"What Can I Say? I Feel the Same."

An Interpretive Phenomenological Analysis Exploring the Experiences of Mental Health Practitioners Working in the UAE during COVID-19

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Abstract

Background: The COVID-19 outbreak introduced a mental health crisis. Mental health practitioners (MHPs) are continuously exposed to clients' traumatic realities, and with COVID-19, MHPs may become at risk of experiencing shared realities. Efficient coping strategies can help MHPs prevent stress. The aim of this study was to explore the experiences and coping strategies of MHPs.

Methodology: The experiences were explored using interpretive phenomenological analysis of five semi-structured online interviews. All participants were MHPs with work experience during the pandemic in the UAE.

Results: The analysis revealed three super-ordinate themes: the personal impacts of worries and personal discomforts; professional struggles with their practice, and methods of adapting.

Conclusions: This study provided insights into the aspects of shared realities experienced by MHPs practitioners during the pandemic. They also create evidence for the implementation of future preventative measures against MHPs' distress during similar crises.
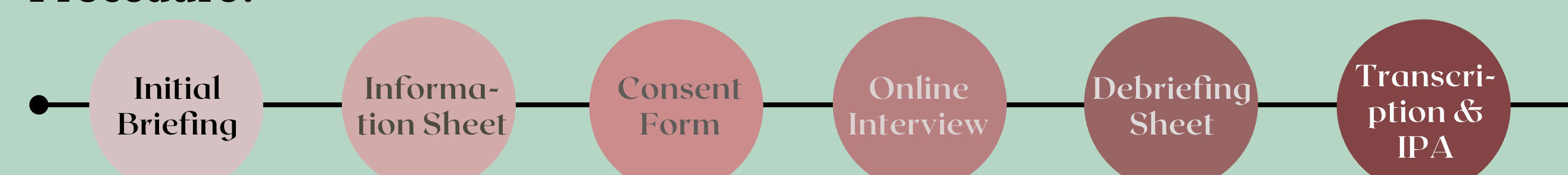
Introduction

- During global crises, MHPs may experience a double exposure of trauma resulting in shared traumatic realities with the clients (Tosone et al., 2012). Some results of shared trauma were reported as anxiety and decreased empathy (Baum, 2010). Nuttman-Shwartz (2015) reported that shared traumatic realities can enhance shared resilience.
- During Covid-19, mental health became a serious alarm and MHPs were expected to experience shared realities (Tosone, 2020).
- MHPs were forced to make a rapid transition to teleservices and e-counselling (Reilly et al., 2020). This made it harder to establish rapport and separate their professionals and personal lives (Feijt et al., 2020). MHPs reported a sense of unskillfulness and worry for their therapeutic effectiveness (Chen et al., 2020).
- Effective coping strategies, such as journaling, reflectivity, meditation, social support, and physical exercise, are highly essential to ensure MHPs do not reach extensive stress levels during such circumstances (Posluns & Gall, 2019; Chen et al., 2020).

Methodology

Design and Method: Qualitative design using 1-to-1 semi-formal interviews that were studied using Interpretive Phenomenological Analysis (IPA).

Participants and Selection: Homogeneous Purposive sampling was employed to recruit 5 MHPs with experience working during COVID-19 in the UAE.

Procedure:

Initial Briefing — Information Sheet — Consent Form — Online Interview — Debriefing Sheet — Transcription & IPA

Materials: A semi-structured interview schedule including 9 questions (e.g., *Did your work during the pandemic impact your personal life? how?*)

Data Analysis: the analysis process followed the IPA guidelines (as described by Smith et al., 2012).

Reflexivity: self-reflection was carried out by the researcher, throughout the research, to address any subjective blockages.

Research Questions

Little research was found about MHPs' experiences during the pandemic, especially in the Middle East region. This study aimed to explore MHPs' experiences and coping strategies during the pandemic in the UAE by asking:

1. How do MHPs in the UAE describe their experiences during the global crisis?
2. How do MHPs in the UAE cope with their experiences?

Conclusions & Implications

- The recent Covid-19 outbreak created a significant mental health alarm causing MHPs to react quickly & efficiently.
- During COVID-19, MHPs in the UAE experienced shared realities where they faced anxieties in their personal lives while still practising therapy.
- Increased compassion, a deepened dedication to the job, and community support were aspects that helped MHPs.
- This study can help expand the knowledge of MHPs and their experiences beyond their professional practices and in planning interventions to support MHPs in coping with global stressors.

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Results and Discussion

The findings from this study revealed three superordinate themes that revolved around the participants' personal lives, professional lives, and processes of adapting to the situation.

IMPACT ON PERSONAL LIVES

THE ANXIETY FOR A HEALTHY FAMILY

The MHPs expressed concern for their families health and their children's education during the pandemic while maintaining their home-work balance. Increased anxiety was found in parents and practitioners worried about infecting their families (Saladino et al., 2020).

> I'm anxious about my family, I'm anxious about my health — Sheela
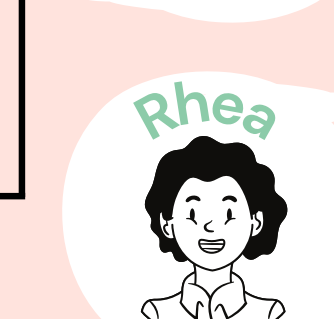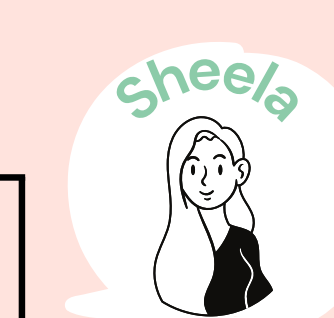
> anxious though because I had my parents with me... my parents were here and they're quiet old — Rhea

THE LOSS OF COMFORT IN THE FAMILIAR

During the lockdowns and restrictions experienced throughout the pandemic, the participants explained feeling "trapped" and "stuck" while attempting to adapt to the changes and worrying about their futures. Similar results were found in research (Saladino et al., 2020).

> there was some anxiety about the future. What would happen how I would proceed from that? — Zaina
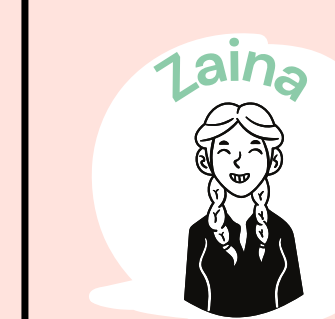
THE INCREASE OF SELF-CARE

Self-care was reported through physical exercise and self-growth. These aspects helped the participants cope. Self-care practices promoted professional efficacy and quality of life in MHPs (Posluns & Gall, 2019).

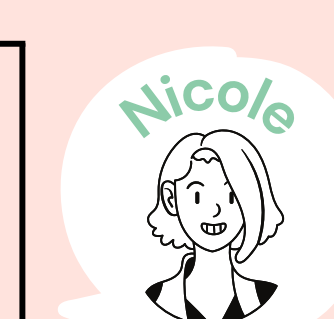> That was one of the happiest moments in life too because I got back into academics — Rhea
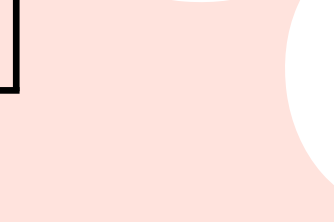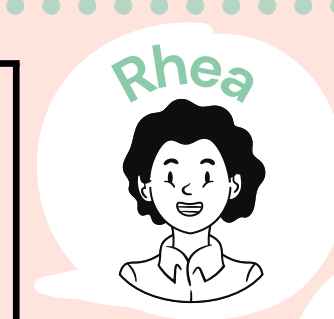
> I like to work-out so it was my way of um I guess of staying sane — Nicole

DIFFICULTIES IN PROFESSIONAL PRACTICE

LIMITS ON THERAPEUTIC PRACTICE

Participants reported online therapy during this period to be more intense, time-consuming, energy-draining, and a struggle to build rapport. These results are consistent with research that studied MHPs' reppid shift to e-services (Feijt et al., 2020).

> It's far more intense. And coupled with the fact of, I didn't start out in the comfort zone of being in person — Annie

> it takes a lot of energy to sometimes to engage with people when you're on video — Nicole

A SURGE OF CASES AND WORKLOAD

MHPs reported struggling with workload and work-life balance. Multiple reasons caused the surge of cases from the continuous work, job demands' changes, and increased time for tasks. Research indicated a worry for burnout in MHPs due to the surge of mental health cases (Feijt et al., 2020).

> my work hours did increase during the pandemic (...) I found I was doing a lot more work than before. — Zaina
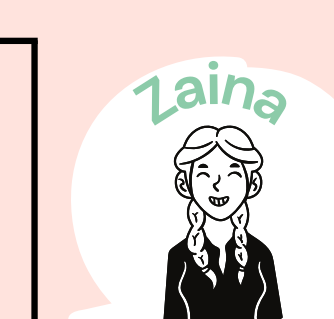
THE NEED TO DISCONNECT

All MHPs in the study reported a need for a break from their practice, either at the start when the cases got overwhelming or during the shift back from online to in person. Chen and colleagues (2020) expressed the need for MHPs to disconnect as a self-care measure.

> I wasn't able to counsel for sure. For the first two to three weeks. I can't actually remember how long it took me to kind of get my own balance. — Annie

THE PROCESS OF ADAPTING & RESILIENCE

SHARED WORRIES TO ADJUSTED COMPASSION

In adapting to the crisis, MHPs found themselves sharing realities and worries with their clients, which led to an increase in their compassion. MHPs reported a sense of compassion satisfaction in the experience of shared realities (Nuttman-Shwartz, 2015; Tosone, 2020).

> going through the same thing that everyone was ah especially during COVID — Zaina
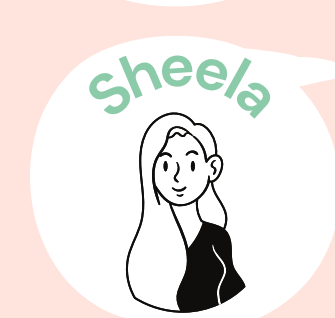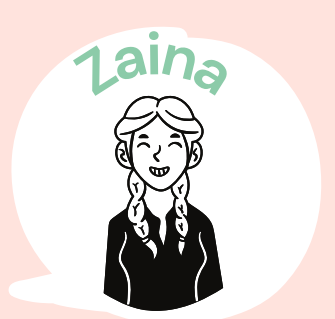
> there would be pauses in the psychotherapy. What do I say? I feel the same. — Sheela

EMPOWERED IN THE FACE OF CATASTROPHE

As MHPs, the participants felt a sense of duty to help others and find new means to reach out to clients. There was a sense of feeling valuable and influential in the face of a crisis, which is a positive result in the experience of shared realities as found in research (Nuttman-Shwartz, 2015; Tosone, 2020).

> being able to help was a way for myself to feel like I'm not just not doing anything — Nicole
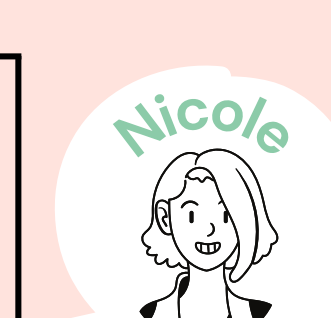
COMMUNITY SPIRIT

Connections to the community of individuals surrounding the participants played a crucial part in their adaption and resilience-building. The participants all expressed that support from their community helped support their health and coping. Community support is one of the most efficient adaptation strategies during a crisis (Posluns & Gall, 2019).

> doing some uh engagements with my little one and that makes me calm that makes me happy. — Rhea
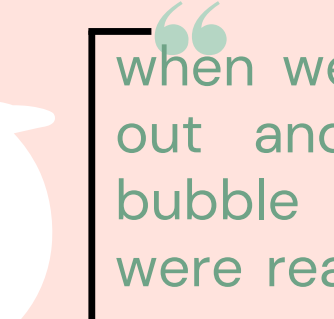
> when we were allowed to be out and you had a small bubble of people (...) they were really uplifting people in so many ways — Annie