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Victoria Long

Eastern Kentucky University, victoria_long5@mymail.eku.edu

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OCCUPATIONAL THERAPISTS' PERCEPTIONS OF PRACTICE DURING THE
COVID-19 PANDEMIC AND THE IMPACT ON THEIR MENTAL HEALTH AND
WELL-BEING

BY

VICTORIA LONG

THESIS APPROVED:



Chair, Advisory Committee



Member, Advisory Committee



Member, Advisory Committee



Dean, Graduate School

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Date: 11/29/2022

OCCUPATIONAL THERAPISTS' PERCEPTIONS OF PRACTICE DURING THE
COVID-19 PANDEMIC AND THE IMPACT ON THEIR MENTAL HEALTH AND
WELL-BEING

BY

VICTORIA LONG

Submitted to the Faculty of the Graduate School of
Eastern Kentucky University
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

2023

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DEDICATION

This work is for all the healthcare professionals who feel as if they have not had the time to fully come to terms with what they went through and continue to go through due to the demands of the COVID-19 pandemic. This is for all the professionals who feel as if their voices have not been heard over the past two and a half years. Specifically, this is dedicated to the occupational therapists who were impacted drastically by the pandemic and who feel as if they have not been listened to, appreciated, or acknowledged for their hard work and perseverance.

I see you, I hear you, and I support you.

ACKNOWLEDGEMENTS

Thank you to the amazing Occupational Therapy Department that pushed me to complete this thesis on this timely and needed subject matter. Specifically, I want to acknowledge the hard work and dedication that my chair, Dr. Cassandra Ginn, completed throughout the entirety of this research process. Also, my committee members, Dr. Christine Privott and Dr. Christen Page, for sharing their expertise and for providing much needed support throughout the entirety of this project.

ABSTRACT

Throughout the COVID-19 pandemic occupational therapists worked through a plethora of stressors. Research concerning the mental health of occupational therapists working in inpatient settings during the COVID-19 pandemic has been underexplored. The purpose of this qualitative descriptive study is to understand the effects of the COVID-19 pandemic on mental health and perceptions of healthcare for occupational therapists working in inpatient settings. Ten occupational therapists, recruited via purposive sampling, completed a semi-structured interview. The transcription was coded using thematic analysis finding five main themes. The five main themes included: fear impacts occupational therapists' performance patterns; workplace barriers influence quality of care; growth from within: occupational therapists' path forward; occupational therapists living in occupational imbalance; and there is resilience in meaningful connection. In conclusion, the implication of this research provides further insight on what occupational therapists experienced throughout the COVID-19 pandemic and how healthcare delivery settings can provide greater support for employees.

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I. Introduction

On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a global pandemic (World Health Organization [WHO], 2020). Due to the announcement of the COVID-19, pandemic mass amounts of fear, loneliness, and anxiety were experienced by the public (Yang et al., 2020). Individuals were asked to stay at home confined to a limited amount of square feet and to social distance, which limited social interactions and their ability to go in public unless deemed necessary. At the beginning of the shutdown, people picked up new hobbies or learned new skills, consumed more of the arts; music, television, movies, books and communicated with family and friends virtually (Burton et al., 2021). However, it did not take long for uncertainty to sink in. Hospitals began to openly report how many lives were lost on a daily basis. Local and national news stations began to cover the topic of the pandemic every hour with either updates from the Center for Disease Control (CDC) or the most up to date number on the lives lost within the state, region, or country.

The COVID-19 pandemic became a global emergency, unpredictable and devastating, which has impacted all aspects of society and the economy, specifically the ability to plan and hope for the future (Morganstein & Flynn, 2021). Participation in desired activities of daily living began to dwindle or shift causing emotional strain due to the lack of participation in daily routines (Lannigan & Tyminski, 2021). The lack of opportunities to connect with others due to the restrictions of the COVID-19 pandemic, led to a deep understanding of the importance of the shared experience of social connection (Lewis et al., 2022). Individuals experienced the lack of emotional and

physical resources they once depended on, which led to emotional exhaustion and poor mental health outcomes (Patel et al., 2018).

Mental health is defined per the CDC (2021) as, “our emotional, psychological and social well-being, which affects how we think, feel and act; and determines how we handle stress, relate to others, and make healthy choices”. This study sets out to define mental health in a subjective and individualized manner that encompasses the perceptions of each of the participants. The CDC (2018) defines well-being as, “the general agreement that at minimum, well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning”. Current literature discusses how the perception of well-being and mental health are unique to the individual and their lived experiences (Wilcock, 2006). Healthcare professionals’ mental health and well-being are critical factors when completing job responsibilities while managing to take care of oneself as well (Blake et al., 2020).

At this time, the future was deemed as delicate, and society heavily relied on healthcare workers to take the burden of finding a path to move forward through the pandemic. The unrelenting demands of working on the frontline increased the likelihood of negative outcomes like being able to effectively take care of oneself and feeling a sense of control over one's own life (Lewis et al., 2022). Healthcare professionals began to report negative psychological outcomes including stress, burnout, as well as anxiety or depression (Motahedi et al., 2021; Tse et al., 2021).

Healthcare professionals, otherwise known as “Essential workers”, were categorized as individuals who continued to work since their role was deemed vital for the community (Centers for Disease Control and Prevention [CDC], 2021). Research has

shown that healthcare workers were subjected to not only the known physical risks of the COVID-19 pandemic, but also the psychological impact that has become more apparent (Serrano-Ripoll et al., 2020). Current literature regarding mental health of healthcare professionals during the COVID-19 pandemic is focused on professionals working in emergency or other critical care departments (Vizheh et al., 2021), despite the COVID-19 pandemic affecting healthcare professionals in all service delivery settings (Tse et al., 2021).

One context that was drastically affected by the restrictions and protocol changes enforced by the COVID-19 pandemic are inpatient settings (Camicia et al., 2021). Inpatient settings are known as healthcare facilities or a hospital system where patients stay overnight and receive care from various healthcare specialties and services (Shi & Singh, 2019). During the COVID-19 pandemic, inpatient settings were classified as a high-risk environment for individuals who were positive with COVID-19 (Serrano-Ripoll et al., 2020), which resulted in many procedural and structural changes (Camicia et al., 2021). Which led healthcare professionals in this setting to be constantly concerned with their own safety, their ability to provide meaningful sessions, and their overall well-being (Ito & Ishioka, 2020). Despite the well-known negative outcomes experienced by many healthcare workers, there is little to no research on the mental health of occupational therapists working in inpatient settings during the COVID-19 pandemic. The purpose of this qualitative descriptive study is to understand the effects of the COVID-19 pandemic on mental health and perceptions of healthcare for occupational therapists working in inpatient settings.

II. Literature Review

During the COVID-19 pandemic, the lack of social connectedness increased the risk for negative physical and mental health outcomes for all individuals, but especially healthcare professionals (Nitschke et al., 2021). These individuals experienced stigmatization, social rejection, and low levels of social support which heightened stress levels throughout the entirety of the pandemic (Serrano-Ripoll et al., 2020). Due to the continuous growth in patient numbers and their rapid deterioration from the effects of the pandemic, healthcare professionals experienced significant amounts of physical exhaustion and emotional strain (Blake et al., 2020). Healthcare workers, working in this high stress, demanding environment started to experience secondary trauma (Çölkesen & Çölkesen, 2021), which displayed as various mental health concerns like depression, anxiety, post-traumatic stress disorder (PTSD), insomnia, and burnout (Ishioka et al., 2021; Bucca et al., 2022; Serrano-Ripoll et al., 2020). The significant amount of pressure to provide compassionate, timely, and safe care increased the risk of developing the mentioned adverse psychological outcomes, which negatively affected patient care as well as the professionals' overall well-being (Blake et al., 2020; Czeisler et al., 2021; Serrano-Ripoll et al., 2020).

Mental Health Concerns of Healthcare Workers

Societies increased fear concerning the spread of COVID-19 exacerbated the discrimination and stigmatization placed on healthcare professionals due to their line of work (Blake et al., 2020; Sasaki et al., 2021). Healthcare professionals lost the connection, companionship, and comfort from family and friends that they were accustomed to throughout the pandemic due to the fear of contracting the virus through

those with the greatest exposure (Blake et al., 2020; Morganstein & Flynn, 2021). Healthcare professionals seeking connection at this time, turned to social media for companionship, however these medias for communication presented with excessive false information resulting in a vast majority of healthcare professionals feeling as if the pandemic encapsulated all areas of their lives (Li & Khan, 2022).

When looking at the progression of the pandemic, exhaustion of healthcare workers is classified as its own distinct phase (Borek et al., 2021). Foundational cracks of the healthcare system became evident, which highlighted where professionals continuously experienced “extreme work” defined as extended work hours, the unpredictability and excessiveness of work duties, and the stress of working in a high-risk environment (Willis et al., 2021). Guidelines were shifted and changes were implemented through healthcare management, emphasizing the “reality gap” between healthcare workers and the individuals in power of making decisions concerning their workplace protocols (Willis et al., 2021). Healthcare professionals led care strategies by being compassionate and showing kindness, however it is evident that the lack of support reduced self-care (Lagunes-Cordoba, 2021). Research concerning the mental health of healthcare workers during COVID-19 has primarily focused on front-line workers, leaving a gap in the literature concerning how second-line workers such as occupational therapists and other medical support staff have experienced the pandemic. Nearly, seventy percent of second-line workers reported that they experienced adverse psychological effects from working throughout the COVID-19 pandemic (Ito & Ishioka, 2020), yet the experiences of these workers has been underexplored.

Occupational Therapists during COVID-19

Research prior to the COVID-19 pandemic explored negative psychological outcomes for occupational therapists, specifically one study reported that 69.4% of occupational therapists reported signs of burnout as well as 63.5% reported signs of emotional fatigue (Escudero et al., 2020). These percentages are concerning for all areas of healthcare practice, as it indicates direct concerns for work environments and can leave lasting effects on the way interventions are completed (Escudero et al., 2020). Specifically, during COVID-19 pandemic, occupational therapists working in inpatient settings had to shift from their typical way of delivering services to patients due to barriers like protection of patients and staff, staffing and professional protective equipment (PPE) shortages, and uncertainty concerning best practices to address patients positive with COVID-19 (Robinson et al., 2021).

Occupational therapists are guided by the goal and vision set forth by their national organization, specifically focusing on maximizing patients' health, well-being, and quality of life (American Occupational Therapy Association [AOTA], 2017). Occupational therapists have a wide array of skills that allow them to effectively treat and address mental health and wellness at an individual level as well as group or population level (Lannigan & Tyminski, 2021). This unique subset of healthcare professionals address maintaining occupational balance through the utilization of their knowledge and learned strategies of occupational adaptation to assist in protecting against social and physical restrictions enforced throughout the pandemic (Tse et al., 2021). During the COVID-19 pandemic, occupational therapists advocated for the patient's participation in

meaningful activities, while they experienced a decline in participation in these activities within their personal lives (Maas et al., 2022).

The pandemic increased the risk of occupational therapists developing negative psychological outcomes, specifically depression (Chan & Lee, 2022). Also alarming, roughly half of the occupational therapists who participated in research during COVID-19 indicated concerns regarding how little their employers prioritized their employee's mental health needs (Maas et al., 2022). In addition to the high incidence rate of poor mental health outcomes, occupational therapists during COVID-19 were lacking support from all facets of their life, friends, family and social media as previously mentioned, but also their workplaces were failing to prevent further mental health decline (Ishioka et al., 2021; Robinson et al., 2021).

Mitigating the Effects of the Pandemic

Healthcare workers are spending extended amounts of time in psychological distress which can result in a non-negligible impact on their overall quality of life (Sasaki et al., 2021). Healthcare professionals have reported seeking out new coping strategies, asking for support from loved ones, and finding new relaxing hobbies to help mitigate the physical and emotional toll that comes from working throughout the COVID-19 pandemic (McGlinchey et al., 2021). Yet, it is not known which methods are best at addressing these concerns as there is currently a gap in the literature regarding what coping strategies and supports are effective in helping healthcare professionals manage work-related stressors (Alardi et al., 2021).

Healthcare professionals are still at a high risk for developing negative psychological outcomes and are in need of mental health prevention and promotion

within the workplace (Sasaki et al., 2021). There is a clear need for an ample amount of research to be completed to assist in supporting healthcare workers now and in the future (Maas et al., 2022) to provide guidance for maintaining their mental health which will be essential in providing quality care (Ito & Ishioka, 2020).

Need for Qualitative Research

While some negative outcomes of working as a healthcare professional have been identified in previous studies (stress, burnout, anxiety, depression) (Motahedi et al., 2021; Tse et al., 2021), further understanding of how the mental health of healthcare professionals has been impacted during the COVID-19 pandemic is needed. Most recent literature has set goals for future research to identify methods of deferring negative mental health outcomes experienced by healthcare practitioners (Maas et al., 2022; Sasaki et al., 2021). Specifically, qualitative research is needed since this is the best method for capturing the how behind participants responses and allows for a deeper understanding of the individuals lived experience in their own individualized contexts (Teti et al., 2020). Research about the mental health of occupational therapists working in inpatient settings during the COVID-19 pandemic has been underexplored or possibly unexplored.

III. Research

Methods

Research Design

A qualitative descriptive research approach was used for this study to further explore how inpatient occupational therapists' perceptions on mental health and wellbeing while working during the COVID-19 pandemic. This research sought to study the grand question of, "How do occupational therapists working in inpatient settings perceive their mental health and well-being since working during the COVID-19 pandemic?". Additionally, these sub-questions were investigated:

1. Has the COVID-19 pandemic caused a change in the perceptions of mental health and well-being amongst occupational therapists working in inpatient settings?
2. Do occupational therapists working in inpatient settings during the COVID-19 pandemic use coping skills for stress and how do these influence their perceptions of mental health and well-being?
3. How have views of occupational therapists who work in inpatient settings been impacted by the COVID-19 pandemic?

The qualitative descriptive research design is utilized to provide a deeper look into individuals' lived experience by describing a specific phenomenon, occurrences, or interventions (Kim et al., 2017). To gather data on the subject, the primary investigator developed and utilized a semi-structured interview script (Appendix A), which is in line with the qualitative descriptive research approach (Stanley & Nayar, 2014). The interview script consisted of five demographic questions, then ten questions addressing occupational therapists' experiences in inpatient settings during the COVID-19

pandemic. The approach utilizes thematic analysis to scan for codes within each interview transcription (Stanley & Nayar, 2014). To remain consistent with the approach, the primary investigator utilized three methods to ensure rigor, including maintaining a reflexive journal, peer debriefing, and member checking (Stanley & Nayar, 2014).

The framework utilized to guide the research study was social constructivism, which seeks a deeper understanding of the world in which individuals live and work (Creswell & Poth, 2018). One of the main objectives of this framework is to ensure that the participants' views of the situation are being exemplified in the findings of the research (Creswell & Poth, 2018). The framework looks at how an individual's context in where they live and work is related to their responses and how this affects their overall experience (Creswell & Poth, 2018). The framework provided guidance throughout the development of the research project to support the primary investigators' goals and purpose for completing the study. Additionally, the framework was utilized by the primary investigator to steer the development of the research and interview questions (Appendix B), as well as to ensure that the questions remained open-ended.

Participants

Participants were recruited through a purposive sampling method. Investigators recruited these participants through social media and two mass emails were sent to alumni from the occupational therapy program. The email addresses were provided by a primary contact in the occupational therapy department via a database search with specific criteria of recent graduates. When posting on social media or sending an email, a flyer was attached to provide relevant information concerning the study and contact information for the primary investigator. Potential participants were instructed to email or text the

primary investigator to set up a time to conduct the Zoom interview process. The inclusion criteria of the study consisted of practicing in the state of Kentucky, working full time hours (32 hours minimum) as a licensed and/or registered occupational therapist in an inpatient setting, and having worked in the facility for at least one year during the span of the COVID-19 pandemic. Once the primary investigator declared that the potential participant met the inclusion criteria, then the process moved forward by obtaining the participants' informed consent. The primary investigator contacted the participants via email with the Zoom interview information and a copy of the informed consent form. The first five minutes of the scheduled interview was dedicated to ensuring the participants had the space to ask any questions or voice any concerns prior to completing the informed consent form. No incentive was given for participation in the study.

The sample consisted of ten occupational therapists. Participants' gender, ethnicity, total years of experience, and years of experience in inpatient settings during the COVID-19 pandemic is located in Table 1. Please note that participants' names are replaced by numbers (Participant 1=P1) to ensure the confidentiality and privacy of the participants within the study.

Table 1. Participant Demographic Information					
Participant	Gender	Ethnicity	Years of OT Experience	Years of Experience in Inpatient Settings with COVID-19	Work Setting
P1	Female	Caucasian	2 years	2 years	Acute Care
P2	Female	Caucasian	3 years	2 ½ year	Inpatient Rehab

P3	Female	Caucasian	3 years	1 ½ years	Inpatient
P4	Male	Caucasian	3 years	2 ½ years	Acute Care
P5	Female	Caucasian	4 years	2 ½ years	Sub-Acute Care
P6	Female	Caucasian	2 ½ years	2 ½ years	Acute Care
P7	Female	Caucasian	5 years	1 year, 3 months	Inpatient Rehab
P8	Female	Caucasian	1 year	1 year	Inpatient Rehab
P9	Female	Caucasian	5 years	2 ½ years	Inpatient Rehab
P10	Female	Caucasian	2 years	2 years	Inpatient Rehab

Data Collection

The primary source of data collection for this qualitative descriptive approach was through semi-structured interviews (Stanley & Nayar, 2014). Interviews were completed by the primary investigator virtually via Zoom. The virtual platform Zoom, was used as the tool to collect data from the participants because it allowed for rich therapeutic value, reduced cost to interview, and the participant to be in the comfort of their own home (Oliffe et al., 2021). The interviews were recorded, with the permission of the participants, to allow for full participation in the discussion from the interviewer.

Data Analysis

The interviews were recorded and transcribed verbatim using software called Otter.ai, then coded via thematic analysis, which is an interpretive approach (Stanley & Nayar, 2014). The inductive approach was used which involved recognizing an important moment in the interview and encoding it prior to the process of interpretation, which

allows for the phenomenon to be interpreted through the finding of themes (Boyatzis, 1998). The thematic process included open coding, grouping similar codes, and then collapsing grouped codes into themes (Stanley & Nayar, 2014). A code was identified when the participants language discussed the topic of the study and provided key information concerning their feelings towards the topic. Once no new themes were gained from the data, data collection ceased. This indicated that the study reached data saturation, which was reached at the tenth participant. The lead researcher completed the initial coding, grouping of codes, and indicated initial themes. However, the primary research advisor was included at each step of the process to ensure the lead researcher was only using the participants transcribed words. During the data analysis, researchers frequently referred to transcriptions to ensure data reflected. Words expressed by participants. Peer debriefing was accomplished by having discussions with the primary research advisor concerning the entire research process, including completion of the thematic analysis. Member checking was completed with all ten participants, which included all participants viewing each theme, sub-theme and descriptions and led to all participants agreeing with the found themes. To maintain objectivity throughout the research study, the primary investigator utilized a reflexive journal to log thoughts after interviews, state feelings concerning the process of the study, and to increase the trustworthiness or authenticity of the qualitative research by addressing any signs of potential bias or emotional entanglement (Stone et al., 2021). Other strategies utilized throughout the study to establish rigor included member checking, which is a process where interview participants are asked to confirm interpretations drawn by the researcher, and peer

debriefing, which involves a review of audit trail activities and the use of multiple sources of data to facilitate triangulation (McKenna, 2022).

Ethical Considerations

Prior to starting the study, the researchers completed and obtained approval by Eastern Kentucky University's Institutional Review Board (IRB), IRB #4761 (Appendix C). Participants received the informed consent form via email (Appendix D) and reviewed the contents of the form with the primary investigator at the beginning of the Zoom Interview. Participants were given the opportunity to ask any questions or voice any concerns prior to signing the form and submitting it virtually to the primary investigator. Once the form was submitted, the interview process took place, which included fieldnotes and an audio recording for transcription purposes. Interview questions were scripted to reduce leading or influencing participants response (Creswell and Creswell, 2018). The primary researcher used active listening techniques and repeated content of the interview to avoid any leading participants to any biases.

Participants' names and any identifiable information was removed from the data and replaced with a number to represent each participant. Once data collection was completed, all documents were stored on the primary investigator's personal computer located in a password protected folder. All data will remain protected with the primary investigator and the research advisor.

Results

Occupational therapists working in inpatient settings during the COVID-19 pandemic shared their experiences, describing their perceived positive and negative experiences of being a second-line worker during this time. From their responses, four

hundred and fifty-seven codes were identified, nine categories, and five key themes and associated subthemes arose from the data (see Table 2). Themes and subthemes are further described below.

Main Themes	Sub-Themes	Quotes
<p>Fear Impacts Occupational Therapists' Performance Patterns: Habits, Roles, and Routines</p> <p>Participants reported fear and uncertainty during the COVID-19 pandemic were key drivers for shifting their roles, routines, and habits.</p> <p>Participants discussed the lack of guidelines, evidence-based resources, and the fear surrounding the spread of the virus negatively impacted their daily lives.</p>	<ol style="list-style-type: none"> 1. Unclear Guidelines for Therapy Practices 2. Fear of Spreading COVID-19 	<p>“I would feel so guilty. Like knowing that I was exposed in a healthcare setting to all the things. And knowing that it was probably me that spread it, you know, like, that would have been really hard.” (P9)</p> <p>“We were overwhelmed with this new diagnosis that we didn't know how to treat, everyone was so different in their symptoms, and then no one wanted to come in there.” (P7)</p> <p>“We were pretty low staffed and didn't have a lot of ideas on how to actually treat our patients.” (P6)</p> <p>“I'm going into a room this patient's COVID positive, I don't have an n95 or I have an n95 on that isn't necessarily one that I've been fit tested in. So am I truly protected and am I going to then spread this to my other patients.” (P2)</p> <p>“No one knew what was happening. So, it was just like, changes every day.” (P2)</p>
<p>Workplace Barriers Influence Quality of Care</p> <p>During the COVID-19 pandemic participants lacked the necessary support from their</p>	<ol style="list-style-type: none"> 1. Lack of Appropriate Resources 2. Lack of Company Support 	<p>“What companies are willing to sacrifice honestly, like, for money and to meet their quotas.” (P9)</p> <p>“Because it's exhausting, because there's never enough resources for what we need,</p>

<p>companies, as well as the appropriate resources to properly treat their patients. The participant’s environment was perceived in a negative light, which led to safety concerns, ethical dilemmas, and lack of appreciation.</p>		<p>you know, you're always running out of PPE.” (P10)</p> <p>“I was mentally exhausted and like physically exhausted and emotionally exhausted, but I feel like most of my negativity came from how my management handled the change.” (P7)</p> <p>“When there's constant systematic changes and not a lot of support...it’s very difficult to stay encouraged to do your job.” (P6)</p>
<p>Growth from Within: Occupational Therapists’ Path Forward</p> <p>Participants relied on their background and skills to enhance their coping abilities, practice methods and lessons learned throughout the COVID-19 pandemic. COVID-19 allowed the participants to grow their skills and learn new aspects of themselves that can be utilized to become better practitioners.</p>	<ol style="list-style-type: none"> 1. Reliance on Occupational Therapy Skills 2. Growth Through Adversity 	<p>“I was trying to be as creative as I could under the restraints that I had.” (P3)</p> <p>“Occupational therapy...gave me a purpose in what I was doing.” (P6)</p> <p>“I’ve become even more patient, attending, caring than I was before.” (P5)</p> <p>“And I think just using some of the methods I’ve learned as an OT, for stress reduction, being proactive about my mental health, has allowed me to view myself as a whole person, and not just an OT, and help prevent some burnout.” (P4)</p>
<p>Occupational Therapists Living in Occupational Imbalance</p> <p>Throughout the COVID-19 pandemic, the participants</p>	<ol style="list-style-type: none"> 1. Negative Mental State due to Lack of Balance 2. Increased Need for 	<p>“So, days like that can be really stressful and negatively impact your mental health because then you come home late and you don't want to you know cook or exercise or do any of the stuff that's going to make you feel good.” (P8)</p>

<p>experienced a plethora of negative mental health outcomes, due to their harsh, ever-changing work environment. This led to an increased need for support and coping strategies to mitigate the effect of the negative mental health outcomes on their daily lives.</p>	<p>Coping Strategies</p>	<p>“I hold this guilt all the time, because we're supposed to be the key to their success.” (P7)</p> <p>“I really tried to find other people who were in my situation and learn from them.” (P1)</p> <p>“It brought up it decreased my tolerance level where I just needed a little bit extra support.” (P4)</p> <p>“We didn't know a ton about it even at the time. So, like, everybody's contagious, everybody's like dangerous at this point. So, I think I had to kind of implement a new strategy there just to, like, turn it off.” (P9)</p>
<p>There is Resilience in Meaningful Connection The COVID-19 pandemic emphasized the increased need for connection. The participant’s relied on the support of their coworkers, needed comfort from their family/friends, and prioritized the bond between themselves and their patients.</p>	<ol style="list-style-type: none"> 1. Perseverance through COVID-19 with Coworkers 2. Profound and Necessary Connection with Patients 3. Essential Link to Family and Friends 	<p>“Knowing kind of how COVID the pandemic in general was affecting my mental health and how isolated I felt, led me to be able to really relate to my clients in a way that other people couldn't.” (Patients) (P6)</p> <p>“You kind of had to be a little bit more than just the therapist, even though you do that a lot of anyways you have to support people through their healing, but in their rehab, but felt like you had to be their family support too a little bit because they couldn't see their family.” (Patients) (P8)</p> <p>“I got to know my coworkers really well, and you kind of bond and become a family because you're all going through it together.” (Coworkers) (P2)</p>

		<p>“We have that like, connection now that you can’t have with anybody else, because we will all felt like we just went through this together.” (Coworkers) (P5)</p> <p>“So, I’m just like, taking time to myself and spending time with the people who mattered and who really helped me stay sane.” (Friends/Family) (P1)</p> <p>“I think we’ve grown stronger as a community through all of this.” (Friends/Family) (P4)</p>
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Theme 1: Fear Impacts Occupational Therapists’ Performance Patterns: Habits, Roles, and Routines

When completing the study, a few common terms that were stated in multiple interviews consisted of ‘fear’ and ‘uncertainty’. Occupational therapists when working during the COVID-19 pandemic, were impacted drastically with having to complete new daily routines when at work and transitioning home. Occupational therapists were also expected to expand their roles to care for more patients while consistently having to let go of old habits to be able to adjust to their newfound normalcy. Multiple participants discussed how the environment was changing constantly to allow for new protocol changes. Participant five described it as, “Because every single day, something changed for probably 6 to 12 months, something changed, like protocols or CDC guidelines.”

Other participants proclaimed that the constant change of policies was difficult to manage as well as confusing when trying to incorporate the changes in their therapy practices. Participant seven described the ever-changing work environment as, “There

was just so much inconsistency with how this is going to be handled from day to day because they're finding out new information.”

Another participant explained how their unit was dispersed throughout the beginning of the pandemic, prior to working on a strictly COVID-19 unit. Participant nine expressed her feelings as, “The uncertainty with where I would work like in what location I was working in, kind of the stability that comes with a routine was kind of stripped away.”

The undertone of fear and lack of understanding was relevant throughout all interviews when working in an environment with a new diagnosis that no one has ever treated. Multiple participants expressed the feelings of how difficult this was on healthcare workers, and how individuals are not able to completely understand what they went through without having been in their shoes. Participant three stated, “But I think it was even harder on healthcare workers and essential workers that had to work every single day and working in an environment knowing that I'm more likely to get COVID in that in that realm.”

The dynamic set of expectations, and constant feeling of fear surrounded occupational therapists throughout the duration of the pandemic. This led to a sense of little to no daily routine, lack of participation in desired roles, and minimal participation in typical habits. Therapists had to adapt to the new environment while pushing aside their own fears or concerns with COVID-19 to properly treat their patients and complete their job duties.

Unclear Guidelines for Therapy Practices. Occupational therapists typically rely on evidence-based practice and strategies to guide their therapy interventions with

patients. Due to the lack of knowledge on COVID-19, and how it affected each individual differently, therapists felt unprepared and overwhelmed when trying to come up with guidelines to direct their therapy sessions. Participant one discussed the lack of evidence by stating, “There wasn't as much research I could go off of and I felt like I was more overwhelmed.”

Another participant discussed how the COVID-19 was not a known field of practice when they were studying in school, nor was it something other healthcare professionals had experience. Participant ten stated, “I was also transitioning to this very unknown field of, you know, like COVID rehab wasn't a thing.”

By not having any background or knowledge on how to treat COVID-19 positive patients, participants stated that the uncertainty or confusion negatively impacted their mental health. Participant seven discussed their feelings by stating, “Big ups and downs, like I was saying, initially, it was really shocking, because nobody really knew what to do. And so, all that uncertainty, I think, was a negative impact on my mental health.”

Another dilemma that participants discussed was concerning the lack of policies that assisted in providing therapists structure, guidelines, or standards from their respective companies. Participant two stated, “Several employees got it, several patients got it. And so, we didn't really have a policy on it.”

To complete efficient and productive therapeutic care, occupational therapists needed clear guidelines when working with COVID-19 positive patients.

Fear of Spreading COVID-19. At the beginning of the COVID-19 pandemic, there was not any research or understanding of how the virus spread. Healthcare

professionals sought out any type of available protection to ensure safety for themselves and their loved ones. Participant four stated, “Especially early on where we did not know a lot about how the virus spread, how protected we were and then I’m going home to my family and potentially exposing them as well.”

Occupational therapists were taking extra steps to ensure that they were clean and disinfected prior to entering their own home. This is due to the feelings of guilt or concern that coincided with being consistently exposed to the virus. Participant seven stated, “I felt tainted because I worked with COVID patients. And I was like... the worst thing I can do is take this home to somebody.”

Another participant discussed their concern with spreading the virus throughout their facility, the fear of getting an individual who is already sick and needing care more ill. Participant two stated, “So just not knowing and the concern, really, of working with people that are already immunocompromised, and am I going to spread COVID to them and make them sicker and then lead to them having a worse outcome.”

The safety of others is crucial to occupational therapists and the goals that they are working towards with their patients. With the lack of the feeling of safety throughout the pandemic, occupational therapists struggled with the overwhelming feelings of fear and concern for others as well as themselves. Occupational therapists didn’t have the stability in their understanding of the COVID-19 pandemic, the policies within their settings or the impacts of treatments.

Theme 2: Workplace Barriers Influence Quality of Care

Occupational therapists’ number one priority is to ensure all patients gain the essential tools or skills they need to be able to lead a meaningful and well-rounded life.

When providing care to patient's, therapists needed the proper tools, supports and resources accessible so that they are able to achieve a high quality of care with each patient. Throughout the COVID-19 pandemic there was a shift from focusing on quality of care to just providing the care that was possible, with whatever tools and resources that were accessible at the time. The overall work environment was described by participants as being "volatile" and "emotionally heavy". The harsh environments led to another issue which was the ability to retain staff. Participant four described their environment as, "We're so short staffed and literally just felt like the walls were closing in... you could just see the strain on the hospital system."

This led to increase feelings of fear, anxiety, and being overwhelmed with handling a high caseload of patients with a new diagnosis who no one completely understood how to treat. Participant five described their feelings concerning the workplace as, "As far as just the world and where I worked, it just felt like I had no sense of security."

The workplace environment is a crucial piece in providing not only quality of care, but support for the therapists and other healthcare staff to feel as if they could perform their job duties. The environment also effects the therapist's ability to meet the goals of their patients, as well as having a sense of security within their company.

Lack of Appropriate Resources. Throughout the pandemic resources to necessary personal protective equipment (PPE) and other necessary resources was limited due to the high rate of need. Multiple participants stated how they had to continuously use the same PPE repeatedly or had to share it with other staff. Participant

one stated, “Where we didn't have enough PPE at the beginning we were the same in N95 mask for over a year, carried it around in a brown paper bag.”

The magnitude of completing the process of putting on and taking off the appropriate PPE was strenuous as well for healthcare professionals. When sharing this gear with other healthcare staff, therapists were concerned with spreading the virus with one another and to their patients. Participant ten explained the effects of wearing PPE daily, “The toll that the nonstop PPE has on your body, it's exhausting and incredibly uncomfortable, to be wearing those gowns and sweating profusely all day.”

A few participants explained how not having the appropriate resources or protective equipment have left them feeling more vulnerable to contracting COVID-19. This impeded their ability to provide therapeutic care effectively and efficiently to their patients. Participant six stated, “I haven't always felt super safe in like that I had the resources that I needed.”

Working in inpatient settings during the COVID-19 pandemic was already extremely difficult for individuals to handle mentally and physically. By adding the stress reduced access to appropriate resources needed to provide effective, efficient, and safe care just exacerbated the sense of not being secure or safe when practicing in this field during the pandemic.

Lack of Company Support. To achieve a positive work environment, employees need to feel supported by their employers to complete their job duties. Throughout the COVID-19 pandemic, some occupational therapists did not feel supported by their companies nor their management staff. This creates a hostile work environment which correlates to a lack of faith within the company and their guidelines. Part of the concern

participants expressed related to the lack of policies or guidance for handling COVID-19, participant two stated:

There for the longest time where I worked, there was not a policy for dealing with COVID and it's like were two years in, why do we not have a policy, this is insane. It's here to stay, do something.

The magnitude of frustration and concern with the lack of policies, therapists did not feel supported by their companies to have a positive therapeutic impact with their patients. Once companies placed guidelines or parameters, most of them were concerning productivity rates and making sure insurance is guiding care protocol.

Participant four described it as:

I think part of that is hospitals just trying to recover financially, I get that it's a business but in the same aspect that's not why I got into healthcare to be told how to treat patients based on insurance coverage.

A few participants stated how they felt as if the company was trying their best since they also had no experience with a pandemic before. However, now taking the time to look back on some of the decisions made, participants felt as if the company handled the situation poorly. Overall, therapists just felt as if they were not supported in the way that they needed by their company, one participant even exclaimed they felt more supported from the public than within the healthcare field.

Theme 3: Growth from Within: Occupational Therapists' Path Forward

Participants exemplified the use of their skills and background as an occupational therapist, and how it assisted them throughout tough times during the COVID-19 pandemic. By focusing on the foundations of the field, they better adjusted

to the new standards and needs of their COVID positive patients. Throughout the duration of the pandemic, a lot of practitioners realized how much they grew within their own skillset to offer better, well-rounded treatment to their patients. While also becoming more diverse, creative, and well-rounded occupational therapy practitioners themselves.

Reliance on Occupational Therapy Skills. Multiple participants discussed their background in occupational therapy, and the foundations of the profession as something they relied on throughout the pandemic. The foundation of knowledge allowed them to utilize needed coping skills, and a more positive perspective on how to manage their needs throughout the pandemic. Participant four explained it as, “I think my knowledge and understanding of well-being as an OT helped me be proactive and doing things that renewed me before I got to the point where I was so stressed or burnout.”

Another participant discussed using the background in occupational therapy to plan and implement sessions that met participants at their current level and still was something meaningful abiding by all the restrictions. Participant three stated, “Trying to be creative using that OT mind.”

Occupational therapists were prohibited to utilize typical resources that they were accustomed to in their therapy sessions due to the restrictions imposed by their companies throughout the pandemic. This allowed for more space for occupational therapists to be creative with the resources, and devices they were able to work with to still ensure that their clients gained meaningful, and impactful therapy sessions.

Growth Through Adversity. Throughout the duration of the COVID-19 pandemic, healthcare professionals experienced a harsh, unforgiving environment with

completing long, exhausting shifts. During these tough times, individuals had to grow with the changes in the system and modify their practices to ensure the safety of themselves and their patients. Participants in the study stated various shifts they had to implement to be able to manage their job duties like working longer hours or being designated specifically as a COVID occupational therapist. Participant ten stated it as, “It has made us have to be very adaptable and resourceful within our job.”

Other participants discussed how they now had to fight for more access and resources for their patients to increase their overall quality of care. Participant two stated, “So, it’s taught me more kinda how to work the system, how to give my patients more resources.”

Another outcome of the pandemic concerned how the responsibility of healthcare workers became even larger. Not only were they completing their typical job duties, but now other areas of care fell to them to ensure the patient was safe and satisfied. Participant one stated, “But I feel like, as far as my mental health goes, I really had to stand up for myself sometimes.”

During these times of hardship and turmoil, healthcare workers turned the negatives into growth. Participants exemplified the idea of growth through adversity and took some positive aspects from all of the negative that surrounded the COVID-19 pandemic.

Theme 4: Occupational Therapists Living in Occupational Imbalance

Throughout the COVID-19 pandemic, everyone was thrown off their typical daily routines and habits, which led to a lack of balance within their daily occupations that they were once accustomed to. Healthcare professionals had a hard time mitigating

what they were seeing at work, and not letting it seep into their personal lives.

Participant one explained their difficulty by stating, “When I stepped foot out of that hospital, I don't even want to think about it anymore, because it's just too much, to just constantly think about.”

Other participants discussed how this lack of balance began to affect their overall ability to care for themselves and their patients. This notion led to overthinking, and overanalyzing every situation with each of their patients, attempting to ensure they are receiving the care they expect to meet all their needs. Participant ten explained her feelings towards this through:

And so, you feel like you're stuck between, you know, making the choice that you would probably want to make, like I want to make this person feel better, not only physically, but emotionally, mentally. But then you also are restricted by protocols, safety guidelines. And so, then you look like the bad guy, you feel like the bad guy.

Negative Mental State Due to Lack of Balance. All participants experienced negative impacts to their emotional, mental, and physical well-being throughout the COVID-19 pandemic. Healthcare professionals were experiencing higher caseloads of patients with this new condition that they did not have the background knowledge on how to treat. All of aspects of life began to circle around this new diagnosis, which prohibited healthcare professionals from taking a step away and creating boundaries between work and personal life. Participant 8 stated, “We tended to have extremely high caseloads, so it was pretty stressful at work.”

The high caseloads, fear of infection, and uncertainty in practice led to feelings of being overwhelmed and anxious. Participants experienced these negative thoughts and feelings while at work and in their personal lives. Multiple participants explained how little work-life balance they had since the beginning of the pandemic. Participant nine expressed her feelings by stating, “I think I was just anxious with no, like real path.”

Participants also discussed how when being around individuals who were sick and knowing they may not get better extremely impacted their own mental health. Participant two discussed, “It was so emotionally draining to see these people that have been sick for so long, and they just keep having more and more problems and they're not getting better.”

Multiple participants also explained feelings of ‘defeat’ or ‘guilt’ for not being able to help individuals get back to the function they wanted to be at. Increasingly, occupational therapists took on the feelings of their patients and felt when they were having a bad day, or they had a loss. These feelings increased throughout the pandemic due to the extra roles that therapists were taking on to ensure the client felt safe, comforted and not alone.

Increased Need for Coping Strategies. Individuals need access to positive coping strategies to mitigate the negative feelings or emotions in life. Throughout the COVID-19 pandemic, the need for these coping strategies was even more relevant especially for healthcare workers. Multiple participants stated how through experiencing the turmoil of COVID, they became aware of underlying mental health concerns that need to be

addressed in their own lives. Participant six stated, “COVID really exacerbated my mental health struggles.”

Multiple participants began to attend therapy and were able to use talking with a professional to cope with the traumatic events they have witnessed over the past few years. Other individuals discussed, specifically towards the beginning of the pandemic how it was difficult to escape news concerning the pandemic whether that be at work or at home. Participant two stated,

So initially, I was obsessed with the news about COVID. And I had to stop watching it, I had to stop looking it up, because it was just so stressful and fearful all the time to constantly be thinking about that.

Additionally, participants chose types of coping strategies like crying, seeking companionship, and physical exercise. These chosen coping strategies allowed practitioners to better manage the negative mental health outcomes imposed on them through working in the harsh conditions throughout the pandemic.

Theme 5: There is Resilience in Meaningful Connection

The innate need to have connection with others was exemplified during the COVID-19 pandemic. Not having the ability to go and see who you wanted, when you wanted to, was something most individuals took for granted pre-pandemic. The ability to connect with other individuals who add meaning to our lives is special, and individuals had to learn to be creative to keep up the connection throughout the pandemic. Participants started to use the virtual context more frequently to talk with loved ones, establish closer connections with coworkers, and strengthen the bond with patients.

Perseverance through COVID-19 with Coworkers. Occupational therapists learned to rely on one another and other coworkers to get through the COVID-19 pandemic. Participant ten stated, “We definitely have used each other to cope, to help manage with the stress.”

The ability to manage stress, cope with the trauma, and provide necessary care to their patients was and is a hard task for therapists to complete. Participants built bonds with coworkers to navigate their confusing and shifting work environment. Participant nine explained it this way, “We were all just trying to figure it out. So, we definitely, like grew closer as friends.”

Multiple participants were labeled as ‘COVID OTs’, this is where they were the ones at their company that were designated to work with COVID-19 positive patients. Participants displayed this deeper bond, or connection with these individuals who worked directly with these patients throughout the duration of the pandemic. Participant one stated, “For myself and the other therapists who have dealt with COVID patients like been in the COVID rooms, we have this different sense of like connection.”

The increased sense of community and bond formed between coworkers throughout the duration of the pandemic exemplifies how individuals seek to find that sense of comfort or normalcy with other individuals. In this case, coworkers were able to relate and understand one another and provide a sense of support that individuals who have not been through this event as a front-line worker are not able to do.

Profound and Necessary Connection with Patients. The need to support patients in all aspects of life has never been higher than during the COVID-19 pandemic. Therapists and other healthcare professionals completed extra roles, like stepping in as a

supportive family member with patients since they were unable to see their own family due to the restrictions. Participant seven described it as:

I feel like me and my patients had this abnormal closeness because I was not just their therapist, I felt like a friend and a family member I was who they coped with and who they talked to about their frustration and their, you know, them being scared.

Participants explained how they felt fulfillment in their role in being able to help these socially isolated patients return home. Participant ten discussed their experience as, “I have felt very fulfilled helping them be able to walk out of the building when they came in. You know, a dependent transfer, I have always felt very needed.”

Another positive remark that was made concerned having the ability to walk with the patients throughout their journey and being able to be their support in times of need. Participant nine stated, “Being able to kind of like, walk alongside those patients and truly meet them, in that time of like crisis and trauma, I guess, was kind of cool to see.”

A key aspect of occupational therapy is therapeutic listening and ensuring that patients are given the space needed to be able to talk about what is bothering them or voice any concerns they have. Sometimes, this could include just talking a little bit about their background or their own life story. Participant five displayed how this became even more relevant and necessary during the pandemic, “I just really listened to people and let them talk it out.”

The internal drive to be connected and to have support from other individuals is a typical part of life. Especially when going through a big change or hard times, one

needs that sense of belonging and understanding. Throughout the COVID-19 pandemic, occupational therapists discussed how they were able to provide that level of comfort and compassion to their patients on a level that was probably higher than they have ever done before.

Essential Link to Family and Friends. Participants discussed the importance of family and friends, especially throughout the COVID-19 pandemic. By having the support and companionship with these special individuals, participants were able to complete the necessary tasks when working their job and having a sense of normalcy. Participant five discusses how they shifted their connection with others throughout the pandemic, “And so, I would say the outreach to other people became a lot greater during the pandemic.”

Multiple participants discussed how having the connection with friends or family members was an essential coping strategy used to be able to step away from all the trauma and negativity that surrounded their work environment. Participant four stated, “Having a space to share that with others, was really beneficial as well.”

Participants did have to get creative to be able to stay in touch with loved ones they were used to seeing face to face. Most participants discussed how they used the virtual context to strengthen these connections, and to allow for a platform that kept them both safe. Participant eight expressed her feelings towards the use of virtual platforms or tools as, “I did spend time with people that I probably virtually wouldn't have otherwise, which was kind of a neat shift in ways that I didn't expect.”

Over half of the participants discussed how they utilized virtual platforms to maintain connections with family and friends and strengthen connections that they may

not have been able to see in person. The ability to connect with one another in any nature is crucial to build meaningful, long-lasting relationships. The support gained throughout the pandemic assisted the participants in being able to mitigate the negative mental health outcomes they were obtaining from the stressful environment of work.

Discussion

Individualized Perceptions and Application of Framework

In this study, the first question posed to the participants addressed how they personally defined mental health and well-being, which was previously defined by the CDC (2021) as individuals' emotional, psychological, and social well-being. However, in the current study each individual described their perceptions of their own mental health in an individualized and unique manner, which is supported by previous literature that discusses how the perception of well-being and mental health is unique to the individual and their lived experiences (Wilcock, 2006). Participant eight described their perception of their mental health and well-being as, "mental health and physical health are interconnected, it is a part of your whole health. I think that it impacts every part of healing or pain or how you process anything." A common thread between the participants responses was how one's mental health influences all aspects of life. Participant six stated, "how your emotions and feelings interact with how you function in the world." This study exemplifies the idea that mental health is personally defined and is unique to each individual.

Similar to defining mental health, each participant in the study defined well-being in a different, distinctive manner defining within their own personal context. This is contrasted by the CDC (2018) who defines well-being as positive emotions,

satisfaction/fulfillment, and positive functioning. Some of the descriptors used by participants include emotional stability, happiness, ability to function, ability to handle stress, balanced lifestyle, and the combination of mental, physical, and emotional health. This study did not find common perceptions of mental health and well-being amongst occupational therapists, further indicating the importance of the individual's perspective. To better address the mental health needs of occupational therapists' and other healthcare providers, the personal meaning associated with mental health and well-being should be established by the individual.

This study utilized the social constructivism framework which seeks a deeper understanding of the world in which individuals live and work (Creswell & Poth, 2018). When completing the research study, the framework provided the foundation on what the main objective was and how to attain it through the data collection process. By obtaining various perspectives from the participants gained through the interview process, the study provides a deeper understanding on the specific lived experiences through the lens of each participant's context. The research questions were individually answered through the process of completing the research study, and the data that was provided concerning the research topic. Each research question guided the development of the research tool, data collection and data analysis process. All research questions are answered through the themes and discussion section of the study.

The Impact of Fear

Fear shifted occupational therapists' ability to be able to perform their typical routines, roles, and habits, which is consistent with previous literature findings (Lannigan & Tyminski, 2021). Participants clarified how the lack of guidance on how

to treat patients and the innate fear of spreading COVID-19 led to an unbalanced, and high-risk work environment. This aligns with previous research which discussed how healthcare workers lacked a balanced lifestyle (Willis et al., 2021), as well as experienced working in a high-risk environment (Serrano-Ripoll et al., 2020). The lack of clear communication during stressful periods of time can lead to uncertainty related to their jobs and their future in the company (Abu-Dalal et al., 2022). New findings from this study displayed how occupational therapists were affected with the shift in roles with their patients, specifically needing to perform extra roles to meet patient's needs. This research study also clarified how second-line workers were also deeply affected in the shift of responsibility within inpatient settings, and how their role was as vital as front-line workers. This aligns with the findings from Ito & Ishioka (2020) who found that nearly seventy percent of second-line workers reported adverse psychological effects throughout the duration of the pandemic.

Workplace Barriers

Occupational therapists, as well as all healthcare professionals, faced workplace barriers throughout the duration of the COVID-19 pandemic. Specifically, healthcare professionals worked in a high-risk environment (Serrano-Ripoll et al., 2020), and asked their employers for five things: hear me, protect me, prepare me, support me, and care for me (Shanafelt et al., 2020). The findings in the current study show how occupational therapists did not receive the needed support from their companies which in turn became a key factor in developing negative mental health outcomes they endured throughout the COVID-19 pandemic. One key factor was the lack of access to the proper PPE, which coincides with previous studies (Robinson et al., 2021). A new

finding this study brings forward is concerning how there was a lack in providing vital support for the participants to feel safe, cared for, and be able to be successful within their job. Also, participants expressed how not having the necessary support from their company increased their overall negative mental health outcomes. The current research study also exemplified how the lack of concern from companies on healthcare personnel's mental health and safety was evident throughout the pandemic, which is the same as previous research (Maas et al., 2022).

Throughout the duration of the COVID-19 pandemic, occupational therapists relied on their foundational knowledge to assist in mitigating the negative effects encountered. This included the use of leaning on their background of the holistic approach, and applying it not only throughout working hours but, also in their personal lives. This study, as well as in previous research (Tse et al., 2021), displays how occupational therapists relied on their previous knowledge and strategies concerning occupational adaptation and occupational balance to protect against the negative impact of social and physical restrictions. A new finding found in this research study was how occupational therapists grew despite the harsh environment they were in throughout the COVID-19 pandemic. This included occupational therapists becoming more resourceful, creative, patient, and better listeners.

Current research studies consistently discuss how healthcare professionals' mental health have been negatively impacted by the COVID-19 pandemic (Lewis et al., 2022; Motahedi et. al., 202; Tse et al., 2021; Blake et al., 2020; Czeisler et al., 2021) (Serrano-Ripoll et al., 2020). Specifically, this current study found how occupational therapists experienced similar negative mental health outcomes due to the strains caused

by the COVID-19 pandemic, which is consistent with previous literature findings (Chan & Lee, 2022; Escudero et al., 2020). Occupational therapists, who are the experts in occupational balance, depicted how they felt as if their own personal lives were imbalanced due to the demands throughout the pandemic. This not only concerned work demands, but also areas affecting their personal lives. Participants turned to utilizing necessary coping strategies to try to break this negative cycle of excessive demands. The lack of consistent participation in desired activities was evident throughout interviews with participants, which is consistent with the findings of previous research concerning a decline in participation in meaningful activities for occupational therapists (Maas et al., 2022).

The use of coping skills increased throughout the duration of the pandemic by healthcare professionals, whether this was the use of positive or negative strategies (McGlinchey et al., 2021). Previous research has depicted that there is a gap in the literature concerning what types of coping strategies or supports are effective for healthcare professionals throughout the COVID-19 pandemic (Alardi et al., 2021). This current research provides a varying perspective of how crucial coping strategies were for occupational therapists in inpatient settings throughout the pandemic. Participants exemplified how the use of these indicated strategies helped mitigate some of the negative impacts on their mental, physical, and emotional health. A few of the common strategies participants used included physical activity, attending therapy, and increased social connection. The use of these necessary coping skills indicates how often and when the participants were experiencing higher amounts of stress in their typical routines, however it does differ their perception of mental health and well-being. The

participants indicated when they needed more supports by relying on coping strategies and were able to help mitigate negative mental health outcomes, which coincides with findings from previous literature (McGlinchey et al., 2021).

The Power in Social Connections

The impact of meaningful connection on healthcare professionals is evident throughout previous literature (Blake et al., 2020; Burton et al., 2021; Chan & Lee, 2022; Lewis et al., 2022; Morganstein & Flynn, 2021; Nitschke et al., 2021). In the current study, the relationships between family/friends, coworkers, and patients were asked in separate interview questions which is depicted by the sub-themes found under theme five. Each type of connection was meaningful to the participants and was needed to mitigate the effects of the COVID-19 pandemic. In the current study, participants consistently discussed the stronger bond made with coworkers. Participants exclaimed this is due to the ability to relate to one another's lived experience and understand each other's struggles and achievements within the work environment. This research study also displayed how occupational therapists were able to increase their connection with patients and have the opportunity to be able to step into a family/friend role throughout their care. The relationship between occupational therapists and their family and friends became crucial throughout the pandemic to help negate the risk for developing negative mental health outcomes, which is consistent with previous research (Chan & Lee, 2022). Even though participants lacked the normal physical connection they were once accustomed to (Morganstein & Flynn, 2021; Blake et al., 2020), they learned to be able to continue these relationships using virtual platforms and deepen other bonds throughout the duration of the pandemic.

Perceptions on Healthcare Moving Forward

Healthcare systems had to make a lot of changes throughout the COVID-19 pandemic, some were beneficial. Participants in the study exclaimed how the COVID-19 pandemic highlighted the need for change. Specifically, healthcare administration needs to work towards supporting their employees more, treating their employees better, and addressing the financial piece of healthcare where pay rate comes in to play. Which is comparable to previous research that stated facilities could implement promoting a better work environment, providing time off, having adequate staffing, and recognizing that their work is appreciated (Lewis et al., 2022). Participants stated that now is the time to rebuild and reshape healthcare for the better. To have the ability to move forward together as communities with a common goal, which correlates with findings from previous research (Lagunes-Cordoba, 2021). This strategy is so that the best healthcare possible is provided to ensure that the community is supported, and individuals can participate in their daily lives by moving forward from the devastation caused by the pandemic. A new finding in the current study concerns how participants explained the loss of faith in their companies by the aspects the company prioritized and the decisions that were made throughout the duration of the COVID-19 pandemic. Overall, participants seemed to have less of a positive outlook on their healthcare organizations after enduring the harsh environment throughout the pandemic.

Implications

The COVID-19 pandemic impacted healthcare in a way that no one could have predicted or fully prepared for. The classification between the general public and individuals who were deemed “essential workers” created a divide between friends,

families, and communities. The need for healthcare workers from all specialties and backgrounds has never been more urgently needed and necessary to be able to move forward through the pandemic (Serrano-Ripoll et al., 2020). This research study brought forward a bigger picture of how occupational therapists in inpatient settings described their feelings surrounding the COVID-19 pandemic. Specifically, defining mental health and well-being based on their own lived story and personal context that was affected drastically by the standards and restrictions of the COVID-19 pandemic. This provides context to how participants relied on their connection with coworkers, patients, and family/friends during these times of high stress. Which is a key factor for how the participants coped with the negativity that surrounded their work and the pandemic in general. Moving forward, occupational therapists and other healthcare professionals need to lean into the connections they make or already possess to ensure that their work or other duties do not consume their entire being, and that they are able to find a balance within these connections.

Previous research studies indicated a gap in the literature concerning what coping strategies and supports are effective in assisting healthcare professionals mitigate the toll of the COVID-19 pandemic (Alardi et al., 2021). In the current study, participants displayed the use of unique, individualized coping strategies in their personal lives to move forward through the inflicted negative mental health outcomes from the pandemic. Participants exclaimed how important it was to be able to rely on and use these coping strategies, while navigating the unknown, unfamiliar landscape of the pandemic. For future use, healthcare practitioners need to prioritize the use of coping strategies in their daily routines, whether that be exercising or reading a book.

By building the habit of using these tools consistently, individuals will be more prepared when areas of life become stressful.

The mental health of healthcare workers should be recognized and prioritized more by healthcare organizations, as the promotion of mental health and well-being is a concern that should not be solely the individual's responsibility (Lagunes-Cordoba, 2021). The current research study found that some of the negative mental health outcomes that participants experienced throughout the COVID-19 pandemic were due to the lack of company support. To be able to move forward and help mitigate the negative mental health outcomes experienced by healthcare professional companies need to promote organizational resilience, this is in line with previous research (Blake et al., 2020). Facilities could provide staff with self-care training, psychological support, and safe opportunities to engage in meaningful activities (Maas et al., 2022). Participants described how the support from the outside world was positive for them, and if they received the same amount of support from their own facilities then this would have lessened the negative toll on their mental health caused by the pandemic. This study implies to navigate the post COVID-19 world of healthcare, facilities need to take a more direct role in the care of their employee's mental health and well-being. This includes taking the time to listen to the concerns of the employees and trying to instill a positive, supportive work environment so that not only the employees' benefit, but also the patients.

Limitations

The results of this study cannot be considered as conclusive to all occupational therapists. The participants in the study were all new (five years or less of experience)

occupational therapists, which could influence their perspective on how COVID-19 affected their environment. Some participants only knew working as an occupational therapist during the COVID-19 pandemic and had no previous experience to compare it to. Another limitation could be the tools used to recruit the participants. Since a mass email to recent graduates was used via their school email, this could be seen that only more recent graduates would check that email address. To offset this, another form of recruitment was used via social media in hopes to reach a larger audience to gain a wider range of participants. Another limitation concerned the limited inclusion criteria for the study, specifically the location needing to be in the state of Kentucky. This may provide a limited viewpoint since the occupational therapists in the study all experienced either the same or lack of government support/guidelines from their state. Another limitation is concerning the participants demographics, specifically the participants gender. Out of ten participants only one male participant completed the interview process. In future studies having more input from the male occupational therapy perspective would be necessary to gain a more diverse perspective in the findings.

Conclusion

The intent of this research was to better understand the effects of the COVID-19 pandemic on the mental health and perceptions of healthcare for occupational therapists working in inpatient settings. It was discovered that participants each have their own perceptions of mental health and well-being, and a common perception or definition could not be easily described. However, there were some common perceptions shared amongst participants in regard to their experience impacting their mental health whilst

working through the COVID-19 pandemic. The five main themes found include: fear impacts occupational therapists' performance patterns; workplace barriers influence quality of care; growth from within: occupational therapists' path forward; occupational therapists living in occupational imbalance; and there is resilience in meaningful connection. This study provides further insight on what occupational therapists experienced throughout the duration of the COVID-19 pandemic and how crucial coping strategies are in mitigating negative mental health outcomes. This study asserts that healthcare facilities can and should provide greater support for their employees' mental health and well-being. Future research on the mental health of occupational therapists is recommended in a larger geographical range, including practitioners with a wider range of experience, and the inclusion of more male participants. Research comparing the difference between how occupational therapists in other settings other than inpatient may also be beneficial to gain a bigger picture on how all occupational therapists were affected during the COVID-19 pandemic. Finally, it would be beneficial to complete a similar study five or ten years later to see if the impact of the pandemic is still as prominent on these professionals, and the healthcare system as a whole.

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APPENDICES

{Appendix A: Interview Guide}

{Appendix A: Interview Guide}

Interview Guide

Time of Interview:

Date:

Place: Private Virtual Meeting Room - Zoom

Interviewer: Victoria Long

Interviewee:

Position of Interviewee: Occupational Therapist

The research project consists of semi-structured interviews to help understand the effects of the Covid-19 pandemic on mental health for occupational therapists' working in inpatient settings

Questions:

1. How do you personally define mental health and wellbeing?
2. How does aspects of your position as an OT (or OTA) impact your mental health and wellbeing in a positive way prior to COVID-19? During the COVID-19 pandemic?
3. How does aspects of your position as an OT (or OTA) impact your mental health and well-being in a negative way prior to COVID-19? During the COVID-19 pandemic?
4. What coping strategies and/or resources did you implement in your life to support mental health and well-being prior to the Covid-19 pandemic and how often did you engage in these?
5. How did these coping strategies or the rate at which you implemented these strategies change during the COVID-19 pandemic?
6. What else have we not discussed related to your mental health and wellbeing before or during the COVID-19 pandemic?
7. How has the Covid-19 pandemic impacted your interactions or relationships with family and friends both positively and/or negatively?
8. Has the Covid-19 pandemic impacted your interactions with clients both positively and/or negatively?
9. How has the Covid-19 pandemic impacted your interactions with colleagues both positively and/or negatively?
10. What else have we not discussed related to your perceptions of healthcare during the Covid-19 pandemic that you would like to tell me?

Thank you for participating in this interview. I wanted to remind you that this interview and responses are confidential, and will not be shared outside of this research project.

{Appendix B: Research Questions}

{Appendix B: Research Questions}

Grand Question:

How do occupational therapists working in inpatient settings perceive their mental health and well-being since working during the COVID-19 pandemic?

Sub-Questions:

1. Has the COVID-19 pandemic caused a change in the perceptions of mental health and well-being amongst occupational therapists working in inpatient settings?
2. Do occupational therapists working in inpatient settings during the COVID-19 pandemic use coping skills for stress and how do these influence their perceptions of mental health and well-being?
3. How have views of occupational therapists who work in inpatient settings been impacted by the COVID-19 pandemic?

{Appendix C: IRB Approval Form}

{Appendix C: IRB Approval Form}



Hello Victoria Long,

Congratulations! Using expedited review procedures, the Institutional Review Board at Eastern Kentucky University (FWA00003332) has approved your study entitled, "Mental Health and Perceptions Shift: Occupational Therapists in Inpatient Settings during the COVID-19 Pandemic." Your approval is effective immediately and will expire on 6/1/23.

As the principal investigator for this study, it is your responsibility to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations. Please read through the remainder of this notification for specific details on these requirements.

Consent Forms: If your study involves only adult subjects, a copy of your approved informed consent form is attached. If your study includes children as subjects, copies of the approved parent/guardian form and child assent form(s) are attached. Please ensure that only approved documents with the ECU IRB approval stamp are used when enrolling subjects in your study. Each subject must receive a copy of the form to keep, and signed forms must be kept securely on file in accordance with the procedures approved in your application. At any time, you may access your stamped form(s) through your [InfoReady Review](#) account by following the steps below:

1. Log in to your InfoReady Review account using your ECU credentials.
2. Click the Applications link from the top menu bar.
3. Select the project title for your study.
4. Access the approved PDF file from the list of attachments.

Adverse Events: Any adverse events that occur in conjunction with this study should be reported to the IRB immediately and must be reported within ten calendar days of the occurrence.

{Appendix D: Informed Consent Form}

{Appendix D: Informed Consent Form}

Consent to Participate in a Research Study

Mental Health and Perceptions Shift: Occupational Therapists in inpatient settings during the COVID-19 Pandemic



Institutional Review Board
Protocol Number

4761

Approval Valid

7/7/22-6/1/23

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 ten people in the study.

What is the purpose of the study?

The purpose of the study is to understand the effects of the COVID-19 pandemic on mental health for occupational therapists' working in inpatient settings.

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

The research procedures will be conducted online via Zoom video call. You will need to come to attend your designated interview time on Zoom, once during the study. This interview will take about twenty-five to forty-five minutes.

What will I be asked to do?

To participate in the study, you will be asked to provide answers to multiple interview questions about your experience as an occupational therapist in an inpatient setting during the COVID-19 pandemic, and how this has affected your mental health and perceptions of healthcare. The study will involve a semi-structured interview, which will consist of open ended questions asking about your experience over the past three years. All of the participants will be in the same study group, and will receive the same questions to guide the interview process.

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

Some individuals could be excluded from the research project due to not working as a full-time (32 hours minimum weekly) occupational therapist in an inpatient setting during the COVID-19 pandemic, not residing in the state of Kentucky, or for working in the inpatient facility for less than a year.

What are the possible risks and discomforts?

Although we have made every effort to minimize this, you may find some questions we ask you to be upsetting or stressful. If so, we can tell you about some people who may be able to help you with those feelings. Some resources to seek are the following: Kentucky Counseling Center, Mental Health America of Kentucky, etc. You may, however, experience a previously unknown risk or side effect.

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 providing a more in depth knowledge of how the COVID-19 pandemic has had an effect on the perceptions and overall mental health for occupational therapists in the inpatient setting.

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.

Now that you have some key information about the study, please continue reading if you are interested in participating. Other important details about the study are provided below.

Other Important Details

Who is doing the study?

The person in charge of this study is Victoria Long at Eastern Kentucky University. She is being guided in this research by Dr.Cassandra Ginn. There may be other people on the research team assisting at different times during the study.

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. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what the information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

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.

We will make every effort to safeguard your data, but as with anything online, we cannot guarantee the security of data obtained via the Internet. Third-party applications used in this study may have terms of service and privacy policies outside of the control of the Eastern Kentucky University.

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 Victoria Long at (859) 325-6455 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 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, Victoria Long at (859) 325-6455. 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