they were coming in the door. And it was very apparent that they should not have been permitted to enter the building because they would have failed the COVID screening. We didn't really feel that they particularly maybe had COVID, but we never know, right. And this was during the time where everything was very uncertain. And so obviously safety concerns for staff and for other patients in the unit, and even for their own child came forward. And instead of like	
Exceptions	The HCP's experience, perception and/or feelings toward the exception policies/rules. Excludes explicit discussion of child node topics (End of Life, Process, Value-based decision-making). If new themes emerge in this parent node, we will make new child nodes.	Now we are giving out exceptions like pretty liberally because it doesn't actually feel like our public health orders for visitor restrictions match with what the community public health orders are. And there's still so many people, you can tell, that to say this brand new mom with her baby can't have her partner in to help her just seems bothersome. - HCP005	
End of Life	Discussion around exceptions related to end of life.	Particularly when we were palliating patients, we often got exceptions. But the fact that we were asking for exceptions as to how many parents and family members could be at the bedside in a time that's so tragic, like that was sad and extremely frustrating, understandably. - HCP002	
Process	Refers to any hospital-based processes being followed by the healthcare provider. For example, the process for requesting or granting exceptions.	"So we would often go to [name]. We would always go to our patient care manager and our unit manager and just kind of describe the situation, and then try to get extra family members at the bedside. And I mean I think 99 times out of 100… I know that's not accurate. But the vast majority of the time we'd get the exception." - HCP002	
Value-based decision-making	Discussion about who is deserving of exceptions, or not. Includes opinions about family behaviour that influences enforcing practices or willingness to enforce. E.g., value judgements good/bad, nice/mean etc. Includes examples of HCP deviating from the policy rules in order to grant exceptions for circumstances that would not normally receive an exception. Examples include: allowing cultural practices, adjusting age-cut offs, bending the rules without a formal process and/or turning a blind eye.	"I think that's why I've never been turned down - because I do it sparingly and I do it for a very good reason. Where there are other social workers that have parents who say, you know, "We want to be there." They'll make that request, and it gets turned down a lot. And then they get angry about it. Well, it's like that's…. You know, all these families are having to comply with this restriction. You have to have a really good reason to break it." - HCP006	
Family impact	The perceived impact of restricted family presence on different family members	"Like on top of everything, I think a lot of parents have like a lot of traumatic stress related to leaving their children, being asked to leave them." - HCP003	
Differential family impact	Discussion of how the impact perceived to be felt by families from different groups may have been different. Intersectionality lens	"I think for the most part, over time, chronic admissions probably got a little bit more leeway in terms of who could be at the bedside because they would have to be, you know, for example, providing care by parent or doing discharge teaching and things like that. I think that certainly hindered some of those opportunities that we would normally have to go through in order to discharge home a patient or whatnot. So absolutely, I think that was a bit of a gap and some challenges." - HCP007	

Extended family	Includes discussion of the importance or lack of importance of extended family members being able to be with the critically ill child or be present in the hospital.	It's been very difficult watching children not having the ability to physically see their siblings, not being able to visit with grandparents. Watching the grief and loss, even from a grandparent's point of view. Because many times it's the parents… You know, we had the one parent and then we had the two parents, and then the odd time, you know, a grandparent could come in. But even the loss of multigenerational relationships, the impact of that developmentally. Which we don't know how this is going to completely hamper or impact child development of the patient and the siblings as well.- HCP004	
Mental health	Discussion of RFP's impacts on families and/or patients mental health. Includes short or potential long-term impacts.	when it comes to not being able to see their friends and their family, I think they've become very isolated. And I think that's probably negatively contributed to their mental health and well-being. Just being really separated already from everyone at school, and	
Siblings	Any discussion of siblings related to RFP. Also includes impact of RFP on the sibling and the impact of siblings presence/absence on the family and/or patient. Includes discussion of the importance or lack of importance of siblings being able to be with the critically ill child or be present in the hospital. Also includes discussion of RFP's impact on the sibling.	I think not having your siblings there was harmful to the patient. But also from a social and psychiatric point of view, and psychological point of view, harmful to the siblings. I mean it's hard to understand for a child what's happening in the ICU to their sibling. But even more so when you can't see it. It's just a big black box, right, when you can't see them. It was really hard. We tried our best Child Life tried to support the parents in talking to the siblings. And we tried to get exception for the siblings. Like we've done it a handful of times to get siblings to come see their brothers and sisters. But it hasn't always been so easy. - HCP002	
Social support	Discussion of the presence or absence of social, familial, community supports, or emotional support provided by the healthcare providers for the family members. Either provision of support to the family members in the hospital or not. Includes the concept of being socially isolated and therefore lacking social supports	"And they'd all show up, like both of them, with their child who is critically ill, and then they'd have to leave. And that is so hard for them. They're like losing their support immediately. And I would say most of them were like quite upset by it and challenged." - HCP003	
Hierarchy	Discussion of hierarchical structures involved in policy development, interpretation and enforcement. Includes discussion of roles in an established process (e.g., the chain of command for granting an exception, who authorizes decisions or has final say.) Does not include: when interviewee states who was involved in policy design and development without referring to power dynamics or how they relate to each other in a hierarchy (e.g., "the province was coming up with rules and the hospital was as well.").	it's not like our direct management. It's not the unit, like nursing. It's not… I think it's more like the fifth or sixth layer up high that are very removed and are not at all on the frontlines, to be honest with you. There's a lot of support on the management levels. But it's the ones that are not directly impacted, they're very much going by policy and what the rules are without really truly listening. - HCP004	I think it was a hard time because the province was coming up with rules, and the hospital was coming up with rules as well, and we were trying our best to follow them. - HCP009, example of someone naming who was involved without reference to hiearchy and/or power dynamic between orgs/professions/roles
Impact on the patient	Discussion of how the respondent perceived that the rules or their enforcement did or did not impact the patients (children) and the care provided to them, either medical or whole-patient care.	when you're looking at the patient in terms of like the community and the social environment that they're in, yes, that was impacted. Caring for the whole patient was impacted. But caring for the medical disease in front of me was not affected. - HCP002	
Multidisciplinary collaboration	Discussion of collaboration between several different health professions, across departments/divisions, etc. in relation to RFP policies, especially regarding exceptions and/or advocacy to change policies.	" I think I would design it in collaboration with the experts so that it is safe. Like a hundred percent, like whatever has to happen would happen. But you know, maybe as soon as a kid is here for a month, then we have to have sibling and family connection, including grandparents. It's not just siblings. It's like it's a bigger picture. But the important people in these children's lives." - HCP004	"Yeah, so if you had a parent that was absolutely livid, I would call upon either our unit manager or our patient care manager to come down…to come talk to the parents to kind of remove me from that decision-making process." - HCP006 discussing the collaborative support received from colleagues in their unit - not multidisciplinary-related
Patient-family relationship	Impact of RFP policies on interpersonal relationship between the patient and their family. Includes both parents and non-parent family. Especially psychological and emotional impacts rather than physical separation. Examples – sibling resentment or jealously of child receiving more attention from parents, strain on relationships, siblings not recognizing each other due to long time apart	with kids, our long term kids, one week is like six months. And the world is changing, their family members are changing, and they're missing all of it. So even sibling relationships, when you're separated physically for… Like I said, if you have an eight month old who hasn't seen their sibling in 15 months, that eight month old is now over two. - HCP004	
Policy development	How RFP policy was or should be developed. For example, priorities and factors considered in policy development, discussion of policy approaches like top-down/one-size-fits-all. Includes discussion of improvements to policy, an ideal policy, and what changes implemented from the policy will or should continue post-pandemic.	"I would have made it a lot more clear who were specialty areas. Because the blanket policy just didn't really work." - HCP005	
Decision makers	Discussion of who was or should be involved in RFP policy development and decision-making. Includes HCP discussing their own level of involvement in RFP policy development and decisions. Does not include descriptions of chain of command or institutional structures currently in charge of granting exceptions.	I think our nursing colleagues would be at the forefront, to be honest, because they incredibly would identify these families that would fall through the cracks. And so I think it's really important to them to be part of the decision-making. – HCP002	
Policy inconsistency	Inconsistent application of policies form the healthcare provider down to the patient and family level or within the unit. Includes inconsistent application between healthcare providers	"there was like this information overload, and different people were interpreting the information that we were getting in different ways. And so I think AHS just tried their best to provide clear, consistent communication. But it was changing, and it was just a lot to read on top of everything else that we have to stay up-to-date with. And so that's where I think the inconsistencies came from, is the nuances." - HCP002	most of the time the inconsistencies was due to us like not understanding like the most up-to-date recommendations as to who could be at the bedside, who needed to quarantine, who didn't. And so it was just all of us kind of muddling through together. - HCP002 on policy uncertainty
Policy uncertainty	Unclear understanding of the policy or frequent changes to the policy. Refers to how the health care provider is able to understand and stay on top of the policy and changes	"Hospital administration would send out an email, and then our ICU management would kind of reiterate it to make sure everybody was aware of it. But I mean it was changing so frequently that when I got a request from a family for two parents or for a grandmother to get an exception, I would have to go to my ICU management because I couldn't keep track of how quickly things were changing initially."- HCP006	
Questioning and resistance	Resistance to RFP policies by HCPs. Active challenging and questioning of policy. Challenges to policy, even if not confrontational.	for the sake of the community at large, I think we implemented potentially non-evidence based restrictions that affected children very negatively, right. Whether that's in hospital or out of hospital. And these are years that these kids aren't going to get back. - HCP002	
Safety	Describes visitor's impact on HCP feeling safe or unsafe in the workplace. Includes discussion of feeling safe because of RFP policies. Could also include a family that gets angry as a result of policy enforcement. Does not include feeling unsafe generally in a pandemic - only related to visitors (e.g., number of people allowed in, exceptions to the rules, people roaming the hospital, rules for COVID+ families).	"it was about protecting us as staff members as well, right. We were trying to appease so many… They were trying to appease so many working parts of this thing, and keep everybody safe. And I really feel as though that was in the forefront of this. " - HCP006	"I only spent a few months unvaccinated, and then critical care was prioritized from a vaccination standpoint. And so that certainly added to my level of safety. I feel very comfortable being around people, knowing the data and knowing that I'm fully vaccinated" - HCP002 on COVID-related safety

Support	Discussion of support or lack of support by the greater organization or organizational heirarchy for bedside healthcare providers in enforcing rules, creating rules, making decisions, emotional support. Does not include descriptions of multidisciplinary collaboration. Do not code at parent node		"And I think some of it, too, is it's an intellectual burden. I mean like figuring out what rules we have to... What rules are present week to week was exhausting, too, you know. And routinely, we do these huddles twice a day with our nursing colleagues and our RTs and the physicians. And we would be talking about restrictions." - HCP002 discussing multidisciplinary collaboration
Colleague support	Describes support from other healthcare providers in understanding rules, coping with the fallout, enforcing rules. Describes situations in which the individual is able to pass burden on to others, with respect to informing or enforcing rules or supporting the family. Includes support from the people leaders are supervising.		
Leadership support	Discussion of support or lack of support from managerial level for healthcare providers in enforcing rules, creating rules, making decisions, and/or emotional support.		
Organizational support	Discussion of support or lack of support by the greater organization or organizational hierarchy for bedside healthcare providers in enforcing rules, creating rules, making decisions, emotional support.	"I had like heard from colleagues of mine, like other nurses, being like, "I just feel like they don't care if I live or die. Like the organization doesn't care about my personal well-being because of how they're letting families roam around the hospital." - HCP003	
Received	Describes support received by HCP related to RFP. Must co-code with colleage, leader, or organizational support.	"I think pretty much in our hospital there's a great communication in between services. I feel like we work really good in the teamwork type of environment. We really listen to each other and everything."- HCP001	
Lacked	Describes lack of support received by HCP related to RFP. Must co-code with colleage, leader, or organizational support.	"even like the manager who I have a great relationship with, she'd come by and be like, "Hey, why are there two parents at your bedside right now? And I'm like, "Yo, relax. Can you chill? It's fine. Everyone's wearing a mask. They'll leave soon, okay." So yeah, more just like enforcing the rules down. But nobody was like supporting you to do that." - HCP003	
Therapeutic relationship	Descriptions of the relationship between healthcare providers at the bedside and family or patient. Description of how implementation and enforcement of the RFP policies impacted ability of HCP to interact in a positive, therapeutic manner. Includes discussion of challenges to the interpersonal relationship between HCP and family member as a result of RFP policies	you already set your health care providers at the bedside up for failure because it creates a mistrust or distrust between the bedside staff and the family or the parents. And oftentimes it's not that person's fault or those people's fault. It's something that has either been taken out of context or hasn't been considered all the way through and the implications of it. So I think that's maybe where that disconnect came from. I think the part that's really unfortunate is that it does kind of ruin that, like just from a nursing perspective, that therapeutic nurse-client relationship or those therapeutic relationships between the care providers and the family, right. So I think it doesn't help to build rapport. It's definitely helps... It definitely doesn't help to build trust. And then, you know, I think that probably translates into more anxiety, more worry a lot of the time for those family members, and them not knowing...you know, not being confident in the care that's being provided. - HCP007	
Whole family care	Discussions about impact on not just the pure medicine, but care of the whole patient including care for their family. Includes discussions around family centred care. Includes discussions about HCP providing social support for the family member. Includes examples of creating a supportive environment for patient and the family related to RFP.	"we felt frustrated that we couldn't practice to our full potential when it came to supporting our families and like providing family-centred care and patient-centred care concurrently. Yeah, frustrated, sad often." - HCP002	
Valuing whole family care	General value statements and attitudes related to family centered care and how it relates to RFP (e.g., "it reinforced my belief that family presence is important", "we see patient and family as a whole", "we're not providing family-centred care if we don't allow the family to be here.")	We very much practice family-centred care. And for us the parents are as much part of our care as the child. So we never considered them as visitors.	
Negative impact on whole family care	RFP's negative impact on care of the whole patient, including care for their family	Siblings had not been allowed in at all. And that's completely contrary to our policy. We are, as I said, very family-centred, and siblings are allowed to visit, no matter what the age, unless they're sick, of course. But this completely was changed.	
Actions to support whole family care	Examples of HCP creating a supportive environment for patient and the family related to RFP. Includes discussions about HCP providing social support for the family member.	we were all quite accommodating I found as far as providing Facetime updates and writing things down for the support person who was there so they were able to update the rest of the loved ones.	