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Occupational Disruptions Among Health Professional Faculty During COVID-19 Pandemic

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Occupational Disruptions Among Health Professional Faculty During COVID-19 Pandemic

Abstract

The coronavirus disease was an unexpected pandemic. It led faculty in the health professional graduate programs to adjust and adapt to the new reality, which impacted them mentally, physically, and emotionally, and disrupted their occupational performance. The purpose of this phenomenological study was to examine the impact of COVID-19 on occupational engagement through semi-structured interviews conducted to understand the lived experiences of graduate faculty in health professional programs at one university in the northeast region. The interviews were analyzed by creating codes and themes through the process of peer debriefing. Eight faculty participated in the study, including faculty from the following departments: Nursing, Communication and Science Disorders, Occupational Therapy, and Nutrition and Dietetics. The results suggest that the COVID-19 pandemic caused both positive and negative impacts on the participants' occupational engagement. Five themes emerged: impacted sleep routines, adaptation, stress and anxiety, outdoor activities, and parental and work responsibilities. These findings can guide colleges and universities to prepare and provide the right support and resources to reduce stress and anxiety and promote occupational engagement of the faculty in the future. The findings also help to identify the roles of occupational therapists in times of disasters or a pandemic in preparedness, plans for resources, improving faculty's occupational engagement and occupational balance, and rebuilding their routines.

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

coronavirus, occupational balance, faculty, occupational adaptation

Cover Page Footnote

The authors would like to thank all of the faculty who participated in this study.

Credentials Display

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The World Health Organization (WHO) declared a Public Health Emergency of International Concern on January 30, 2020, as a result of the coronavirus outbreak, and declared the novel coronavirus (COVID-19) outbreak a global pandemic on March 11, 2020 (Cucinotta & Vanelli, 2020). The COVID-19 crisis is considered a type of disaster. Disaster is defined as "dangerous accidental or uncontrollable situations or events that cause significant environmental destruction, loss of life, and disruption of social structure and normal daily life routines. Disasters overwhelm the local capacity to respond and necessitate requests for external assistance" (Smith & Scaffa, 2014, p. 964).

A disaster is disruptive to occupational engagement. It can disrupt an individual's roles and routines and cause mental health issues that impact occupations (Scaffa & Reitz, 2020). The increase of COVID-19 cases followed by a rapid change in lifestyle events is a significant disruption to everyday life occupations. Occupations are defined as the daily activities that individuals perform alone or among families and communities that are meaningful and purposeful to their lives. Occupations are classified as activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2020). According to Whiteford (2000), occupational disruption occurs when an individual's typical occupational engagement routine is disrupted by significant events, environmental changes, illnesses, or injuries.

Health care workers and health professional faculty members are the primary contacts with infected patients across various health care settings (Bhagavathula et al., 2020). Their exposure to infected patients may impact their well-being physically and mentally. Therefore, the rapid change of lifestyle events resulting from COVID-19 is seen as a significant disruption to everyday life for health care providers and faculty in health professional graduate programs. It leads to factors that contribute to mental health problems among health care professionals (De Kock et al., 2021).

When an individual faces occupational challenges, regular responses may not be sufficient to master his or her occupation. In this situation, occupational adaptation is required for the individual to meet the occupational challenge (Schultz, 2014). The purpose of the present study was to understand the impact of COVID-19 on occupational engagement and the lived experiences of faculty in health professional programs and how the faculty adapted and recovered from the occupational disruption. The occupational adaptation theory was used to guide the development of interview questions and interpretation (Schkade & Schultz, 1992; Schultz & Schkade,1992). The theory describes the interaction between the two fundamental constructs of occupation and adaptation. Occupational adaptation is a normative process that leads to competence in occupational functioning. This occupational functioning occurs through the interaction of the person with the areas of occupational performance, such as ADLSs, IADLs, work, education, etc. (Schkade & Schultz, 1992).

The study's findings can offer insights into the support needed for a university. And programs can provide the faculty with appropriate adaptations. It is helpful to know how to support health professional faculty in gathering resources for their mental, physical, and emotional health. This information can assist with both their work and their personal lives. These events are unpredictable, and the faculty members need to be prepared before, during, and after they occur. The results can also help identify occupational therapists' roles in times of disaster in preparedness, plans for resources, improving individuals' occupational engagement, and rebuilding their routines. The research question was "What is the impact of COVID-19 on the occupational engagement of faculty in health professional graduate programs?"

Literature Review

According to Whiteford (2000), occupational disruption is a temporary interruption occurring when an individual's typical occupational engagement routine is disrupted. Previous research shows many occupations, including ADLs, IADLs, work, education, social participation, and sleep and rest, have been disrupted in the wake of a natural disaster or pandemic. These disruptions can result from disasters that cause physical, mental, and emotional problems. Because of the psychological and physical impact that COVID-19 may have on health care providers or educators, they must learn coping strategies beneficial to their overall health to become more functional in their occupations. In addition, contexts such as the physical environment are affected; therefore, flexibility and adaptation to the changing environment are required.

Mental health issues are associated with stressful events, and the current pandemic is a major health crisis affecting several countries. The widespread COVID-19 outbreak is creating distressing symptoms in the health care settings that can lead to insomnia and a lack of rest (Cai et al., 2020; Lai et al., 2020). In a cross-sectional survey, Lai et al. (2020) examined the magnitude of mental health outcomes and the potential risk factors among health care workers treating patients exposed to COVID-19 in China. Participants were recruited from the city of Wuhan and other areas. A hospital-based cross-sectional survey was conducted to collect data with informed consent, confidentiality, and permission to terminate at any time. The selected hospitals' clinical departments were randomly selected to participate in the 9-item Patient Health Questionnaire to assess the severity of symptoms. The results showed that the majority of participants had symptoms of distress (71%), followed by depression (50.4%), anxiety (44.6%), and insomnia (34%); with nurses, women, frontline workers, and those in Wuhan being reported to have more severe symptom levels of depression, anxiety, insomnia, and distress (Lai et al., 2020).

Health professional faculty members who were engaged in clinical practice may also experience these symptoms as a result of the COVID-19 pandemic. In a retrospective study conducted by Bell et al. (2016), faculty and staff members at the University of Otago experienced mental health problems and increased physical health issues, such as asthma and cardiac problems, following an earthquake. Bell et al. assessed the impact of a series of New Zealand earthquakes on a medical university's staff and faculty. A retrospective survey was given to 119 members 18 months after the most severe earthquake. Thirty-six percent of the participants described their job as academic, 27% as secretarial, 18% as combined clinical and academic, 5% as either library or information technology, and 13% as other. The findings revealed 18 months after the most severe earthquake a considerable minority of participants had experienced moderate to extreme difficulties on the Depression, Anxiety, and Stress Scale subscales. More than half of the participants in the study reported that their job's practical aspects had been moderate to severely disrupted because the earthquakes forced them to move offices and work or teach in unfamiliar locations (Bell et al., 2016). This is a significant disruption to the physical environment and may also be experienced among health care educators during the COVID-19 pandemic who may need to transition from their usual workspace to working at home. As shown in the study of Bell et al., faculty and staff members suffered from physical health problems, mental health problems, and disruptions to their daily routines following a catastrophe.

The most common disrupted occupation observed in the literature is sleep and rest. In the same study mentioned above, the University of Otago staff and faculty reported moderate to severe sleep and concentration effects after the earthquakes occurred (Bell et al., 2016). In addition, disruption in sleep and rest can be observed in an interventional research study conducted by Ke et al. (2017), who sought to

understand the incidence of post traumatic psychiatric disorders (PTPD) and health care providers' resilience to a disastrous earthquake. The study aimed to prevent PTPD by providing on-site debriefing courses, mini lectures to improve mental health awareness, and questionnaires after the medical responses. The major findings showed that 16.4% of health care providers had PTPD. The most common symptom present among health care providers after a catastrophic earthquake was recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, followed by tachycardia and difficulty relaxing and difficulty falling or staying asleep (Ke et al., 2017). The occupational disruption of sleep and rest may also be seen among health care professional faculty.

According to a review done by Walton et al. (2020), the infection control measures and personal protective equipment (PPE) caused interpersonal issues among patients and health care providers. The PPE made communication more complicated and prevented the staff from spending time with patients because they were treating several patients at once, which led them to change their practice. It was shown that social interaction disrupted health care providers amid the COVID-19 pandemic in the workplace; however, the health care providers were able to adapt to these effects.

The psychological and physical impact of COVID-19 may lead staff members to learn how to adapt and develop coping strategies. According to a cross-sectional observational study, "optimism, resilience, and altruism" had positive psychological effects on medical staff members Cai et al., 2020, p. 1). Following effective infection control measures, personal protective measures and clear institutional policies and protocols helped lower stress levels (Cai et al., 2020). These strategies can lower stress levels experienced during the pandemic as interventions and recommendations developed by health care professionals and public health agencies. The questionnaires were sent to the medical staff, including doctors and nurses in different departments. They examined the feelings, factors inducing and reducing stress, personal coping strategies, and factors encouraging confidence in future outbreaks (Cai et al., 2020). The study's findings showed that the medical staff experienced emotional stress, but their social and moral responsibilities motivated them to move forward. The two most important factors that helped to reduce the stress of the medical staff during the COVID-19 outbreak were healthy family members who were not at risk of COVID-19 contraction and a positive working environment, thus ensuring their safety while at work during the COVID-19 epidemic (Cai et al., 2020).

A disaster affects health care providers in hospital and clinical settings and health care educators or faculty members who may experience major occupational disruptions following an event such as COVID-19. This body of research is scarce in the literature. The current study addressed this gap by exploring the impact of the COVID-19 pandemic on occupational disruptions among faculty in different health professional programs. The aim was to understand how COVID-19 affected health professional faculty members in occupational therapy, how they may adapt and cope with these disruptions, and how they may recover from distress.

Method

Research Design

The present study used a qualitative phenomenological research design. According to Neubauer et al. (2019), "phenomenology is a powerful research strategy that is well suited for exploring challenging problems in [health professions education]" (p. 1). The present study explored the lived experiences of faculty members of a university's health professional programs during the COVID-19 pandemic through hermeneutic (interpretive) phenomenology. With the hermeneutic phenomenological approach, the researchers investigated common themes that emerged from the interviews as the participants shared their

lived experiences. In a hermeneutic phenomenological study, researchers assume an active role in the interpretive process (Tuffour, 2017).

Setting and Participants

The target population was graduate faculty in health professional programs, including physician assistant studies, nursing, communication science disorders, nutrition and dietetics, and occupational therapy at a university in the Northeast. The purposive sampling method was used to recruit the participants. The list of faculty was obtained based on the inclusion criteria, which were (a) faculty members in different health professional programs to enhance unique stories of the experience, (b) currently teaching graduate students during the COVID-19 pandemic, and (c) most likely to provide information about the impact of the COVID-19 pandemic while maintaining their active faculty roles as full-time members at a university. Potential participants were emailed with the study introduction and an invitation to participate in the study. Of 16 members contacted, eight volunteered to participate.

Data Collection

After receiving IRB approval, purposive sampling was used to identify and recruit the participants. To collect data for the research study, the researchers conducted interviews with open-ended questions regarding areas of occupations, adaptations, and the faculty's coping strategies (see Table 1). A content expert in the field reviewed the interview questions. Once the faculty agreed to participate, they signed consent forms before their virtual interviews. Each interview took approximately 45–60 min.

Table 1

Interview Questionnaire

Sample Questions
Please describe how the COVID-19 pandemic has impacted each of your areas of occupation (activities of daily living, instrumental activities of daily living, education, work, health management, rest and sleep, play, leisure, and social participation).
Which occupations have been most disrupted due to the pandemic?
How has the pandemic disrupted your teaching experience?
How has the pandemic disrupted your students' learning experience?
How has the pandemic disrupted your professional practice?
What resources and supports do you find helpful for you during the pandemic? What other resources and supports do you wish you had?
Please describe how you have adapted since the pandemic.
Please describe how you have recovered from the disruptions due to the pandemic.

Based on the consent form, six of the participants gave permission to be video recorded at the Zoom meeting, and two of the participants allowed only audio recording. The interviews concluded when a point of saturation was reached.

Data Analysis

For the data analysis, the participants' responses and demographics were analyzed. The data collected includes information on any disruptions in the following occupations: ADLs, IADLs, work, education, leisure, play, social participation, health management, and sleep and rest. The data collected also includes any adaptation, recovery, and coping strategies. The app Temi.com was used to transcribe the open-ended interviews from speech to text. Relevant information from the interviews was highlighted and annotated. Specifically, relevant information and meaningful statements that answered the research questions were extracted. Codes were created using this information. Afterward, the codes were turned into themes.

Ensuring Rigor of the Study

To establish rigor and credibility, the researchers performed self-reflection and ensured increased awareness of their own biases and assumptions during data collection, analysis, and the interpretive process (Laverty, 2003). The researchers compared their notes and lists of themes and identified commonalities among them through peer debriefing. Audiotapes and videotapes of the interviews, detailed transcripts, notes taken during the interviews, and journaling ensured the confirmability of the study. To demonstrate confirmability, the researcher documented how conclusions and interpretations arose from the data. This requirement was met through detailed audit trails and journaling by the researcher.

Results

Eight full-time graduate-level faculty members between 40 and 60+ years of age participated in the study. Six of the participants were female, and two were male. All of the participants held a doctoral degree except for one, who had a master's degree. More than half of the participants were engaged in clinical practice during the pandemic. The participants were faculty from the departments of Nursing, Communication and Science Disorders, Occupational Therapy, and Nutrition and Dietetics with years of experience in a higher educational setting ranging from 3 to 28 years ($\bar{X}$ = 12.57). Five themes emerged, including impacted sleep routines, adaptation, stress/anxiety, outdoor activities, and parental and work responsibilities.

Impacted Sleep Routines

Sleep is an ADL that has been disrupted because of the COVID-19 pandemic. The majority of the health professional faculty discussed having sleep disruptions and insomnia. Many of them reported that their sleep was impacted by increased responsibilities at home and work, the fear of the unknown, anxiety, and concern for their family and health. They also described how their workload had increased dramatically during this time and how the increase of virtual meetings regarding the students' education experience affected graduation. Samantha said, "I think my sleep has definitely been impacted. It's just, night turns into day and day turns into night, and there's not that natural rhythm of sleep that we're used to." Nancy commented, "I think I had a lot of anxiety that was interfering with my sleep."

Adaptation

Work is one of the significant areas of occupation disrupted by the pandemic. The faculty had no option but to move from an in-person mode of teaching to a virtual one. They had to adapt to teaching their students virtually and accept the new normal teaching. It was a rapid change for the faculty. At times, they were "frustrated" with the circumstances. Ultimately, some of the faculty learned to cope and be flexible with the current situation. They had the desire to gain some mastery in virtual teaching modalities to do their best to teach and support students. Ashley said, "It's different to adapt to something short-term versus long-term, and now to adapt to whatever phase that we're in; I would say in my particular work and belief, flexibility is the key, and that's how I've adapted." Elizabeth commented:

> I had to abruptly change my teaching methods to perform the online teaching and learned a lot of new technology in [a] short time. I'd say both the students and I were able to adapt to the new learning normal pretty well.

Stress and Anxiety

The majority of the faculty stated that they experienced stress and anxiety during the pandemic. These overwhelming feelings negatively impacted their mental health. It was challenging because

balancing work and personal life at home led to increased stress and anxiety. Eating is an occupation that was disrupted during this time, and this stress led some of the participants to develop unhealthy eating habits. A few of the participants also sought mental health counseling to manage their stress. Nancy noted it "was very stressful in trying to still figure out how to take care of my patients and take care of my own safety and my children, and systems wise that organization was not necessarily unified." Sara commented, "My eating habits were much worse than usual. Definitely lots more snacking and fresh foods and higher calorie foods." And Elizabeth said, "Working from home added a lot of stress since you had to attend to your work and your students while having other personal responsibilities."

Outdoor Activities

The faculty relied on participating in outdoor activities, as they had limited options while following COVID-19 protocols. The majority stated that they used outdoor physical activity to de-stress from the pandemic. Some went hiking, biking, walking, and practiced yoga in the park. Many of the participants used nature-based activities to connect with their families and close friends while maintaining social distance. These strategies were performed to improve their mind, body, and soul connection. Anthony noted, "I have no idea, but we would not have managed if we were in a place where we were inside the whole time; outdoor time has been key." Nancy said, "Day to day taking care of myself, if anything, it reinforced my practice of yoga. I was practicing pretty regularly."

Parental and Work Responsibilities

Each participant had various roles, such as being a parent, daughter, son, teacher, wife, husband, or student. These roles have disrupted their occupation engagement, as most of the faculty mentioned an increase in parental and work responsibilities during the pandemic. Many of them expressed how challenging it was to take care of their children while working from home. As the faculty members transitioned their work environment, their children also transitioned from in-person to virtual learning. Their increased responsibilities led to a lack of self-care. Anthony stated, "I was having to do all my work, teaching classes while also being full-time with my kids at home at the same time and helping them with their schoolwork and all that stuff, you know, cooking meals all day long." Elizabeth had a similar experience:

> Each day has gone by so fast. After getting up, I had to prepare breakfast for everybody; then, I taught the class. And quickly, it was lunch time. I had to prepare lunch, do the dishes, get back to work, and before you knew it, [it] was dinner time, and I had to prepare the food, do the dishes, do the laundry. It was non-stop.

Discussion

The coronavirus outbreak has impacted health care professionals mentally, physically, and emotionally, which has disrupted their occupational performance. The present study provides a qualitative view of the occupational disruptions that health professional faculty experienced during the COVID-19 pandemic and highlights the positive and negative impacts. The study's findings indicated significant disruptions and interference in occupational engagement. The data obtained during the various individual interviews allowed an understanding of how the COVID-19 pandemic impacted the health professional faculty's occupations.

It is essential to recognize the significance of support and resources for faculty before, during, and after a pandemic. This research study aimed to understand the lived experiences of health professional

faculty members and how they have had to overcome occupational disruptions through adaptations. This information can provide insight into how educators deal with occupational disruptions, mental health issues, and overall well-being and what support and resources the institution can provide to prepare for future disasters.

According to the reviewed literature, the University of Otago's staff reported significant occupational disruptions in sleep and rest after several earthquakes (Bell et al., 2016). The staff also mentioned developing symptoms related to anxiety from recurring thoughts and images of the earthquakes, which interfered with sleep and relaxation (Ke et al., 2017). This is similar to the current study's participants who reported having sleep disruptions during the COVID-19 pandemic. Some of the participants experienced distress and sleep disruption because of concern for their family members' health and safety, the fear of the unknown, and balancing work and personal life. Many of them indicated that anxiety was related to not knowing when the pandemic would end and what the future holds.

Research has shown disruptions in social participation because of safety protocols during the pandemic. Patients complained about decreased communication with health care providers resulting from following safety measures and wearing personal protective equipment (PPE) (Walton et al., 2020). This disruption reduced face-to-face interaction, which complicated communication between health care providers and patients. Consequently, they had to adapt to the new work environment. This finding is inconsistent with the present study in that the participants reported that the COVID-19 pandemic did not impact their social participation. Many of them stated that their relationship deepened with their students and family members, including their parents and children. Even though they were interacting with fewer people, they could strengthen their connections through a combination of outdoor and indoor activities through biking, hiking, walking, watching television shows, virtual hangouts and meetings, and playing games. The COVID-19 pandemic brought them and their families closer, and the bonds were strengthened during this crisis because they focused on fewer and closer relationships or friendships. Krüger stated that casual friendships fade away during the pandemic since this type of friendship is based on shared activities (Krüger, 2021 as cited in Höppner, 2021).

The pandemic was disruptive to occupational engagement and negatively impacted the faculty's mental health. The faculty had to learn and adapt to new teaching modalities and technology. Having to work from home and extra hours to prepare online teaching made it more difficult for some faculty to maintain a work-life balance since they had to assume other responsibilities, such as taking care of children and parents while trying to teach and support their students. These pressures added to their stress and anxiety. This is consistent with the findings of the survey study conducted by Johnson et al. (2020) that investigated the experiences and approaches of faculty and administrators of private and public colleges and universities in the early weeks of the COVID-19 pandemic. The authors found that a large number of faculty reported feelings of stress and anxiety because of the pandemic.

Although the pandemic caused occupational disruptions, the faculty members eventually learned to adapt and develop coping strategies through increased positivity and resilience toward their work and personal lives. Based on the findings of a cross-sectional observational study, these same factors have been shown to reduce psychological stress positively (Cai et al., 2020). According to the theory of occupational adaptation (Schultz, 2014), when a person is presented with an occupational challenge, occupational adaptation is required to meet the challenge. Occupational adaptation is a normative process that leads to competence in occupational functioning. "Success in occupational performance is a direct result of the person's ability to adapt with sufficient mastery to satisfy the self and others" (Schultz, 2014,

p. 528). In the present study, the faculty reported they were grateful for the increased support from the university's information technology department. During this unpredictable time, the faculty members were motivated to support their students and try their best to facilitate their learning and growth. This helped save time and smoothed the transition from in-person to online learning.

The study findings offer insights into the needed support colleges and universities can provide to the faculty before, during, and after the pandemic. Traditionally, colleges and universities have focused attention on students' mental health rather than the faculty's mental health. Institutions should now recognize that the faculty also need this type of support. Colleges and universities should develop emergency response plans for disaster preparedness, build a mechanism for faculty counseling and mentorship, and acquire resources that help to prevent the faculty's mental health challenges. In addition, colleges and universities should identify strategies to best support and assist faculty working from home so they can better balance their work and personal responsibilities during a pandemic or disaster.

The results of the present study can also help to identify the roles occupational therapists can play in times of disasters or pandemics to improve faculty's occupational engagement and occupational balance, including rebuilding their routines, preparedness, and plans for resources. For example, occupational therapists can help faculty resume participation in occupations such as work, IADLs, and rest and sleep. They can also assist them in reestablishing meaningful routines and adapting lifestyles to the new normal and provide occupation-based, psychoeducational mental health services (Smith & Scaffa, 2020).

Limitations

A limitation of the study is that the participants were graduate health professional educators from one single university. The study's sample size was relatively small, and there were more female than male participants. Another limitation is that the interviews were conducted virtually, and there was a lack of in-person interaction.

Future Research

Further research can be done on health professional faculty from different universities across the country and programs. Future research can compare the findings between undergraduate and graduate faculty.

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