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## Occupational Therapists' Perspectives During the COVID-19 Pandemic

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## Occupational Therapists' Perspectives During the COVID-19 Pandemic

### Abstract

On March 11, 2020, the World Health Organization declared the outbreak of the coronavirus disease 2019 (COVID-19) as a global pandemic. Hospitals, nursing homes, and communities worldwide were flooded with patients diagnosed with COVID-19, resulting in the increased need for medical care and treatment by health care professionals, such as occupational therapists. This study analyzes output from a quantitative online survey design, which was created on SurveyMonkey and included 43 questions. Data from the survey were collected, categorized, and measured through the SurveyMonkey computer system and included information gathered from 204 occupational therapists from October 2020 to February 2020. Based on the survey results, occupational therapists believe that their profession has an ethical duty to provide skilled interventions to patients diagnosed with COVID-19. The majority of the occupational therapists were worried about their health and their family's health as a result of COVID-19. In addition, many of the therapists reported a close contact and subsequent positive test for COVID-19. Health care administrators and leaders should use the common perspectives among health care workers to guide them as they provide additional support and implement changes during the COVID-19 pandemic. Interventions that could be implemented by health care administrators include self-care training, psychological support, and safe opportunities to engage in meaningful activities.

### Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

### Keywords

occupational therapy, pandemic, health care professional, mental health, coronavirus

### Credentials Display

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On March 11, 2020, the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak a global pandemic. COVID-19, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is a respiratory disease that had not previously been seen in humans. The first case of the virus was reported in Wuhan, China, in December 2019 (WHO, 2020). The virus is highly contagious and primarily spreads from person-to-person through droplets of saliva or discharge from the nose. Patients with COVID-19 have reported a wide range of symptoms, including but not limited to fever, cough, shortness of breath, fatigue, body aches, acute loss of smell or taste, nausea and/or vomiting, and/or diarrhea. It has been discovered, however, that some people who become infected are asymptomatic and do not show any signs or symptoms of the virus but remain contagious to others (Centers for Disease Control and Prevention [CDC], 2021a).

As of September 7, 2021, the Centers for Disease Control and Prevention (2021b) announced that the United States of America has had 40.1 million positive COVID-19 cases and 647,000 deaths due to this virus. Individuals who have underlying medical conditions and/or are elderly have a higher risk of developing severe symptoms of the virus and requiring medical care. This care may be provided through telehealth appointments, in-person doctor visits, community clinics, and/or hospitalizations. Across the country, there have been 2.8 million COVID-19 hospital admissions confirmed (CDC, 2021). Many settings, including hospitals, nursing homes, schools, and other institutions worldwide, have been flooded with patients diagnosed with COVID-19 at various points in time since the onset of the pandemic. Health care workers are at the front line of defense against the virus. Because of this, occupational therapists' work experiences in many practice settings have changed dramatically. Service delivery context, treatment outcomes, and policy and procedure continue to evolve under these conditions.

### **Survey of Occupational Therapists**

The relative newness of this phenomenon means there is a limited amount of current literature to inform intervention under these circumstances. To better understand the kinds of changes occupational therapists are experiencing and how they believe it is affecting them in this new context, the authors developed a survey. The goal of the survey was to explore occupational therapists' (licensed occupational therapists and occupational therapy assistants) perspectives during the pandemic to apply an evidence-based approach to collecting data that can facilitate the development of informed professional opinions related to this phenomenon.

The questionnaire was created on SurveyMonkey and consisted of 43 Likert-style questions developed to elicit personal and professional contextual information and first-person perspectives on how the pandemic was affecting respondents. After receiving institutional review board approval, the survey creators deployed their questionnaire. Once the respondents completed an informed consent process online, they were able to access and complete the survey via computer, smartphone, or other electronic device with an Internet connection.

The study gathered data from 204 occupational therapists across the United States. The participants for this study were predominately female (92%) between 25 to 35 years of age (62%). The majority of the participants were licensed occupational therapists (94%) who identify as Caucasian (95%). Using the divisions from the U.S. Census regional map, the geographical and regional representation of the participants was primarily from the northeast region (70%). The most significant percentages for the participants' primary work environments were skilled nursing facilities (26%), hospital settings (19%), and school setting (14%). The demographic factors of this survey's participants are comparable to the AOTA 2019 workforce survey (2020).

## **Beneficence**

In the opinion of this investigation's authors, the results of this survey support the professional standard of beneficence as a value held in the profession. This view was indicated by the majority of occupational therapists (87%) who responded to the survey and agreed with the statement that they believe their profession has an ethical duty to provide skilled interventions to patients diagnosed with COVID-19.

In acknowledging their ethical responsibilities to provide care, however, the therapists did express concerns regarding increased risk to one's own health and well-being and to coworkers, friends, and family members. Occupational therapists are providing skilled interventions to patients diagnosed with COVID-19 but have a significant fear of bringing this contagious virus home. When asked in the survey, 129 of the participants (63%) reported that they were worried about their health, and the majority of the participants (89%) reported they were worried about the well-being of their family and friends. There is data to suggest this is a common theme among health care professionals. In China, a survey of health care professionals showed the participants felt it was their duty to provide direct services to patients with COVID-19 because they are medical workers. These professionals in China also reported significant fear and anxiety for their family and friends (Liu et al., 2020).

## **Personal Protective Equipment**

Another topic for future research suggested by the survey results is the degree to which a relationship exists between health care workers' fear of infection and the personal protective equipment (PPE) provided by their employers. Research by Erdem and Lucey (2021) indicates that out of 37 countries, the United States has the highest health care worker infection rate. The supply, manufacture, distribution, and availability of PPE have been international media topics throughout the pandemic. One recent study in Spain concluded that physical therapists feared inadequate PPE would put their families at greater risk of contagion (Palacios-Ceña et al., 2021).

Further research should be conducted to identify whether limited PPE is resulting in increased fear and greater risk of health care workers contracting the virus. Through this survey, it was discovered that numerous occupational therapists (77%) have had close contact with individuals who have tested positive for COVID-19. The most common reported person to test positive was a co-worker. The largest percentage of the participants who had a co-worker test positive reported working in a skilled nursing facility. A lack of standards in this survey specifically addressing quantity, quality, type, and location for what constitutes PPE interferes with measuring its impact on health care workers. Further research is necessary, however, to determine conclusively whether and how limited access to PPE may result in greater risk for health care workers in general and occupational therapists in various practice settings contracting the virus and the effects this phenomenon have on them.

## **Mental Health**

The findings of this survey also suggest a need for increased behavioral health support services and training for occupational therapists in the United States. Over half of the occupational therapists in this study reported feeling anxious, burned out, stressed, and/or overwhelmed during the period of the study. The topic of the mental health of health care workers as they faced tremendous challenges during this time has been addressed in numerous media outlets and forums since the COVID-19 outbreak (Blake et al., 2020). A meta-analysis of 61 studies conducted in Asia indicated an increase in anxiety, depression, acute stress, and post traumatic stress disorders in health care workers during the pandemic (Cabello et al., 2020). Another cross-sectional study in China found that health care workers had high levels of stress and deteriorated sleep quality (Xiao et al., 2020).

Consistent with these findings, a large number of the participants in this survey (49%) identified dissatisfaction with regard to their employer’s methods for addressing the mental health needs of their employees during the COVID-19 pandemic. Table 1 displays the frequency and percentages of the participants’ answers when responding to a question concerning their lived experience of specific emotions as a result of COVID-19. These terms were not objectively defined by the investigators, and the results are subjective to the participants’ own perceptions of what constitutes “a little” versus “a moderate” or “a lot.”

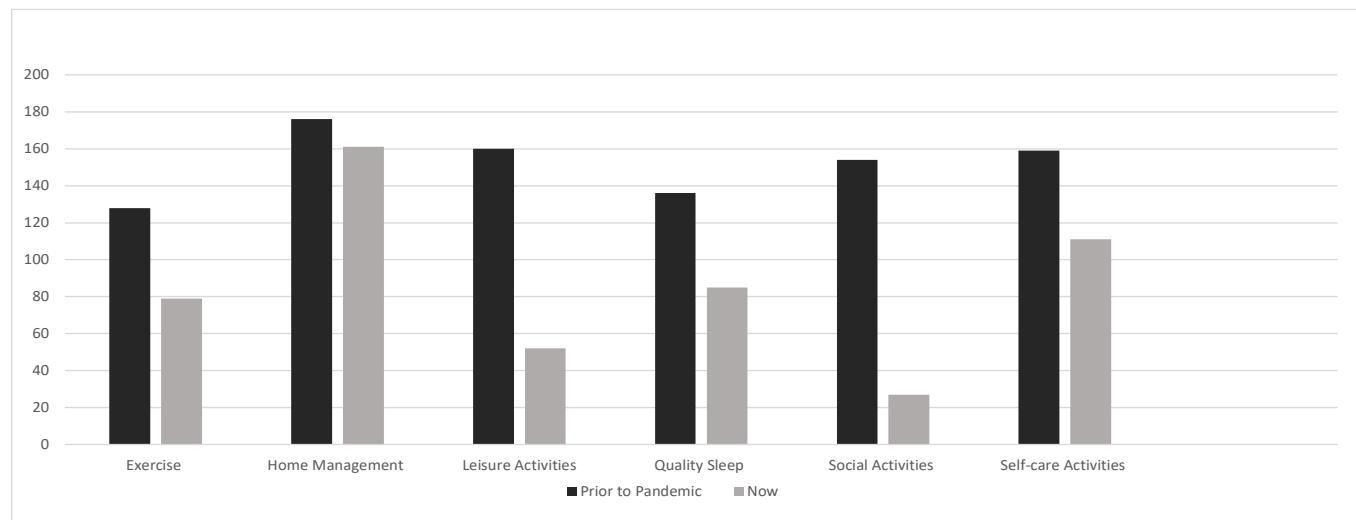
**Table 1**  
*Mental Health During Pandemic (n=204)*

	<b>Never</b>	<b>A little</b>	<b>A moderate amount</b>	<b>A lot</b>	<b>A great deal</b>
	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>
Anxious	11 (5.39)	44 (21.57)	60 (29.41)	47 (23.04)	42 (20.59)
Burned out	20 (9.80)	30 (14.71)	44 (21.57)	62 (30.39)	48 (23.53)
Depressed/ Hopeless	57 (27.94)	64 (31.37)	46 (22.55)	23 (11.27)	14 (6.86)
Overwhelmed	9 (4.41)	42 (20.59)	52 (25.49)	59 (28.92)	42 (20.59)
Stressed	7 (3.43)	34 (16.67)	45 (22.06)	67 (32.84)	51 (25.00)
Tired	7 (3.43)	37 (18.14)	57 (27.94)	55 (29.96)	48 (23.53)

### Occupational Participation

As health care professionals who advocate for the importance of participating in meaningful activities, we find it concerning, but not surprising, that many occupational therapists have seen a decline in their level of participation in daily activities, including self-care and leisureful tasks throughout the study. The majority of the respondents reported a decrease in participation in leisure activities, social participation, frequency of exercise, and quality of sleep. Table 2 represents occupational therapists’ frequency of participation in meaningful activities prior to the pandemic compared to during the pandemic.

**Table 2**  
*Participation in Meaningful Activities*



This decline in daily activities likely has a significant psychological impact on occupational therapists. According to Sanchez-Reilly et al. (2013) participation in self-care activities decreases the risk of burnout, compassion fatigue, and moral distress in health care professionals.

### **Conclusion**

The findings from this study suggest that occupational therapists recognize it is their ethical responsibility to treat individuals diagnosed with COVID-19. Beyond this acknowledgment, however, occupational therapists are fearful of spreading the virus and putting their loved ones at risk. Evidence from this survey and other literature indicates that there is a concerning number of health care workers who are dissatisfied with both the amount of PPE provided by their employer and how they feel their mental health needs have been addressed since the onset of the pandemic. Health care administrators and leaders can use this information to guide them toward implementing quality improvement changes related to these phenomena. The implementation of consistent safety standards and practices and provision of meaningful emotional support for health care professionals during these challenging times is advisable to prevent negative impacts on occupational therapists' job performance and patient care.

In this context, it may be beneficial for employers to offer additional resources for addressing the mental health of health care workers as they experience a traumatic event. Interventions that could be implemented by health care administrators include self-care training (including, but not limited to, personalized wellness assessment, mindfulness, coping techniques, and meaningful leisure), psychological support, and safe opportunities to engage in meaningful activities. Sanchez-Reilly et al. (2013) identified the Wellness Wheel Tool as a widely available instrument used to improve well-being and reduce the risk of stress and burnout. The tool helps health care practitioners reflect on their engagement with six types of wellness, including physical, intellectual, emotional, spiritual, social, and occupational (Sanchez-Reilly et al., 2013). In addition, Blake et al. (2020) produced “an e-package to support the psychological wellbeing of healthcare workers during and after the COVID-19 pandemic” (p 13). The package includes quick links, supportive teams, communication, and social support through a digital platform. The package is free and can be used by health care workers in the hospital or community setting. Lastly, health care administrators may consider implementing safe opportunities for health care workers to engage in meaningful activities. Virtual exercise and/or interest groups could be offered by the health care system. These groups could assist in increasing workers' occupational balance by adding socialization, creative activity, and/or exercise frequency to maintain overall well-being. To sustain those who sustain others, meaningful support for their emotional well-being and quality of life is essential at the personal, organizational, and community level.

### **Areas for Future Research**

The results of this survey have identified the need for additional research. A follow-up investigation could be completed using the same survey. Future results could be compared to initial findings to analyze the evolution of occupational therapists' perspectives throughout the pandemic. Continued research should be conducted to assess facility preparedness and employee resources. It is essential that research is continued to better support the health care workers now and in the future.

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