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Occupational Therapy Practitioners' Perceptions of Workplace Stressors in One Nursing Home Post Pandemic

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Occupational Therapy Practitioners' Perceptions of Workplace Stressors in One Nursing Home
Post Pandemic

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Owen T. Tabelisma
2023

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Executive Summary

Background:

Multiple stress-related issues brought on by the pandemic affected healthcare staff, including occupational therapists. Nursing home settings were particularly impacted by the COVID-19 pandemic. It is important to understand how occupational therapy practitioners in nursing home settings managed stress during the pandemic and how they perceived stress after it passed.

Purpose:

The purpose of this qualitative study was to evaluate occupational therapy practitioners' perceptions of workplace stressors in one nursing home during the pandemic and to understand how these stressors may have changed post-pandemic.

Theoretical Framework:

The Occupational Adaptation (OA) model was the theoretical framework that served as the foundation for this independent investigation. This served as the basis for the study since occupational therapy professionals need to respond to their surroundings successfully in order to succeed and keep themselves healthy in dealing with stress due to the pandemic.

Methods:

A descriptive qualitative design utilized semi-structured interviews to investigate five occupational therapy practitioners' views of workplace stressors in a nursing home following the pandemic. The respondents were occupational therapy practitioners who worked in a central valley nursing home facility in California.

Results:

Four themes emerged from the data: Life is so Stressful because of COVID-19, Fear of Death, Stressful in the Beginning but it has Become Part of the Norm and Current Protocols in Use because Disease is Morphing.

Conclusions:

This study explored the occupational therapy practitioners' perceptions of workplace stressors in one nursing home showed similar discussions and results with other studies related to stress during the pandemic. As change agents, occupational therapists must prioritize their own health in order to provide patients in need of rehabilitation with optimal treatment and care.

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Thank you so much and God Bless us all!

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): Dr. Dana M. Howell, PhD, OTD, OTR/L, FAOTA

Student's Name: Owen T. Tabelisma, OTR/L, OTRP

Title of Submission: Occupational Therapy Practitioners' Perceptions of Workplace Stressors in One Nursing Home Post Pandemic

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

Student's Signature: _____

Date of Submission: _____ 11-10-23

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Section One: Nature of Project and Problem Identification

Introduction

The COVID-19 pandemic caused numerous modifications in the places and ways in which people carry out their work. A worker's wellbeing may be negatively impacted by new stresses including increased job insecurity and workload expectations (Nigam et al., 2020). The pandemic was a fresh stressor that had a negative impact on the workforce in the United States (U.S.). Significant effects were seen by front-line healthcare staff like nurses and therapists (Master et al., 2020; Shahrour & Dardas, 2020). Stressors such as interruptions in workflow (Sun et al., 2020), increased workloads (Shoja et al., 2020; Sun et al., 2020), time constraints to care for patients (Sun et al., 2020), longer work hours (Master et al., 2020; Sun et al., 2020), fear of contracting the disease and spreading it to their loved ones (Master et al., 2020; Shechter et al.). Due to the typical nature of their job duties, which include close physical contact and prolonged treatment times, physical therapy, occupational therapy, and speech-language pathology providers at inpatient rehabilitation and skilled nursing facilities represent a distinct at-risk subgroup for work-related stress during the pandemic (Jow et al., 2022).

The National Academies of Sciences Engineering & Medicine (2019), Brigham et al. (2018), Chari et al. (2018), and Chari et al. (2018) all state that professional well-being is a phenomenon that includes physical, mental, and emotional health and is influenced by a person's environment, organizational, and psychological factors. Concerns about the professional wellbeing of healthcare workers in the U.S. and around the world have been highlighted by the pandemic. Burnout, anxiety, and depression are three of these issues, and they appear to be worse than they were before the epidemic (Denning et al., 2021). Compared to other professions, healthcare workers exhibit greater levels of anxiety and depression (da Silva Neto et al., 2021). Increased

workload, decreased emotional support, working in a high-risk environment, age, poor communication with managers and supervisors, redeployment in the workplace (Denning et al., 2021), perception of a lack of resources (Galanis et al., 2021; Sharma et al., 2021), and preexisting medical conditions (Lasalvia et al., 2021) are all factors that increase the risk of burnout in healthcare workers during the pandemic (Galanis et al., 2021).

Pandemic Impact on Nursing Homes

As of September 12, 2021, there were over 1.3 million confirmed cases of COVID-19 and over 137,000 confirmed deaths among patients and personnel in nursing homes and other long-term care facilities (Center for Medicare & Medicaid Services, 2021). Due to decreased staffing levels, many nursing homes experienced difficulty managing with the pandemic (Abbasi J, 2020). More than 50% of nurses in nursing homes left their jobs within a year before the pandemic hit the US, aggravating an already problematic situation (Chen et al., 2020). Many nursing homes staff members had second jobs and performed double- or triple-duty caregiving duties as a result of the nursing home staff's undervalued working conditions (Van Houtven et al., 2020).

Professional Well-Being of Healthcare Workers in Nursing Homes

The worldwide crisis has raised questions regarding the professional wellbeing of medical professionals in nursing homes. The public has given particular attention to how COVID-19 has influenced patients, but less so to how the global pandemic has impacted long-term care workers and their duties in providing care for this vulnerable group (White et al., 2021). An already frail nursing home workforce which had previously experienced high levels of employee turnover, ongoing staffing shortages, and severe burnout has been placed underneath significant extra stress from the pandemic (White et al., 2021). The COVID-19 pandemic was regarded by

nursing home personnel as having complicated, changing, and stressful working conditions (White et al., 2021). These difficulties have placed a heavy burden on an already overworked and fragile workforce, and they will probably have a long-term impact on worker shortages, turnover, and burnout (White et al., 2021).

Occupational Therapy Role in Pandemic

Like many other professions, occupational therapy experienced difficulties during the pandemic. Occupational therapists and occupational therapy assistants were soon recognized as being crucial employees during the pandemic (American Occupational Therapy Association [AOTA], 2023). When addressing the occupational demands of patients with COVID-19, occupational therapists and occupational therapy assistants on the front lines showed resiliency and innovation (Malloy et al., 2021). Because occupational therapy services are an essential part of a client's care plans and are frequently the reason a client receives therapy in a specific facility, AOTA views them as vital. For toddlers, adolescents, and adults alike, delays in rehabilitation have been related to greater symptoms and adverse consequences.

Problem Statement

The management of the COVID-19 pandemic and the reduction of its mortality and morbidity are the specific responsibilities of health care specialists like occupational therapy practitioners. Many healthcare providers may not be able to handle the care burden and psychological effects of working in this environment. The perceptions of occupational therapy practitioners of workplace stressors in one nursing home post pandemic will be examined in this qualitative study.

Purpose of the Study

This study aims to understand occupational therapy practitioners' perception of workplace stressors in one nursing home in Central Valley California during the height of the 2020 pandemic, and if/how these stressors have changed post-pandemic.

Research Questions

The purpose of this qualitative study is to evaluate occupational therapy practitioners' perceptions of workplace stressors in one nursing home during the pandemic and to understand how these stressors may have changed post-pandemic.

Specific research questions are:

1. How did occupational therapy practitioners in one nursing home cope with their stressors as they delivered services during the pandemic?
2. How do OT practitioners in one nursing home perceive their stressors and coping strategies have changed post-pandemic?

Setting

The nursing home for this study will be identified as Central Valley Nursing Home (CVNH) which was affected greatly with COVID-19 pandemic since it started. The nursing home is a one hundred fifty bed facility. Most of the patients are elderly and referred from different hospitals in the Valley. The facility provides both nursing and rehabilitation services.

Theoretical Framework

The Occupational Adaptation (OA) model was the main theoretical framework that served as the foundation for this independent investigation. The internal responses that people use to deal with circumstances in their surroundings are the emphasis of the OA model (Turpin & Iwama,

2011). This serves as the basis for the study since occupational therapy professionals need to respond to their surroundings successfully in order to succeed and keep themselves healthy. The term "occupational adaptation" (OA) was first used by Schkade and Schultz to describe an internal and normative process, and occupation was used to describe the mechanisms of adaptation, such as job stresses.

The model postulates that human development is a continual process of adaptation based on the response to various professional obstacles, such as the stress and anxiety brought on by the pandemic (Schultz & Schkade, 1992). Frank (1996) proposed that adaptation via work is a core component of occupational science in the literature on the subject. According to Frank, when a person faces external difficulties (such as work stressors post covid 19 pandemic), a sequence of adaptive reactions is formed inside. Frank presented an occupational science definition of adaptation that connects the significance of workplace engagement to effect health and well-being. One way to explore occupational therapy practitioners' responses to their environment are through understanding which coping methods they employ. It is through the perspective of the OA model that this independent study was developed.

Significance of the Study

This study is important to the field of occupational therapy because it can potentially help employers in long-term care facilities better understand who they are hiring and how to keep therapists who have experience working post COVID-19 pandemic. An employee's personal traits and behaviors interact with the work environment, and stressful events or stresses in the workplace can create stress reactions (Hart & Cooper, 2020). The findings of this study may help others better understand post-pandemic stress and how to use it to their advantage in similar

situations in the future. This study looks at how the stress that occupational therapy practitioners experienced after the COVID outbreak will affect their roles in nursing homes in the future.

Summary

The COVID-19 pandemic outbreak, as a typical emergency occurrence, Chen et al. (2022) underlined, greatly damaged employees' psychological status and thus had a detrimental impact on their performance. So, in addition to concentrating on the processes and remedies to lessen the effects of work stress on employee performance, it also looks at the connection between work stress, mental health, and employee performance. The purpose of the study is to learn more about how occupational therapy practitioners perceived the pressures at work during the COVID-19 pandemic at one nursing home facility and how these stressors may have changed after the pandemic. The results of this study could help others comprehend post-pandemic stress and use it to their advantage in similar situations in the future.

Section Two: Review of Literature

The purpose of this literature review is to locate and evaluate recent research on occupational therapy practice, occupational therapy / therapist stress during the pandemic, nursing homes' care, healthcare workers' stress, and workplace stressors. The electronic database used for this review included EBSCOhost, CINAHL Complete, and Pubmed. COVID-19 and pressures impacting employment, nursing homes, healthcare personnel, and occupational therapy during the pandemic were among the search terms used for this research evaluation. This literature review includes studies and documents from scholarly publications and professional organizations that were published in English between 2016 and 2022.

The Nursing Home Program during the Pandemic

The COVID-19 pandemic, according to the US Department of Health and Human Services, has been concentrated in nursing homes. Residents of these homes have been disproportionately affected by the disease since they are primarily elderly people with underlying medical conditions and live in close quarters (US Department of Health and Human Services, 2021). Nursing home facilities in particular offer a unique and challenging context for achieving these pandemic goals because they provide care for those who are most vulnerable to the symptoms of COVID-19 infection (Agarwal et al., 2018; Centers for Disease Control and Prevention, 2020; Popejoy et al., 2020;). To stop the spread of the virus, the Centers for Medicare & Medicaid Services (CMMS) and the Centers for Disease Control and Prevention (CDC) suggest placing residents who have COVID-19 or suspect they do (CMMS, 2020) on transmission-based measures. Popejoy et al. (2020) assert that nursing homes are designed as community-based buildings with an emphasis on the benefits that social interaction and improved mobility can offer for residents, including a decreased risk of falls and pressure sores. Staff turnover,

especially among certified nursing assistants (CNAs), is a bad characteristic of nursing care facilities that existed even before the pandemic (Cheng, 2020; Mukamel et al., 2009). According to CMS, nursing homes that accept Medicare or Medicaid must have an infection prevention and control program in place, as well as an infection preventionist (IP) who works at least part-time, as well as specific policies and procedures covering resident isolation, standard and transmission-based precautions, reporting, and surveillance (CMMS, 2020). According to Popejay et al., 2020, the COVID-19 pandemic has presented new difficulties for nursing home settings. More significant structural and programmatic changes are required since the pandemic's stress caused fissures where there would have otherwise been weaknesses (Popejoy et al., 2020).

According to the Central Valley Nursing Home's (CVNH) COVID-19 Guidance for Nursing Homes and Long-Term Care Facilities, sick employees should stay at home, employees and residents should be routinely screened for signs and symptoms of COVID-19, exposed individuals should be quarantined; resident visitation policies should be in accordance with CDC recommendations, and guests should notify the facility if they experience fever or other COVID-like symptoms. Provide handwashing stations and alcohol-based hand sanitizer with at least 60% ethanol or 70% isopropanol throughout the facility, routinely clean and disinfect frequently touched surfaces in resident rooms, staff workstations, and common areas, use hospital-grade cleaning agents, and make sure employees have and use any personal protective equipment (PPE) they need to do their jobs. Develop a protocol for cleaning and decontaminating personal protective equipment (PPE), such as face shields and goggles, if necessary. Train employees on COVID-19 policies and procedures in a language they can understand.

Healthcare Delivery in Nursing Home during the Pandemic

Throughout the year 2020, nursing homes have been one of the primary hotspots for the spread and fatalities of the COVID-19 pandemic (Grabowski & Mor, 2020). Nursing homes are institutions designed with the particular goal of delivering residential and/or nursing care for elderly individuals with severe physical and/or cognitive problems. Residents of nursing homes often need intimate care and support, which places them in danger of acquiring readily disseminated illnesses like COVID-19 (Beland & Marier, 2020; Wilmink et al, 2020). Because the population of people who live in nursing homes is expected to rise by up to 127% in several nations by 2050 (O'Neill, 2020), it is crucial to understand the unique features of this group of people.

A substantial portion of COVID-19 fatalities occurred in nursing homes. According to estimates from May 2020, nursing homes were responsible for about 50% of COVID-19 deaths in France and Ireland, with an even higher percentage reported in the US and Canada (Iritani et al., 2020; McGilton et al., 2020), as well as significant numbers of additional nursing home deaths reported in England and Wales (Burki, 2020). Geri et al. (2021) noted that discussions in the public and scientific realms about whether the high rate of spread and mortality in nursing homes could have also been related to potentially modifiable factors and could improve future pandemic preparedness soon followed non-modifiable risk factors like residents' age and sex. As a result of COVID-19, which had a detrimental effect on both their emotional and physical health, nursing home patients and staff experienced significant suffering. Future nursing home facilities should be designed or modified with care because they were predisposed to an increased tendency of spread by a number of interrelated factors, some of which were unchangeable and others of which might be (Giri et al., 2021).

Healthcare Workers and Stress during the Pandemic

Every aspect of human society has been impacted by the unexpected COVID-19 pandemic, which has an unprecedented reach and nature. A growing body of research has drawn attention to the serious toll the pandemic inflicted on many facets of society with regard to mental health (Vindegaard & Benros, 2020). With considerable self-reported rates of anxiety (44.6%) and sadness (50.4%) among clinicians working in a variety of practice settings, the COVID-19 pandemic has been extremely harmful to the mental health of healthcare professionals (Lai et al., 2020). Chang (2020) highlighted the healthcare industry's heroic efforts during the COVID-19 pandemic, which had a detrimental effect on the mental health of many medical personnel. Placing a strong premium on clinician mental health will help to ensure that the medical community is well-prepared to tackle current pandemic-related challenges as well as upcoming public health issues, in addition to being crucial for maintaining clinician health and career longevity.

In research about the experiences of front-line nursing home employees during the COVID-19 pandemic, White et al. (2021) described ongoing testing restrictions and continued dependence on crisis standards for prolonged use and reuse of personal protective equipment (PPE). The long-term repercussions of the pandemic on the nursing care workforce present serious concerns (White et al., 2021). Due to taking on greater responsibilities, participants described experiencing burnout as well as physical, mental, and emotional burden (White et al., 2021). The fear of contracting the illness as well as concern for their families were mentioned by direct care workers and nursing assistants (White et al., 2021). According to a recent study by Kambhampati et al. (2020), 43% of healthcare workers hospitalized with COVID-19 were nurses or nursing assistants.

Occupational Therapy Practice and Stress during the Pandemic

Occupational therapists are healthcare professionals who provide a wide range of services to people of all age groups. They are often categorized as second-line medical practitioners because they do not directly care for patients with COVID-19 during the acute phase (Ito & Ishioka, 2020). Because participating in daily routines and activities can be particularly difficult during the pandemic, occupational therapy has placed a greater emphasis on encouraging meaningful activity involvement (Hoel et al., 2021). Contrarily, their work life has changed as a result of the pandemic, which has had a detrimental effect on their mental health (Hoel et al., 2021; Ishioka et al., 2021; Ito & Ishioka, 2020). The COVID-19 pandemic was reported to have had a negative impact on this group's mental health, leading to overwork and isolation (Hoel et al., 2021). The World Federation of Occupational Therapists (WFOT) conducted a global survey of people involved in the delivery of occupational therapy and found that prevention, practical support, and reassurance were crucial to addressing these issues. In addition, respondents said that being ready for constantly shifting conditions and demands was essential for productivity at work throughout the pandemic. How to achieve this level of readiness, however, is little understood (Sawamura et al., 2022). A global study conducted by WFOT between April and July 2020 revealed that the pandemic had a substantial impact on how occupational therapy services were delivered (Hoel et al., 2021). The survey found a number of problems, such as a lack of preparation, restrictions on service access, redeployment, frequently changing working conditions, and the demands of new technology. Lack of essential resources, such as additional space for physical separation, workplace protocols, and personal protective equipment, affected the delivery services.

Summary of the Literature

The literature review mentioned above was essential to understanding the current research. It demonstrated that the disruption of people's physical, mental, and emotional wellness is a common problem caused by working pressures among occupational therapy practitioners. According to research by Nigam et al. (2020), stress and isolation brought on by the pandemic might be exacerbated by new stressors such job insecurity, a quick shift to telework, and increasing workplace demands. It has not been properly examined and studied how occupational therapy practitioners perceive workplace pressures in a nursing home following the COVID-19 pandemic, which is a deficiency of previous literature. This qualitative descriptive study will investigate how occupational therapy practitioners in one nursing facility perceive job stresses post pandemic. The results of this study could help others comprehend post-pandemic stress and use it to their advantage in similar situations in the future.

Section Three: Methods

Project Design

A descriptive qualitative design utilized to investigate occupational therapy practitioners' views of workplace stressors in a nursing home following the pandemic (Stanley, 2015). Before starting to collect data, the study was approved by the Eastern Kentucky University Institutional Review Board. The respondents were occupational therapist practitioners who worked largely in a central valley nursing home facility in California.

Setting

The nursing home chosen for this study, Central Valley Nursing Home (CVNH), is a 150-bed facility with about 35 nursing staff, two doctors, 8 rehabilitation staff (PTs, OTs, and SLP), and 15 other staff members who work in laundry, kitchen, housekeeping, and maintenance. There are also 100 residents there, who range in age from 55 to 95 and have a variety of diagnoses and medical cases. The nursing home has 150 beds, and the majority of its patients are old and are sent there by various hospitals in the Valley. Both nursing and rehabilitation services are offered by the facility. For the occupational therapy practitioners who work at CVNH, the interviews were expected to take place virtually. Zoom or Facetime were used to conduct virtual interviews through phones and/or laptops.

Participants

A convenience sample of occupational therapists who were known to the researcher will be used. With the aim of maximizing variance, a purposeful sample technique was utilized, taking into account the occupational therapists' work environment, years of experience, and location. They were known to the researcher because the main investigator worked as a per diem therapist at the facility.

Inclusion Criteria:

1. Licensed occupational therapy practitioners who were designated full-time and consistent per diem employees of the nursing home.
2. Employed full-time consistent per diem by the nursing home for at least one year.

Exclusion Criteria:

1. non -licensed occupational therapy practitioners.
2. Did not work at the nursing home identified for this study.
3. Less than one year's experience as an employee at the nursing home
4. Unable to access Zoom or similar conferencing platform.

Data Collection

Because potential participants were known to the researcher, they were approached at work, called on the phone or contacted through email. The same recruitment script was used for each method of contact. Data was collected using semi-structured one-on-one interviews with the participants. Interviews were conducted virtually on Zoom. The interviews were recorded, with the permission of the participants, to allow for full participation in the discussion from the interviewer without pressure to take excessive written notes. The interviews were expected to last no more than 45 minutes. An interview protocol was used (see Table 1), using the guide provided by Creswell and Creswell (2018). This protocol includes an introduction section in which the interviewer explained the details of the study to the participant, along with a few opening questions to gather basic demographic information and help put the participant at ease. There were five content questions using the sub-questions of the broader research study question. Probing questions will be included in the interviews necessary to obtain more information. The interview guide was sent to each participant at least two days prior to the scheduled interview to

allow for participant preparation. Zoom audio transcripts were downloaded and cleaned by the researcher, and then video files were deleted.

Table 1. Interview Protocol

<p>Time of Interview: _____</p> <p>Date: _____</p> <p>Place: Via ZOOM</p> <p>Interviewer: Owen T. Tabelisma</p> <p>Interviewee (initials or pseudonym):</p>
<p>Welcome interviewee; review informed consent</p> <p>Interviewer introductions/review of study completed prior to interview? YES / NO</p> <p>Informed consent obtained and secured? YES / NO</p> <p>Interview audio-recorded: YES / NO</p> <p>Interview documented with jotted notes? YES / NO</p>
<p>1. Please describe your level of stress throughout the pandemic. Can you provide any instances or examples from that time period? Consider how your facility's PPE (Personal protective equipment) is performed. How did it affect you when COVID-19 caused the deaths of your patients?</p>
<p>2. How did you handle your stressors throughout the pandemic, please? What methods did you use to deal with stress? How can you assist others who are using this method or intervention to deal with pressures during the pandemic?</p>

3. Tell us more about how the pandemic has impacted your perception of your stressors
4. How confident are you in your understanding of stress following the COVID-19 pandemic? and how are you going to apply it to your current circumstance?
5. I would like to know more about your perspective on the stressors at work following the pandemic. How could a skilled nursing facility get ready for such a situation? What suggestions and thoughts do you have for assisting similar future situations?
Thank interviewee for their participation.

Data Analysis

In addition to interactive and deductive apriori coding, the data transcripts were evaluated, transcribed, and utilized (Stanley, 2015). In order to support the validity of the findings, the codes were assessed for any emerging themes, and topics were then explored and addressed in depth in the capstone (Creswell & Creswell, 2018). Together, transcriptions and recordings were checked for accuracy. Participants' utterances were highlighted using Microsoft Word to track changes to tie them to apriori codes and to identify emerging words, expressions, and concepts that helps with emergent coding and the explanation of codes. Word phrases, quotations, and data from the transcriptions were read and noted. Then, codes and groups of codes and categories were allocated to these significant bits of data. Additional codes were added after a second reading of the texts to acquire more understanding of the participants' opinions.

Validity

Strengthening the findings of this study requires ensuring the validity of qualitative data. Several validity techniques were used while assessing the interview data, including member-checking and reflexive journaling. According to Lysack et al. (2017), this ensured that the conclusions made sense to the participants who shared their experiences. In addition, the author kept a journal of reflection as he analyzed the data. Along with keeping a journal, the PI reflected on the data analysis process while doing so. Deliberate self-reflection on the research process is crucial because it enables the researcher to identify potential bias and how it can affect how the results are interpreted (Lysack et al., 2017). Journal entries reflected on the types of follow-up or probing questions asked, or how to leverage experience to establish rapport without spilling too much information. Finally, because a faculty mentor oversaw the research, the mentor took part in peer debriefing of the findings. These debriefing sessions enabled any further interpretations of the data and enabled agreement on competing theories, giving the study's findings more credibility (Lysack et al., 2017).

Ethical Considerations

The study was granted Institutional Review Board (IRB) permission to ensure that ethical concerns were taken into account and precautions were taken. Participants verbally consented to the study before it started, and the goal, potential advantages, and potential hazards were disclosed to them. The investigator asked participants to discuss any potentially upsetting information regarding their jobs. Participants' perceptions of working stress in one nursing home facility during the COVID-19 pandemic were not always favorable. Interview questions were prewritten and purposefully not leading or asking for personal information, as suggested by Creswell and Creswell (2018). In order to lessen the chance of deviating from the script, the interviewer had plenty of opportunity to practice adhering to the interview protocol and

developing comfort with introductory and probing questions. The participants' privacy was protected during the analysis and storage of the interview-derived data. Through the use of Zoom, the meeting space could be locked down by the host (the lead investigator) to keep outsiders out. Prior to participating in the study, all participants were given a consent form that explained what would happen and what their role would be. This helped them understand that participating in the study was completely voluntary. Their understanding of the study's complete objective, the opportunity to ask the principal researcher questions, and the assurance that withdrawing from the study or ceasing participation would have no negative effects will all be served by this.

Project Timeline Procedures

- On August 4, 2023, the lead investigator gained IRB permission (see Appendix A).
- Recruitment to the study occurred August 16, 2023.
- Data collection (interviews) occurred on the following dates August 20, 2023, for 2 participants, then August 27, 30 and September 3, 2023, for the 3 remaining participants.
- Data analysis occurred September 12, 2023.
- Capstone report was written September 29, 2023.
- Capstone project was presented November 16, 2023.

Section Four: Results

This qualitative study sought to explore occupational therapy practitioners' perceptions of workplace stressors in one nursing home during the COVID-19 pandemic and to understand how these stressors may have changed post-pandemic.

1. How did occupational therapy practitioners in one nursing home cope with their stressors as they delivered services during the pandemic?
2. How do occupational therapy practitioners in one nursing home perceive their stressors and coping strategies have changed post-pandemic?

Participants Characteristics

Pseudonyms were given to participants once they responded to the study invitation in order to protect their identity and uphold participant anonymity. All participants were occupational therapists or occupational therapy assistants currently working in the same nursing home settings. The participants' ages were not recorded. The participants' demographic data is shown in Table 2.

Table 2. Participants Demographics

Practice Setting	Participants (Pseudonyms)	OT practitioner	Length of Time Working in the facility
Nursing Home (CVNH)	Kendall	OTR/L/ Manager Full Time	More than 10 years
Nursing Home (CVNH)	Rita	OTR/L Per Diem / PRN	More than 5 years
Nursing Home (CVNH)	Gene	COTA/L Per Diem/PRN	More than 5 years
Nursing Home (CVNH)	Nealy	COTA/L Full Time	More than 3 years
Nursing Home (CVNH)	Vince	COTA/L Full Time	More than 2 years

Codes and Categories

Three hundred and sixty-five codes were used to initially label the data. The codes were combined into eight categories, which included: stress during the pandemic, wearing PPEs (Personal Protective Equipment), staffing issues and concerns, feelings and emotions about the COVID-19 pandemic, learning and lessons about the pandemic, coping mechanisms and stress management, following protocols and procedure, and recommendations and suggestions. With the help of the participants' common concepts and circumstances, these categories were subsequently condensed into themes.

Themes

Finally, four themes emerged from the categories. Each was comprised of one to three categories. In the section below, each theme is described, with a table showing examples of the codes with participant quotes for support.

Life is so Stressful because of COVID-19

This theme included these categories:

- Stress During the Pandemic
- Staffing Issues and Concerns
- Wearing PPE

Participants described the stress the pandemic imposed on their work and their lives. At the start of the pandemic, when less was known about COVID-19, participants were fearful of contracting the virus at work. It was exhausting on a physical and emotional level and demonstrated how unprepared the nation and the entire world were for the pandemic. There were many unfamiliar stressors during the pandemic. One person said that driving as a first responder

required paperwork or approval and getting pulled over by police was difficult. Another large stressor, according to the same participant, was not able to move a patient out of their room.

Staffing was also a significant stress at work. Participants described staff shortages, requiring them to work longer and longer hours. Caseloads were high, and per diem therapists were not always available. One participant said that if an employee tested positive for COVID-19, there were few therapists available to cover their shifts. The lack of communication between staff and management was highlighted by the other participants.

Use of PPE contributed to the therapists' stress levels. There was a lack of N95 masks and other PPE resources, and participants felt fear related to getting COVID-19 without the masks. One participant expressed how she felt wearing PPE could be overpowering. She was unaccustomed to using it and felt uncomfortable. Participants also discussed their sentiments and emotions while using PPEs to talk about their fear of dying during the pandemic.

Table 3. Life is so Stressful because of COVID-19: Supporting Categories and Quotes

Life is so Stressful because of COVID-19					
Participants	Kendall	Rita	Gene	Nealy	Vince
Category	Code	Code	Code	Code	Code
Stress During the Pandemic	“Physically and emotionally draining”.	“Level of stress during the pandemic is moderate”. “I am stressed”. “Seven out of 10 levels of stress”.	“Stress caused by being infected”. “Working in a nursing home. Fearful to get COVID”.	“It was scary and super stressful when COVID first came”. “The country and the world are not prepared for the pandemic”.	“First responder to drive with the paperwork and getting pulled over that is the stress”. “Biggest stressor was not able to bring patient or somebody out of the room”.

Staffing Issues and Concerns	<p>“Staffing shortages”</p> <p>“No available traveling therapists”.</p> <p>“Working more days and hours”.</p>	<p>“Per diem therapist not there all the time”.</p> <p>“Caseload were too much”.</p>	<p>“If you get sick then you cannot work, and you don’t get paid”.</p>	<p>“Working on my day off due to staff shortages”.</p> <p>“When employees tested positive you have less people at work”.</p>	<p>“Lack of communication”.</p>
Wearing PPE	<p>“Shortage of N95 and stretch resources”.</p>	<p>“PPE's help to protect us”.</p> <p>“Wearing PPEs are sometimes overwhelming”</p>	<p>“Wearing PPE's for at least an hour”.</p> <p>“The need to have enough PPE's”.</p>	<p>“Wearing N95 and face shield makes me uncomfortable and not used to it”.</p>	<p>“Part of the procedure.”</p>

Fear of Death

This theme included this category:

- Feelings and Emotions about the COVID-19 pandemic

Throughout the pandemic, concern for getting COVID-19 and dying from it was expressed through feelings and emotions. One participant complained that COVID-19 was confusing and challenging because it was so new. Another participant claimed that COVID-19 was lethal and contagious, and they were unsure of what to expect. Additionally, the local Health Department did not want healthcare providers to wear masks since they felt the pandemic's initial stages were not serious and masks may scare people. Overall participants discussed fears of getting COVID-19 and dying from it.

Table 4. Fear of Death: Supporting Categories and Quotes

Fear of Death					
Participants	Kendall	Rita	Gene	Nealy	Vince
Category	Code	Code	Code	Code	Code
Feelings and Emotions about the COVID 19 pandemic	<p>“Fear I will get COVID”.</p> <p>“Fear that will die from COVID”.</p>	<p>“Things encountered are quite difficult”.</p> <p>“Confusion of COVID-19 because its new”.</p> <p>“It was a hard time to pass away”.</p>	<p>“Contagious and deadly”.</p> <p>“Don’t know what to expect”.</p>	<p>“Health department was not serious, and they don’t want to wear mask not to scare people”.</p>	<p>“Very annoying as hell”.</p> <p>“Healthy people did not die it’s the people who were already sick”.</p> <p>“All of us accepted it more being exposed everyday”.</p>

Stressful in the Beginning but it has Become Part of the Norm

This theme included these categories:

- Learning and Lessons about the Pandemic
- Coping Mechanisms and Stress Management

Understanding the pandemic and its lessons. It's the method of handling work, and COVID-19 affected the perception of becoming more vigilant and prepared in every circumstance. One participant claimed that she used social media to spend more time connecting with friends and family. One respondent made the point that fear is the root of stress. During the interview, it was noted that the participant learns how to be adaptive and self-sufficient.

Participants highlighted the importance of using healthy coping skills and stress management throughout the pandemic. maintaining hydration while donning PPE, taking vitamins, and

maintaining a healthy diet. One participant said she compartmentalizes when she gets home and makes sure to balance her job and personal life equally. Being assertive in an emergency situation was also mentioned, along with having the right mindset. One participant relates how they dealt with stress by using spiritual power.

Table 5. Stressful in the Beginning but it has Become Part of the Norm: Supporting Categories and Quotes

Stressful in the Beginning but it has Become Part of the Norm					
Participants	Kendall	Rita	Gene	Nealy	Vince
Category	Code	Code	Code	Code	Code
Learning and Lessons about the Pandemic	<p>“How to cope with work.”</p> <p>“COVID-19 pandemic impacted perception becoming extra careful and paranoid”.</p>	<p>“I got time to get closer with friends and family via social media.”</p> <p>” At the end of the day, it’s our job to be at work”. “To do our best to deal with the situation and adjust”.</p>	<p>“Stress is caused by fear.”</p> <p>“Being prepared in every situation.”</p>	<p>“Knowing how to deal with COVID”.</p> <p>“Being adaptable during the pandemic.”</p> <p>“Taking care of myself so I can help others”.</p>	<p>“Never used to change my behavior during flu same as the COVID season”.</p>
Coping Mechanisms and Stress Management	<p>“Keeping hydrated while wearing PPE's.”</p> <p>“Take vitamins and eat well”.</p> <p>”</p> <p>Understanding about being confident under stress”.</p>	<p>“When I get home, I compartmentalize”.</p> <p>“Talking with family, TV and play with my dog”.</p> <p>“Making sure to have equal work and life balance”.</p>	<p>“Mindset when they get stressed”.</p> <p>“Being assertive during emergency”.</p>	<p>“Meditation, not overthinking being positive”.</p> <p>“Sharing information to coworker about stress brought by COVID”.</p>	<p>“Helping each other to make it a little bit easier”.</p> <p>“Using the AA program to handle stress”.</p> <p>“Spiritual power to</p>

					deal with stress”.
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Current Protocols in Use because Disease is Morphing

This theme included these categories:

- Following Protocols and Procedure
- Recommendations and Suggestions

Participants described using new or modified protocols during the pandemic related to the proper handling of wipes, universal precautions, and sanitizing all belongings. One of the interviewees said that relatives were not permitted to visit the patient who was sick. Additionally, he emphasized that patients were disobedient and became irate when ordered to comply.

Participants reported that some of the ways they coped with the pandemic included hiring more personnel, outsourcing travelers, and having officers and department heads be proactive. One participant proposed an emergency committee, a negative pressure area, and a hotline for staff members who were experiencing stress or anxiety. Staff and patient symptoms were observed while following the testing regimen. Last but not least, one respondent said that a plan of action had been set up for the next time COVID-19 occurred.

Table 6. Current Protocols in Use because Disease is Morphing: Supporting Categories and Quotes

Current Protocols in Use because Disease is Morphing					
Participants	Kendall	Rita	Gene	Nealy	Vince
Category	Code	Code	Code	Code	Code
Following Protocols and Procedure	“Handling equipment using wipes”.	“Family is not allowed to see patients or be with them”.	“Universal Precaution” “Disinfect all belonging”.	“Patients are not compliant and become upset when being told so”.	“Changes in the procedure and protocol.” “Follow patient's guidelines

				“Changing dirty scrub and putting in a separate container”.	and proper coordination”.
Recommendations and Suggestions	“Recruit more staff”. “Outsource travelers”. “Officers need to be ahead of the game”.	“Negative pressure room would be better”. “They should have an emergency committee”. “Hotline for staff for concerns of stress or anxiety”.	“They should have enough Staffing and PPE's”.	“Testing protocol and watching for symptoms among staff and patients”. “Testing patient in the hospital consistently.”	“Plan of action in placed when COVID happen again”. “Being prepared anytime and making decisions”. “Proper designation of nursing staff”.

Discussion

Occupational therapy practitioners' perceptions of workplace stressors at a nursing home after a pandemic were examined in this study. The study also sought to understand how these stressors may have changed post-pandemic. Four themes that emerged reflected how participants' stress evolved over time.

Life is so Stressful because of COVID-19

Participants noted that the pandemic put stress on both their personal and professional lives. Similarly, Lai et al. (2020) found significant self-reported rates of anxiety (44.6%) and sadness (50.4%) among clinicians working in a variety of practice settings and noted that the COVID-19 pandemic was extremely detrimental to the mental health of healthcare professionals. It was draining on a physical and emotional level and showed how unprepared the country and the entire world were to handle the pandemic. Front-line healthcare workers like nurses and

therapists reported significant effects (Master et al., 2020; Shahrour & Dardas, 2020). Stressors reported in the literature were similar to those found in this study, including workflow interruptions (Sun et al., 2020), heavier workloads (Shoja et al., 2020; Sun et al., 2020), time restrictions for patient care (Sun et al., 2020), longer workdays (Master et al., 2020; Sun et al., 2020), and worry about getting sick and infecting their loved ones (Master et al., 2020; Shechter et al.). Another big stressor at work was staffing. Participants discussed staff shortages that forced them to put in ever-expanding workdays. Per diem therapists weren't always available, and caseloads were heavy. White et al. (2021) also found that nursing home staff perceived the COVID-19 pandemic presented challenging, shifting, and stressful work situations. White et al. (2021) observed ongoing testing limits and continued reliance on crisis standards for lengthy use and reuse of personal protective equipment (PPE) in their study on the experiences of front-line nursing home staff during the COVID-19 pandemic. In this study, the therapists' stress levels were exacerbated by the use of PPE. Participants were afraid of contracting COVID-19 because there were not enough N95 masks or other PPE materials available. According to White et al. (2021), these challenges put a significant strain on the workforce that was already stressed, and they are likely to have long-term effects on employee shortages, turnover, and burnout.

Fear of Death

At the start of the pandemic, when there was less information available about the virus, participants were concerned about catching COVID-19 at work, potentially resulting in death of themselves, family members, or patients. In White et al.'s (2021) study, direct care staff and CNAs both reported their fear of acquiring the illness as well as their concern for their families. A study by Kambhampati et al. (2020) found that nurses and CNAs made up about 43% of hospitalized healthcare professionals with COVID-19, so the fear of catching COVID-19

expressed by participants was warranted. However, in hindsight, death from COVID-19 was less likely, as researchers found relatively low numbers of deaths of healthcare workers (Kursomovic et al., 2020). Rucker et al. (2021) the healthcare workers voiced concern about catching SARS-CoV-2 in every focus group session. They were particularly concerned about contracting the virus at work since they knew it would be there, possibly among coworkers and certainly among patients. The dread of contracting an infection and developing a major illness was mentioned by a number of participants as having increased when caring for patients with critical COVID-19 infections (Rucker et al., 2021).

Stressful in the Beginning but it has Become Part of the Norm

Participants' knowledge of the pandemic and its lessons altered how they handled their jobs over time, and COVID-19 changed how they perceived the need to be constantly aware and prepared. Participants reflected on new ways of coping. For example, one participant used social media to spend more time interacting with friends and family, and another participant felt they made gains in the ability to be flexible and self-reliant. Participants underlined the need for stress management and using strategies such as taking vitamins, staying hydrated while wearing PPE, and eating healthily. Research conducted by the World Federation of Occupational Therapists (WFOT) in 2020 revealed the pandemic had a substantial impact on the way occupational therapy services were delivered (Hoel et al., 2021). The poll revealed many problems pre-pandemic, such as a lack of planning, restrictions on service access, redeployment, frequently changing working conditions, and the need for new technologies. Lack of essential resources, such as additional physical separation space, workplace protocols, and personal protection equipment hindered the delivery of services. Therapists in this study who experienced the challenges in the pandemic have learned lessons related to how tasks are carried out, and the

pandemic influenced the notion that one should always be on guard and prepared; in essence normalizing the stress and changes since the pandemic.

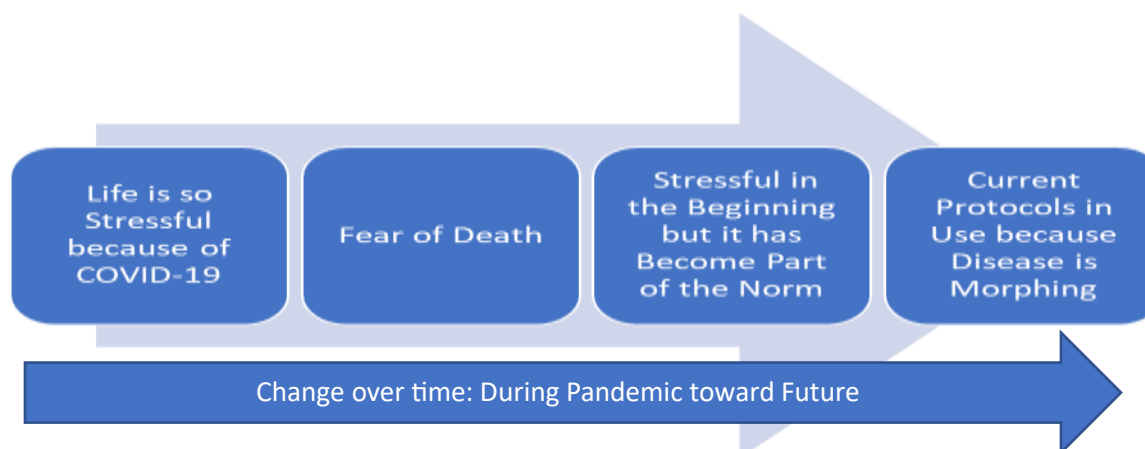
Current Protocols in Use because Disease is Morphing

Participants indicated utilizing new or altered protocols since the pandemic, including procedures for handling wipes and sterilizing personal items. Additional changes included hiring extra staff, outsourcing travel, and having officers and department heads take more initiative. One participant suggested setting up an emergency committee, a room under negative pressure, and a hotline for employees who were feeling anxious or stressed out. Another respondent mentioned that a plan had been established for the next time COVID-19 or similar pandemic occurs. One participant emphasized compartmentalizing her personal and professional lives when she gets home and maintaining a healthy balance. When addressing the occupational demands of patients with COVID-19, occupational therapists, and occupational therapy assistants on the front lines displayed tenacity and creativity (Malloy et al., 2021), and as the disease has morphed over time, their response continues to evolve.

How Participants' Perceptions Changed Over Time

The figure that follows explains how the occupational therapy practitioners of one nursing home demonstrated change over time, moving from stress and fear at the start of the pandemic toward optimism and preparedness that can be built upon in the face of comparable circumstances, like another pandemic.

Figure 1. Participant's Change in Perception Over Time

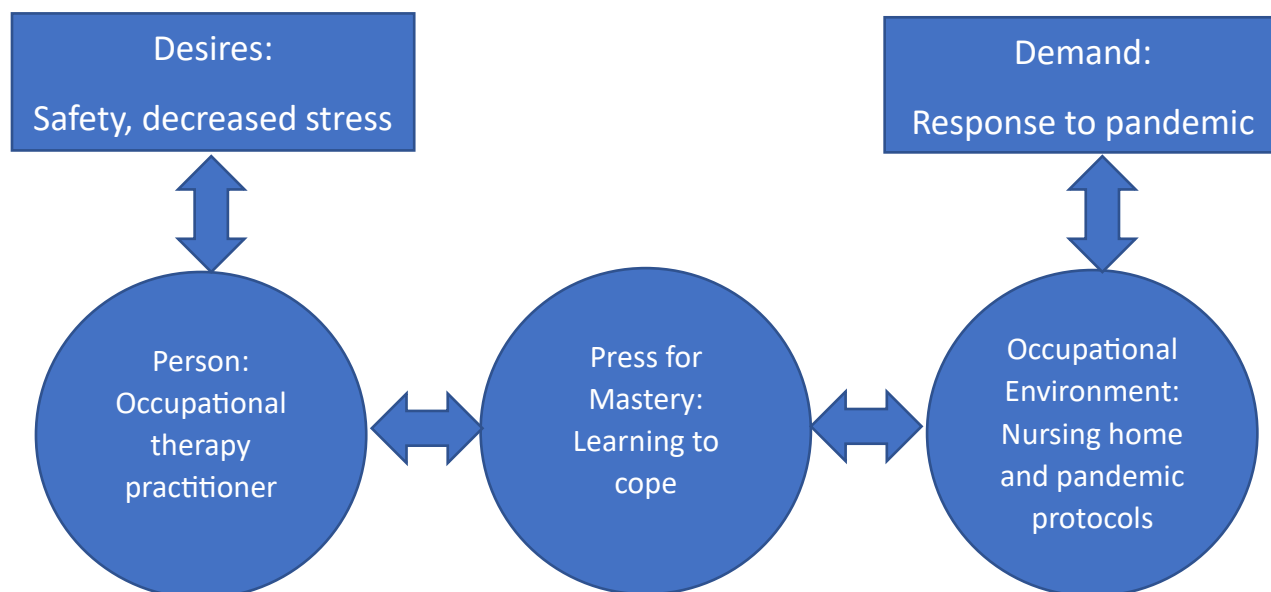


Participants first reported that the COVID 19 pandemic, which had an impact on work, family, and the community, made life unpleasant and stressful due to the fear of catching the infection and the worry for loved ones who might become ill. As time progressed, participants began to normalize the stress, in part due to the continued use of protocols developed in the pandemic as well as the continued revision of protocols as the disease continues to change. The participants' ability to adapt helps prepare them for future events such as another pandemic.

Occupational Adaptation

The theoretical framework that informed this study was Occupational Adaptation (Schultz & Schkade, 1992) and it helps to explain the internal response that participants utilized to deal with conditions in their environment from the pandemic. Schultz and Schkade (1992) coined the word "occupational adaptation" (OA) to refer to an internal and normative process to handle demands. Occupational Adaptation as it relates to this study (see Figure 2), shows how understanding the coping mechanisms used by the occupational therapy practitioners to handle the pandemic is one way to investigate how they respond to the demands of their environment.

Figure 2. Occupational Adaptation Flow



One way to address workplace stress and how it evolves over time is to address the demands of workload and job stress during the pandemic. Since one participant stated that fear is the main source of stress, the press for mastery over pandemic coping strategies was emphasized. This included being prepared in every situation, adopting a stress-reduction mindset, being assertive during emergency and emphasizing the relationship between spiritual power and stress management. The Occupational Adaption framework provided a guide on how this process come about this capstone project.

Implications for Occupational Therapy

Occupational therapy is positioned to benefit from the pandemic in terms of treating post-pandemic workplace stressors. COVID-19 continues to pose a significant public health emergency (World Health Organization, 2021), and healthcare workers, including occupational therapists, continue to show signs of stress from dealing with the pandemic. This study has implications for treating post-pandemic workplace stressors. When addressing the

requirements of those with COVID-19, occupational therapists, and occupational therapy assistants on the front lines have shown tenacity and ingenuity (AOTA,2021). There were several undertakings by occupational therapists around the world to support clients and facilities during the height of the pandemic (Sinclair, 2021). An online program was created by occupational therapists in China to promote redesigning one's lifestyle in the face of the pandemic. It urged viewers to consider their activity and occupation patterns, recognize how the pandemic has affected their daily lives and take part in jobs and activities that increase their self-efficacy and wellbeing (Wang et al., 2021). Teoh (2021) cited the strategic initiatives taken by an occupational therapist to address mental health issues for Malaysians using official public health internet communication. In the United States, we may begin by pushing for clear standards and procedures that will aid in future pandemic-related emergencies. Effective planning, dissemination of resources, and education all contribute an essential role in disaster response. Preparedness is determined by a community's and the health system's ability to respond to emergencies. Important components of readiness include staff training, resource (i.e., space/stuff) evaluation, and strengthened network/program collaboration and communication (MacDonald et al.,2022). Based upon the results of this capstone project, occupational therapy practitioners can take a leadership role in encouraging facilities to be proactive in their response to pandemics. Facilities like nursing homes should have up-to-date procedure in place to handle COVID any other pandemics: additionally, they must implement programs or additional initiatives that will reduce workplace stress. Occupational therapists are valuable health resources in times of crisis if they receive further training and orientation, particularly when it comes to delivering mental health care to those with special needs (Ching & Lazaro, 2019). In order to adequately prepare individuals with special needs for disasters, rehabilitation professionals must consciously incorporate disaster preparedness into their scope of work (Ching & Lazaro, 2019).

Limitations

This was a brief research project to investigate occupational therapy practitioners' perceptions of work-related stressors in a nursing home following a pandemic. The findings are not meant to represent the feelings and emotions of all occupational therapy practitioners as a

whole; rather, they are meant to help us understand how these professionals dealt with stress while providing care during the pandemic and how they now view their stresses and coping mechanisms after the pandemic. The findings of this study were in line with those of other investigations into the difficulties and occupational pressures faced by healthcare professionals during the pandemic (White et al., 2021). Convenience sampling was utilized, and the study was limited to a local location, thus the data are not necessarily representative of occupational therapy practitioners in other settings or in other nursing homes.

Future Research

Future research should look at comparable projects in other settings and with a wider range of healthcare providers. This can help guide future research and shed light on occupational therapy practitioners' perspectives and experiences in comparable circumstances. By better comprehending how people perceive workplace pressures during the pandemic, facilities like nursing homes can improve their current practice and identify useful strategies for handling the pandemic and understand how to reduce employee stress. It could additionally be possible to improve the generalization of the findings with a survey focused on a broader spectrum of providers.

Conclusion

The findings of this study, which explored occupational therapy practitioners' perceptions of workplace stresses in one nursing home post pandemic, were consistent with earlier studies on stress during the pandemic in terms of discussions and conclusions. Since COVID 19 is morphing and evolving, nursing homes have been a challenging spot during the pandemic. However, with the right policy and rules, these issues will be avoided in the future. Occupational therapy professionals must prioritize their own health as change agents in order to deliver high-quality care to patients who need rehabilitation in an effective and timely manner.

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Appendix A: Informed Consent

Occupational Therapy practitioners' perceptions of workplace stressors in one nursing home facility post the COVID 19 pandemic.

EKU

Institutional Review Board
Protocol Number
5480

Approval Valid
8/4/23-5/15/24

Key Information

You are being invited to participate in a research study. This document includes important information you should know about the study. Before providing your consent to participate, please read this entire document and ask any questions you have.

Do I have to participate?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering. If you decide to participate, you will be one of about 6 people in the study.

What is the purpose of the study?

The purpose of this qualitative study is to evaluate occupational therapy practitioners' perceptions of workplace stressors in one nursing home facility during the COVID-19 pandemic and to understand how these stressors may have changed post-pandemic.

Where is the study going to take place and how long will it last?

The research procedures will be conducted virtually. The interview will take about forty-five minutes.

What will I be asked to do?

This study will use a qualitative approach. Data collection will use semi-structured one-on-one interviews with the participants. Interviews will be conducted virtually on Zoom. The interviews will be recorded, with the permission of the participants, to allow for full participation in the discussion from the interviewer without pressure to take excessive written notes. The interview will last 45 minutes.

Are there reasons why I should not take part in this study?

You shouldn't participate in this study if you are an unlicensed occupational therapist, do not work in the nursing facility that was chosen for the study, have less than one year of experience there, or are unable to use Zoom or any similar conferencing platform.

What are the possible risks and discomforts?

Your replies may not be completely confidential, but we will employ a pseudonym to assist prevent that from happening. There is a risk that you will feel some distress if you remember feeling stressed during COVID. Whenever you feel

uncomfortable, we can end the interview. If you're looking for a resource center, visit <https://www.chconline.org/anxiety-depression> or stop by the facility's Director of Staff Development office.

What are the benefits of taking part in this study?

You are not likely to get any personal benefit from taking part in this study. Your participation is expected to provide benefits to others by the result of this study may help other people learn about stress post pandemic and apply it to future situations.

If I don't take part in this study, are there other choices?

If you do not want to be in the study, there are no other choices except to not take part in the study.

Other Important Details

Who is doing the study?

The person in charge of this study is Owen T. Tabela post professional OTD student at Eastern Kentucky University. He is being guided in this research by committee chair, Dr. Dana Howell and committee member, Dr. Shirley O' Brien.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Will I receive any payment or rewards for taking part in the study?

You will not receive any payment or reward for taking part in this study.

Who will see the information I give?

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials.

This study is anonymous. That means that no one, not even members of the research team, will know that the information you give came from you.

However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court. Also, we may be required to show information that identifies you for audit purposes.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you, or if the University or agency funding the study decides to stop the study early for a variety of reasons.

What happens if I get hurt or sick during the study?

If you believe you are hurt or get sick because of something that is done during the study, you should call Owen Tabela at 609-224-3952 immediately. It is important for you to understand that Eastern Kentucky University will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this

study. Also, Eastern Kentucky University will not pay for any wages you may lose if you are harmed by this study. These costs will be your responsibility.

Usually, medical costs that result from research-related harm cannot be included as regular medical costs. Therefore, the costs related to your care and treatment because of something that is done during the study will be your responsibility. You should ask your insurer if you have any questions about your insurer's willingness to pay under these circumstances.

What do I need to know about the use of the biospecimens I provide?

This study will not include whole genome sequencing (i.e., sequencing of a human germline or somatic specimen with the intent to generate the genome or exome sequence of that specimen).

What else do I need to know?

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

We will give you a copy of this consent form to take with you.

Consent

Before you decide whether to accept this invitation to take part in the study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact the investigator, Owen Tabelisma at 609-224-3952 or owen_tabelisma@mymail.eku.edu. If you have any questions about your rights as a research volunteer, you can contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636.

If you would like to participate, please read the statement below, sign, and print your name.

I am at least 18 years of age, have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and voluntarily agree to participate in this research study.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to subject