

The COVID-19 pandemic influence on French-speaking occupational therapists' occupational identity and competence

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Abstract

Background

The restrictive measures implemented during the COVID-19 pandemic affected the mental health and daily activities of occupational therapists (OT).

Objectives

To understand how the global environment, during the COVID-19 pandemic, influenced OTs' occupational identity and competence.

Methodology

Five French-speaking OTs per country (France, Belgium, Switzerland and Canada) were randomly recruited from the initial eCO3 (study on Occupational Competence during Confinement in the context of the COVID-19 pandemic) study. They took part in semi-structured interviews using the Occupational Performance History Interview-II (OPHI-II) between September and December 2021. Interviews were analysed using categorical content analysis, supported by a similarity analysis using IRAMUTEQ software.

Results

Few differences were established depending on the country. Maintaining stability while transforming one's occupations and developing social interactions was essential. At least one participant per country criticised their global environment.

Conclusion

During the pandemic, OTs took time to reflect on their occupational identity while remaining active to maintain a satisfying occupational competence. OTs, for whom adaptability has become essential, have strengthened their resilience during the crisis.

Keywords

COVID-19, Environment, Occupational competence, Occupational identity, Occupational therapist.

Background

The COVID-19 virus appeared in 2019, in Wuhan, and led to a global pandemic that caused more than 14.9 million deaths in 2021 (World Health Organization, 2022). To face this situation, many countries introduced restrictive measures. For instance, between March 2020 and May 2022, France, Belgium, Switzerland, and Canada went through periods of strict and partial lockdowns, curfews and different restrictive measures (Bourgueil et al., 2020; Breton & Hudon, 2020; Cohidon & Senn, 2020; Jamart et al., 2020). In September 2021, priority was given to vaccination (World Health Organization, 2021), with the implementation of a COVID-19 pass in several countries. Only France made vaccination mandatory for healthcare professionals (LOI n° 2021-1040 du 5 août 2021 relative à la gestion de la crise sanitaire, 2021).

Healthcare professionals were particularly affected by this crisis. The pandemic created a duality between the duty to care for others and the need to protect themselves, creating a conflict between professional responsibilities and personal life. This source of internal conflict could influence quality of life and satisfaction (Rose, 2020). Like other healthcare workers, occupational therapists experienced stress and fatigue due to a lack of coherence between values, resources, and the reality of work, as well as a lack of recognition (Lexén et al., 2020). This could lead to burnout (Gupta et al., 2012). During the pandemic, occupational therapy practices changed: some therapists were reassigned to new settings they were not used to working in (Hoel et al., 2021), others had to focus more on facilitating patients' communication with their families rather than rehabilitation (Powers Durette, 2020), and interprofessional collaboration was challenged (Robinson et al., 2021). Occupational therapists were therefore at risk of developing physical or mental health issues (Güney Yılmaz et al., 2021).

The eCO3 (study on Occupational Competence during Confinement in the context of the COVID-19 pandemic) project was designed to identify the impact of lockdown on the occupational adaptation of French-speaking populations (Doussin et al., 2021). The first study was conducted at the onset of the first lockdown using the Occupational Self-

Assessment (OSA) questionnaire, which was completed twice retrospectively, at a single time point, by 1769 participants. The aim was to assess how their occupational functioning had changed before and during the lockdown. Participants represented a wide range of professions. This first study revealed an unexpected result: amongst the 1769 French-speaking participants living in France, Belgium, Switzerland, and Canada, occupational therapists reported lower levels of occupational adaptation than the general population during the first lockdown in spring 2020 (Biard et al., 2021). The present study, also part of the eCO3 project, aimed to better understand the unexpected conclusion of the initial eCO3 study by exploring the three components of occupational adaptation defined by Kielhofner in the Model of Human Occupation (MOHO): occupational identity, occupational competence and environmental impact (De las Heras de Pablo et al., 2017).

In the MOHO, the environment is considered at an immediate, local and global level. The immediate level refers to environments very close to the person, such as home, school or work. The local level considers local communities and neighborhoods. The global environment considers economic, legal, geopolitical and societal context (Fisher et al., 2017). These different levels of the environment play a significant role in shaping occupational identity – the perception one has of their current self and wishes for the future, as an occupational being. It builds up over a lifetime thanks to continuous interactions and adapted occupational participation. To enact this identity in daily life, individuals rely on their occupational competence – the ability to translate their occupational identity into action. A satisfying lifestyle is obtained when there is an adequate balance between occupational identity and competence in different occupational settings (De las Heras de Pablo et al., 2017). Furthermore, professional roles often have great importance in adult life and will therefore have an important impact on occupational identity and competence (Taylor et al., 2017).

The literature highlighted that during the pandemic, the discrepancies between professionals' values and institutional guidelines imposed by management were questioned, particularly amongst occupational therapists (Gaudin & Perrein, 2021).

This could affect motivation, sense of purpose and recognition (Hoel et al., 2021). If no support was provided to accompany these changes, professionals could then have difficulties meeting the expectations associated with their occupational identity (Hoel et al., 2021). More globally, the pandemic exacerbated the need for structural changes within institutions to better support healthcare professionals (De Kock et al., 2021). France, Belgium, Switzerland, and Canada all faced difficulties during the pandemic, including a lack of professionals, institutional complexity and communication issues (Bourgueil et al., 2020; Breton & Hudon, 2020; Cohidon & Senn, 2020; Jamart et al., 2020). Lastly, the first results of the eCO3's study showed that differences emerged depending on the country of residence (Biard et al., 2021).

Since physical, social and occupational environments strongly influence occupational identity and competence (De las Heras de Pablo et al., 2017) at both local and global levels (Fisher et al., 2017), the international aspect of the pandemic provided an opportunity to further examine how the global environment shapes these occupational constructs (De las Heras de Pablo et al., 2017).

This study investigated the following research question: how did the global environment influence the occupational identity and competence of French-speaking occupational therapists during the COVID-19 pandemic? The aim was to explore how occupational therapists maintained, or not, a satisfying occupational identity and competence, given the restrictive measures enforced by their country of residence.

Methods

Design

This study was part of the eCO3 project, which was approved by the research ethics committee of the Paris-Saclay University (CER-Paris-Saclay-2021-008). A qualitative approach with semi-structured interviews was chosen as it provides access to the subjective experience of a phenomenon as well as the resources and limitations involved (Baribeau & Royer, 2012). This approach facilitated a deeper understanding of the various influencing factors and mechanisms that shaped occupational

therapists during the pandemic. All participants gave written consent for their participation, data collection and recording of the interviews.

Participant selection

The initial 1769 French-speaking participants in the first phases of the eCO3 project were recruited through social and professional networks. The inclusion criteria for the participants of the current study were the following: aged over 18 years, French-speaking, having lived through the pandemic in either France, Belgium, Switzerland, or Canada, and having successfully completed at least 3 years of occupational therapy studies at the time of the interview. In total, 260 participants from the initial sample agreed to participate in an interview after completing the questionnaire (Biard et al., 2021). Of these 260, occupational therapists in France, Belgium, Switzerland, and Canada were contacted for an interview. A quota sampling strategy was used to ensure representation of all countries (Robinson, 2014) with a minimum of five participants per country. In countries where more than five respondents volunteered, participants were randomly selected.

Procedure

The interviews were conducted using the French translation of the Occupational Performance History Interview II (OPHI II) guide. The OPHI II provides a broad view of the person's life experience, particularly the evolution of occupational identity and competence over time, within the environmental context (Kielhofner et al., 2001). It is a semi-structured interview with a list of suggested questions to collect essential information. However, the OPHI II interview is designed to be very flexible. Questions cover five themes: occupational roles, daily routine, occupational settings, occupational choices, and critical life events. We used the original interview grid adapted by authors AD, JMC and SR to focus the interview on the impact of the pandemic (APPENDIX 1). The guide was pre-tested with a French occupational therapist (who did not participate in the study) to ensure that the interview remained focused on the pandemic. The interview included questions such as: "*Did your professional role evolve*

during the pandemic? “or “In your opinion, how did the pandemic shape your life?” All interviews were conducted in French, via Zoom, lasted between 60 and 90 minutes. They took place between October 11th and December 21st, 2021, during a period when the countries studied had similar restrictions in place. Interviews were conducted by French occupational therapists (JMC – OT PhD, trained in the MOHO, and SR- OT MSc student, initiated in the MOHO and OPHI II).

Data analysis

The twenty interviews were anonymised, transcribed verbatim and analysed between February 2022 and February 2023. Bardin’s content analysis method was applied (Bardin, 2013). An initial reading identified key elements. The transcripts were then analysed using three categorisation matrices built beforehand according to the OPHI-II’s rating scales (Kielhofner et al., 2015). One matrix was created for occupational identity, one for occupational competence, and one for environmental context influence. To support this categorisation, OPHI-II interview responses were then analysed using the textual analysis software IRAMUTEQ 07 alpha 2 (*Iramuteq – IRaMuTeQ*, 2022). The similarity analysis of a textual matrix facilitated the description of lexical classes, profiles of specific aspects, and groupings (Paindorge et al., 2016). This data analysis, based on graph theory, pointed out co-occurrences between words, generated lexical commonalities, and highlighted similar and redundant words. The word cloud representation gave a first global overview. The Descending Hierarchical Analysis (DHA) then generated statistically independent word classes, with an attributed percentage giving the

importance of this class in the corpus (Souza et al., 2018). These were useful to identify the main themes in the transcripts, represented by dendrograms. This sequence—going from exploratory to structured—ensures both an accessible overview and a deeper conceptual analysis. Each interview was analysed separately, according to the same grids, and then grouped by country. The analysis was first conducted separately by two researchers (JMC and SR). Then, they discussed the results to name the classes generated by IRAMUTEQ based on the compilation of the transcripts grouped by country and representative quotations were translated into English for this article.

Results

Participant’s profile

Participants included in the study were mostly employed occupational therapists; one Canadian was a fourth-year occupational therapy student. Considering the quota sampling strategy used to maintain an equal representation of all countries, we chose to keep this student in the research sample. Since Canadian occupational therapy studies last five years, instead of three in France, Switzerland and Belgium, and the fourth year is mainly devoted to internships, we considered that the knowledge and skills acquired were similar to those of young professionals in the three other countries studied. The participants continued working and studying during the crisis. To ensure anonymity, participants were referred to by a number and the first letter of their country of residence.

Table 1: Participants' Profiles

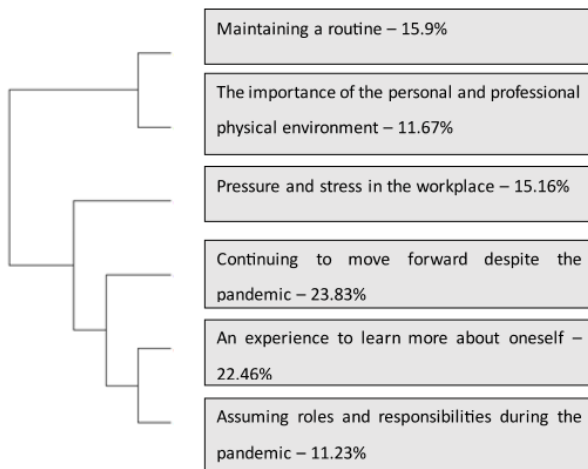
Participants	Age	Gender	Number of children at home	Type of accommodation	Lived alone during the pandemic?	Work location at the time of the interviews	Worked during the pandemic?	Change of work position during the pandemic?
F1	22	M	0	Apartment	No	OT teaching	Yes	Yes (Nursing home children institution)
F2	36	F	2	House	No	Rehabilitation	Yes	No
F3	21	F	0	Apartment	Yes	Children institution	Yes (since June 2020)	No
F4	25	M	0	Apartment	Yes	Nursing home	Yes	No
F5	56	M	0	House	No	Healthcare institution director	Yes	No
B1	21	F	0	House	No	Nursing home	Yes	Yes
B2	40	F	0	Apartment	Yes	Rehabilitation	Yes	No
B3	56	F	0	House	No	Rehabilitation – at patient's home	Yes	Stopped working 2 weeks prior interview
B4	39	F	2	House	No	Rehabilitation	Yes	Yes
B5	53	F	2	House	No	OT teaching	Yes	No
S1	39	F	2	Apartment	No	Rehabilitation – at patient's home	Yes	Yes
S2	23	F	0	Apartment	No	Psychiatry	Yes	No
S3	35	F	2	Apartment	No	Psychiatry	Yes	No
S4	32	F	0	Apartment	Yes	Rehabilitation – at patient's home	Yes (1-month temporary layoff)	No
S5	28	M	0	Apartment	No	Rehabilitation and research	Yes	No
C1	25	M	0	Apartment	No	Rehabilitation	Yes (since June 2021 as an OT)	No
C2	23	F	0	Apartment	No	Psychiatry	Yes (since June 2021)	No
C3	23	F	0	Apartment	No	Psychiatry	Yes (since June 2020)	No
C4	66	F	0	House	No	OT teaching	Yes	No
C5	25	F	0	Apartment	No	Student	No	Internships

Each participant developed strategies to adapt to the continually changing environment, with varying levels of satisfaction. We found similarities and differences between countries. The word clouds for each country all featured “time”, and the verb “go” in prominent positions, whereas the dendrograms

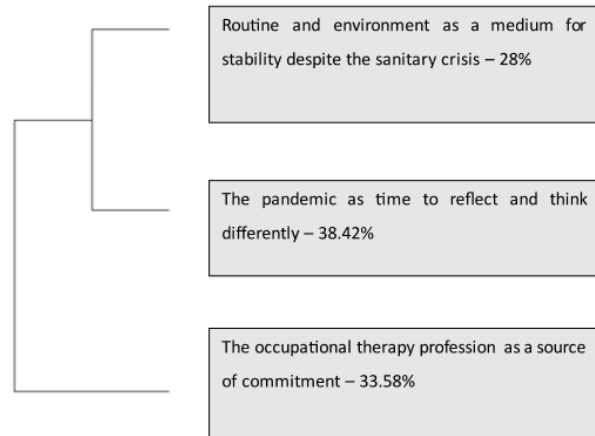
(Figure 1) revealed some differences between countries.

The results were categorised between occupational identity, competence and occupational behaviour settings as done in the OPHI II grid.

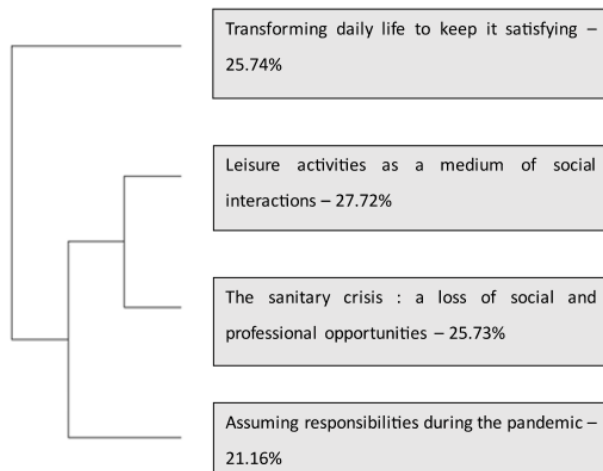
FRANCE



BELGIUM



CANADA



SWITZERLAND

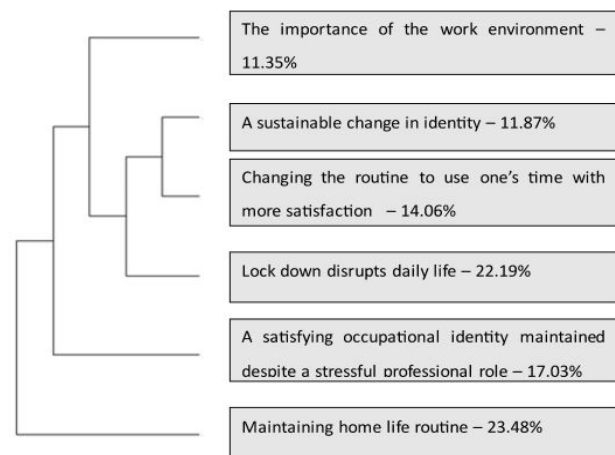


Figure 1: Dendrograms per country

Occupational Identity

Most participants across all four countries identified varied priorities, values and interests that sometimes changed with the pandemic. Work, social and family life were essential. All the participants enjoyed their job and named important professional values such as “quality of life” (F1), being able to work the way they wanted, interprofessional collaboration, and adaptability to the needs of the patients. These values sometimes extended to home life, since they were part of the participants’ “DNA” (B5).

In France, loss of stability, freedom and social life were challenging. The pandemic exacerbated the need to assume roles and responsibilities, choices

made and the stress that goes with “work with responsibility” (F5). This could create tensions with relatives due to different “representations” (F1) or fear of contamination (F3). Some, therefore, experienced loss of motivation, “towards the end, I got tired of it” (F4) or role conflicts, “like two worlds meeting in the evening” (F5). However, at the time of the interviews, from October to December 2021, the pandemic was mostly described as an experience to learn more about oneself. They expressed a greater awareness of their priorities, the value of time, of meaningful occupations and of their “ability to choose” (F4). Perspectives evolved, which led to a need for institutional change, whether in the work setting or in the global

management of the crisis. Some participants wanted to take part in these necessary changes, notably for better *“training”* and *“prevention”* (F1). The pandemic mostly reinforced participants’ life choices. However, some began to question their jobs and the healthcare system, as they had become too misaligned with their values: *“It’s the way people reacted to the pandemic and the post-pandemic that make you wonder if it’s still worth it. [...] I would leave the hospital”* (F2).

In Belgium, due to the crisis, some overinvested in their professional role while others suffered from a loss of reference and control, hence, the pandemic was a time to develop *“resilience”* (B4) and solidarity, to reflect and to think differently to *“find solutions”* (B4). Most remained confident in achieving their goals, even if they all identified external limitations to these achievements, such as the changing pandemic restrictions. At the time of the interviews, the participants all expressed having a better knowledge of themselves and having adjusted their priorities: listening to themselves, enjoying the present, and developing social interactions. The pandemic was a learning opportunity that made them more aware of their coping skills and limitations. For some, it also provoked a desire to change the overall health system and their professional practice, *“even if it means giving up my job”* (B3).

In Switzerland, isolation, loss of control and freedom, the initial stress, *“this feeling of being a pawn”* (S1), were difficult. The sense of personal and professional responsibilities was accentuated, to *“protect everyone’s health”* (S3), which could bring role conflicts, *“that my caregiving role had such a direct impact on my environment”* (S1). However, despite the pandemic and a stressful professional role, a satisfying occupational identity was maintained. The participants were generally confident about their ability to achieve their goals and adapt, the *“most important thing [being] balance”* (S1). In a sense, this situation led to a lasting change in identity, as most participants expressed a deeper understanding of themselves and a greater appreciation for the value of time. However, the participants did not believe that changes brought by the pandemic at a global level would have a *“lasting impact”* (S4). Ultimately, the crisis reinforced most of the life choices the

participants had made, such as choosing to live in Switzerland with its *“efficient”* health system (S1). In Canada, assuming responsibilities, such as protecting family, patients, or respecting the rules, during a time of pandemic was also an issue that created tensions with the participants’ social environment. However, the crisis was mostly perceived as a loss of social and professional opportunities, an *“injustice”* (C5) that impacts motivation and mental health. It was *“hell”* (C2). To cope, they applied their knowledge on occupational balance, goal establishment, and developed strategies, like creating new routines or working in a separate room from home to *“keep the balance”* (C4). However, for some, this *“uncertain”* (C1) sanitary context made it difficult to continue planning the future. The pandemic served as a learning opportunity that confirmed certain abilities and choices, leading participants to gain a better understanding of themselves. Some now express a desire *“to take action to say it’s enough”* (C1) in response to ongoing restrictions. Despite the situation, the participants stayed globally confident about future evolutions.

Occupational Competence

To meet their different role expectations, the majority of participants demonstrated adaptability in their daily routines. A lack of time or difficulties separating home and work life created an imbalance for many, but routines generally corresponded to their occupational identity. The pandemic disrupted everyday life, which was experienced either as a relief because *“everything stopped”* (S3) or a burden since balance and choices were no longer satisfying. Maintaining stability was crucial for most of the participants, as it was a recurring theme amongst the dendrogram classes. This required adaptation at work and home, depending on the restrictions given by management: *“you have to adapt and that’s what you do”* (S5). This was sometimes too demanding: *“I couldn’t adapt”* (B3). Continuing to work was vital: some *“would not have survived”* (F2), *“it was almost a question of survival in terms of mental health”* (C3). The need to feel useful to patients and colleagues, to *“make up for the shortages”* (B3), to support *“the troops’ morale with the fatigue, frustration and anxiety”* (B2), or *“help society in all*

this disarray and general panic” (C3) was common to all countries. This sometimes led to “[over-investing] a little too much work life” (S4), setting “many limits, more than anything imposed by the governments” (B2), and thus demanded vigilance to avoid “burnout” (F1). Furthermore, transformation was also necessary to stay in action and keep everyday life satisfying. This meant adjusting priorities, bending the rules, and developing new strategies for everyday life, along with discovering new interests. Some tried to keep seeing others despite the restrictions: “we still maintained connections, including in-person ones, even though it was forbidden” (F5), while others developed their use of new technologies to keep in touch: “I regularly arranged meetings with someone via Zoom – more frequently than by phone – who lived alone” (C4). This could mean starting a new leisure activity, “for the more athletic activities, we adapted by doing other kinds of sports” (B4) or restructuring the professional activity, “COVID gave me the opportunity to modify my professional activity, which was something I had been wanting to change, by focusing more on individual sessions” (S3). However, at the worst of the pandemic, this continual adaptation still often created frustration. At the time of the interviews, adaptation was “the norm” (S3). Work was either “more time and energy consuming” (B2) or less time-consuming. Some changes had persisted, such as working from home. Some activities returned, with an increase of social activities, “to compensate” (F1) for the lockdown period, but one still “always anticipat[ed]” a return to pandemic restrictions (B1), it was “less free, less fluid than before” (S4). The pandemic “gave us more time” (S5) to rest or develop projects, but it challenged occupational balance. In France, the participants seemed to find a “rhythm quite like before” (F5) with more balance. In Belgium, some activities stayed limited due to fatigue, relational tensions, or restrictions. In Switzerland, the changes were rather positive, but some aspired to more stability, and time was starting to lack again, still “a bit too much of a rush” (S3). In Canada, some found a satisfactory balance, whereas others continued to struggle. Overall, everyday routines were starting to be more satisfying with rather positive changes and often a better balance than before the pandemic, but were still “quite fragile” (S3).

However, continuing to adapt to the restrictions was still a challenge when considering the duration of the crisis.

Occupational Behaviour Settings

In France, the pandemic highlighted the importance of personal and professional physical environments. The work environment, both physical and social, remained a source of stress. Colleagues were generally described as helping the morale and providing mutual support. Nonetheless, with the pandemic, F2 experienced “situations of extreme violence” with patients, “incompetent” colleagues, and above all, no support from their hierarchy, “telling us we were useless”. F4 also had difficulties due to “lack of time or human resources”, and F5 sometimes felt “media pressure” (i.e., regarding protective measures, health risks, etc.). However, F1 and F5 received the freedom and support they needed. They could adjust their schedules and benefit from “additional time” (F5). Adaptation to instructions issued by the institutions was facilitated by clear indications at all levels of the hierarchy, good social support, and recognition of the efforts they made.

In Belgium, the immediate physical and social environment was generally a source of stability and support. The pandemic often strengthened relations, which became “even stronger” (B4), but fear of contamination or unease with relatives also led to a loss of social support. Professionally, the environment was “rather stimulating” (B1) and supportive. However, with the pandemic, “the stress [was] really present” (B2), and less social support was perceived from the hierarchy. The lack of recognition from the “healthcare system” (B3) and unsatisfactory interprofessional collaboration were difficult for most of the participants. There was a resentment toward the global health system, which seemed “lost, rotten” (B3) and too unsupportive during the crisis. The restrictions imposed by the institutional environment were a reality that “I can’t necessarily control myself” (B1), “invading” (B3) daily life.

In Switzerland, relationships were strengthened despite the restrictions, with “friends [becoming] like family now” (S1). Loneliness remained difficult, and changes of lifestyle imposed by the restrictions could affect marital relations and accelerate

separations. All the participants enjoyed living in Switzerland, but the frequent changes of restrictions made it difficult to adapt, since *“we don’t know what to expect”* (S1). Their professional environment was very important: there was generally a *“good team atmosphere”* (S5) and collaboration. Some were satisfied with the recognition perceived from patients, colleagues, and hierarchy. This was facilitated by *“transversal management”* (S1) or *“chief occupational therapists”* (S1). Others, however, felt *“little heard and recognised”* (S2). The pandemic changed relationships with patients and colleagues.

In Canada, leisure activities were a medium for social interactions. The pandemic strengthened relations between those who shared values. The social and physical environments in leisure and personal spheres were globally supportive. The restrictions impacted mental health. However, they also allowed some to *“refocus on myself”* (C5), which sometimes led to separations. The physical working environment was suitable, and the flexibility offered by working from home was appreciated. However, the mandatory remote work was sometimes difficult since home was no longer only a *“place of rest”* (C4). Social relations were rather supportive, but some deteriorated during the pandemic as a result of being *“together all the time”* (C2) or a *“conflict of values”* (C3). To avoid social isolation, some chose to detach themselves from institutions, while others put all their hope in them and the vaccine to improve the situation. Professionally, the restrictions *“made everything more and more difficult”* (C1): wearing masks hindered communication, relationships with patients and coworkers were more challenging to build, and management was less attentive. Some still felt *“pressure”* due to a *“lack of staff, the upcoming suspension of workers”* (C1), and others witnessed *“a lot of sick leaves”* (C3).

Overall, the pandemic was perceived as a loss of social and professional opportunities. However, adaptation was facilitated by a supportive physical and social work environment.

Discussion

This study aimed to explore how French-speaking occupational therapists maintained, or not, a satisfying occupational identity and competence during the COVID-19 pandemic, considering the restrictive measures enforced in their country of residence.

Previous research has shown that the COVID-19 pandemic and governmental restrictions worsened working conditions, demanded the development of new skills, and created a form of insecurity (Güney Yılmaz et al., 2021). To face the difficulties created by the restrictions, the occupational therapists in this study tried to maintain stability while transforming their routines and occupations and developing new forms of social interaction. The prominence of the verb *“go,”* in the word clouds may reflect this active stance toward preserving daily functioning and a sense of progression despite the constraints. However, further qualitative analysis is needed to better understand the symbolic meaning of this linguistic pattern. Maintaining professional activity was essential for all participants, as it provided a sense of usefulness and continuity. Nonetheless, they remained vigilant against exhaustion. Participants from each country highlighted their adaptability as a core professional skill, allowing them to navigate the restrictive environment, transform routine and activities, and maintain social interactions. Perseverance, self-confidence, and continuous learning were also highlighted as essential resources. However, anticipation was not possible due to ever-changing restrictions, and at least one occupational therapist in each country expressed pandemic-related difficulties. Role conflicts, a strong sense of responsibility, or the absence of recognition from management or the global health system were some of the causes. As a result, some no longer felt capable of adaptation and endurance and were professionally exhausted.

These results were consistent with studies on occupational therapists’ mental health and the risk of burnout (Gupta et al., 2012; Lexén et al., 2020), which emphasized the detrimental effect of high workloads, a perceived absence of autonomy, respect, and value misalignment. Both studies advocate for a supportive professional environment as a protective factor.

The word “time” was the second most recurring word in the transcripts. The socio-professional rhythm slowed down during the pandemic. This could have modified one’s perspective of the world and oneself (Mariot et al., 2021). Eighteen months after the beginning of the first lockdown, despite the difficulties, most participants reported an increased awareness of their professional and personal resources and priorities. This could make them optimistic about the future despite the uncertainties. This awareness sometimes led to sustainable personal and professional changes in habits and life perspectives. However, this was not universal, as some participants experienced these changes as imposed or destabilizing. Overall, the restrictive measures led occupational therapists to reassess their occupational identity while trying to maintain a satisfying occupational competence. However, the immediate, local, and global environment significantly influenced their ability to do so.

According to the Model of Human Occupation (MOHO), the environment encompasses social, physical, and occupational components. The occupational environment includes funding, policies, and culture (Fisher et al., 2017). On an immediate level, many participants experienced role conflict between home and work life due to role representations and responsibilities, like other healthcare professionals (Rose, 2020). Professionally, the immediate social environment was supportive, especially peers. Although some participants reported challenges related to interprofessional collaboration, the primary issue identified was a lack of recognition from hierarchical structures. Greater autonomy and flexibility – particularly when management was more horizontal or led by occupational therapists – were associated with more positive experiences. This may be attributed to a reduced difference between personal values and managerial directives (Hoel et al., 2021). Regarding the occupational environment, participants criticized the instability of policies, such as the introduction of the COVID pass, fluctuating guidelines, and the loss of freedom and predictability. These experiences are consistent with Lin and Fisher’s (2020) findings on how loss of choice and information overload impact professional adaptation.

Cross-country differences

Some country-specific differences emerged from the data.

France was the only country with a specific IRAMUTEQ class on pressure and stress in the workplace. France imposed vaccination on healthcare workers. Those who refused were suspended or resigned (LOI n° 2021-1040 du 5 août 2021 relative à la gestion de la crise sanitaire, 2021). This possibly increased pressure in the work environment.

Belgium participants reported a more pronounced lack of interprofessional collaboration. This could be linked to Belgium’s complex healthcare system and administrative fragmentation, which could complicate the valorisation of healthcare professionals (Jamart et al., 2020).

Switzerland was described as having the best-performing healthcare system, although it remained highly hospital-focused (Cohidon & Senn, 2020). Swiss participants were the only ones to clearly express satisfaction with living in their country and with the government’s management of the crisis. They were also the most dissatisfied with their hierarchical recognition.

The participants in Canada presented the most distinctive pattern. They mentioned more leisure activities and developed an IRAMUTEQ class focused on the loss of social opportunities rather than professional constraints. Interestingly, Canada was the only country without a class dedicated solely to professional issues. One hypothesis is that regionalized crisis management and the development of teleconsultation may have mitigated professional constraints (Breton & Hudon, 2020). Furthermore, cultural factors could have played a role. North American culture tends to emphasize personal responsibility for resilience (Marquis, 2018), whereas in French-speaking European countries, the welfare state often shares this responsibility (Marquis, 2018). This may have led Canadian occupational therapists to seek balance through personal activities rather than professional adaptation alone. Additionally, the Canadian Model of Occupational Participation (Egan & Restall, 2022) actively addresses the links between policy, social participation, and well-being, which may encourage broader perspectives on occupation. These differences highlight the importance of considering

both cultural and systemic factors when analysing occupational adaptation during crises. They also point to the relevance of promoting occupational balance – not only focusing on professional performance but also on leisure and personal well-being – to prevent exhaustion.

Implications and recommendations

The results of this study highlight how occupational therapists' ability to maintain coherence between occupational identity and competence during the pandemic depended strongly on three interrelated factors: the quality of professional support, opportunities for reflection, and the capacity to preserve balance between personal and professional roles within a restrictive environment.

At an individual level, participants described how the pandemic prompted reflection on their values, priorities, and sense of professional purpose. Some reported greater self-awareness and personal growth, while others experienced fatigue, loss of motivation, or doubt about their professional future. Furthermore, several participants reported a positive experience of reflecting on their evolution, abilities, and limits during the interviews, through the OPHI-II questions. These findings suggest the value of structured reflective practices, such as individual or group supervision sessions, post-crisis debriefings, or guided interviews using tools like the Occupational Performance History Interview II (OPHI-II). Integrating these reflective spaces into professional routines could help occupational therapists recognise early signs of imbalance, reaffirm their professional identity, and sustain motivation in demanding contexts.

At an organisational level, participants who experienced open communication, flexibility, and recognition from their management reported a more stable sense of competence and better adaptation to changing demands. In contrast, lack of recognition, rigid hierarchies, or unclear directives often led to discouragement and feelings of inefficacy. These results support the need for structures that promote recognition, autonomy, and peer support, especially during crisis situations. Creating opportunities for professionals to discuss tensions and organisational challenges may also strengthen collective resilience and prevent burnout.

At a broader level, although this study did not directly investigate occupational therapists' roles in policy or leadership, the cross-country differences observed highlight how systemic and cultural contexts shape professional experiences. Based on this observation, some broader reflections can be proposed for future consideration. These include encouraging dialogue between healthcare professionals and decision-makers to ensure that institutional measures remain compatible with professional values and supporting training initiatives that help therapists navigate changing healthcare systems.

To conclude, these findings emphasize the importance of developing reflective practice, professional recognition, and organisational flexibility as concrete means to preserve occupational identity and competence during times of disruption.

Study Limitations

We have all personally experienced the COVID-19 pandemic. Moreover, 4 of the 5 researchers lived through the pandemic in France, the fifth lived in Canada, which could have led to a French-centred analysis. As researchers, our emotions, sensitivity and our values related to the pandemic could have influenced our data processing: affective and ideological biases may have been present (Richard, 2006). This may have led to greater importance being attached to elements personally considered as facilitating or difficult.

The categorisation process relied on peer-validated categorisation matrices constructed from the OPHI-II scales and analysed using IRAMUTEQ (Soares et al., 2021). Moreover, two researchers independently conducted the analysis before comparing and combining the results. All the researchers were occupational therapists, which may have influenced their interpretation of the results, for example, through their knowledge of occupational science.

Participants were randomly selected from the initial sample of the first eCO3 study. Nonetheless, selection bias remains possible (Borowska-Beszta, 2017) as only those who experienced the pandemic rather positively may have agreed to reflect on the subject. Moreover, given the controversial nature of the pandemic, participants' responses may have

been influenced by social desirability bias (Bergen & Labonté, 2019).

Data saturation was not reached, meaning that new themes continued to emerge at the end of data collection. As a result, conclusions must be drawn with caution, as they may not reflect the full diversity of viewpoints or experiences.

Lastly, factors other than the country of residence, such as age, professional practice or personal situation (e.g., marital status, parenthood), may have influenced the results. It is notably possible that the Canadian student had a slightly different perspective on the situation due to her professional status. Considering the duration of the Canadian studies (5 years) compared to France, Belgium, and Switzerland (3 years), and the short professional experience of some European professionals, this difference was considered less significant.

However, the objectives of this qualitative study were built according to statistical tests carried out in the first study of the eCO3 project (Biard et al., 2021). Interestingly, country of residence emerged as a key factor shaping the outcomes. We therefore chose to concentrate this study on the country of residence.

For all these reasons, the results should be interpreted with caution. Further research is needed, whether in different contexts, with other types of populations, or focusing on factors such as age, gender, or work environment. We hope this work will inspire others to transfer our findings to other situations and pursue research to develop our understanding of this theme.

Conclusion

This study underlines how both local and global environments played crucial roles in supporting or limiting occupational therapists' ability to maintain stability, professional commitment, and social interactions during the pandemic. These factors were closely linked to their perceptions of professional identity and competence. For some French-speaking occupational therapists, the crisis triggered a deeper reflection on the meaning of professional commitment, the desire to feel useful, and the need to rethink their practice and worldview. These findings reflect specific experiences influenced by cultural, systemic, and contextual factors. Further research is needed to better understand how occupational therapists from diverse backgrounds experience professional identity transformations during global crises. Future research could extend this work to other healthcare professionals (physiotherapists, speech therapists, etc.) to explore whether levels of occupational adaptation differ from those observed in the general population and across professional groups.

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Disclosure of Interest

The authors report no conflict of interest.

Ethics

ETHIC COMMITTEE of Paris Saclay university (CER-Paris-Saclay-2021-008).

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APPENDIX 1 - Interview grid

1 - RÔLES OCCUPATIONNELS

Cette section comporte des questions qui explorent les rôles occupationnels composant le style de vie de la personne

1. « Pour commencer, j'aimerais que vous me parliez un peu de vous, de vos **rôles professionnels ou familiaux**.
 - Travaillez-vous actuellement ?
 - Êtes-vous étudiant.e ?
 - Êtes-vous responsable des soins à prodiguer à un ou des enfants, d'un.e conjoint.e, de vos parents ? Êtes-vous aidant.e naturel.le ?

Même si la personne est un.e travailleur.se / étudiant.e / aidant.e, questionnez le rôle de la personne qui assure l'entretien du milieu de vie

- Quels sont vos responsabilités au sein de votre foyer / maison / appartement / milieu de vie ?
- Comment les responsabilités sont-elles réparties (avec votre conjoint.e par exemple) pour l'entretien de votre lieu de vie ?

Explorer les autres rôles :

En dehors de votre travail / études/ rôle d'aidant, rôle de la personne qui assure l'entretien du milieu de vie :

- Y'a-t-il d'autres rôles qui occupent votre temps / sont importantes pour vous ? Par exemple : votre rôle dans votre voisinage / communauté (bénévole, voisin.e), rôle d'ami.e, amateur.e, participant.e à une organisation religieuse ou communautaire...
2. « Quelles sont les **responsabilités** / tâches que vous devez accomplir en lien avec ces différents rôles ? Comment gérez-vous ces différentes responsabilités ? Que retirez-vous de votre rôle de travailleur.se / étudiant.e / aidant.e ? Aimez-vous les tâches que vous devez accomplir ?
 - Selon vous, quel type de travailleur.se / étudiant.e / aidant.e êtes-vous ?
 - Parlez-moi d'un geste que vous avez posé récemment comme travailleur.se / étudiant.e / aidant.e dont vous êtes particulièrement fier.e.
 3. « Avez-vous **changé de travail / domaine d'étude depuis le début de la pandémie** ?
 - Y a-t-il eu des changements dans vos rôles de travailleur.se / étudiant.e / aidant.e depuis le début de la pandémie ?
 - Y a-t-il eu des changements dans vos responsabilités / tâches que vous devez accomplir en lien avec vos rôles de travailleur.se / étudiant.e / aidant.e depuis le début de la pandémie ?
 4. Y a-t-il eu des **changements dans vos autres rôles** ? Dans vos autres responsabilités ? Vous êtes-vous engagé.e dans de **nouveaux rôles depuis la pandémie** ?
 - Si oui, lesquels ?
 - Êtes-vous satisfait de ces changements ?
 - Ces changements étaient-ils prévus avant la pandémie ? Ont-ils été précipités par la situation ?

2 - ROUTINE QUOTIDIENNE

Cette section est composée de questions concernant la structure et l'utilisation du temps de la personne, sa satisfaction face à sa routine et les occupations typiques qui occupent son temps.

5. « Pourriez-vous me parler de votre **routine de vie actuelle** ?
 - Décrivez-moi une journée typique de la semaine
 - Y a-t-il des différences lors des fins de semaine / week-end ?

6. Que devez-vous faire pour entretenir votre maison / appartement / chambre / résidence ?
 - Aimez-vous ces tâches ?
 - Êtes-vous capable de les accomplir ? Avez-vous de l'aide ?
7. Êtes-vous satisfaisant de votre routine actuelle ?
 - Qu'est-ce qui vous satisfait ?
 - Qu'est-ce qui vous déplaît ?
 - Qu'est-ce qui est le plus important dans votre routine actuelle ?
 - Est-ce qu'elle vous permet d'accomplir vos tâches les plus importantes ?
 - Que souhaiteriez-vous changer à votre routine ? Qu'est-ce qui serait le plus important à converser ?
8. Avez-vous des passe-temps / des projets qui font partie de votre routine actuelle ?
9. « Est-ce que votre **routine actuelle est différente de celle que vous aviez avant la pandémie** ?
 - Comment la pandémie a-t-elle modifié votre routine ?
 - Est-ce certains de ces changements ont une répercussion (positive ou négative) et persistent dans votre routine actuelle ?
 - Aviez-vous des projets ou des passe-temps qui faisaient partie de votre routine avant la pandémie ? Pendant la pandémie ?

3 - MILIEUX OCCUPATIONNELS (ENVIRONNEMENT)

Cette section est composée de questions concernant les environnements occupationnels de la personne, y compris les autres personnes et leur influence sur l'occupation.

Certaines questions peuvent se recouper avec celles de la section 1- Rôles occupationnels ; il n'est pas nécessaire de les répéter si les informations ont déjà été obtenues.

10. « J'aimerais maintenant que vous me parliez de **l'endroit où vous vivez actuellement**.
 - Décrivez-moi / parlez-moi votre **lieu de vie / domicile**
 - Habitez-vous une maison / un appartement / une chambre / une résidence ?
 - Est-ce que votre lieu de vie est agréable / confortable ?
 - Y avez-vous suffisamment d'intimité ?
 - Est-ce qu'il est adapté à vos besoins ? (ex : espaces de circulation)
 - Est-ce que ce lieu de vie est stimulant ?
 - Est-ce que vous vous ennuyez parfois dans ce lieu de vie ?
11. Comment décririez-vous l'environnement où vous habitez ? Lesquels des qualificatifs suivants décrivent le mieux votre domicile / milieu de vie : affectueux, conflictuel, stressant, calme, chaotique, occupé, ennuyant ? Racontez-moi un évènement qui s'est déroulé récemment à votre domicile et qui illustrerait le contexte où vous vivez ?
12. Avez-vous changé de lieu de vie depuis le début de la pandémie ? Pour quelles raisons ? Où viviez-vous avant la pandémie ?
13. Est-ce que la pandémie a eu un impact sur votre choix de lieu de vie (si vous en avez changé) ? Sur la manière dont vous percevez votre lieu de vie (intimité ? stimulation, besoins comblés / non comblés) ?
14. Avec qui vivez-vous ?
 - Comment vous entendez-vous avec cette / ces personnes ?
 - Quelles activités / tâches faites-vous ensemble ?
15. Comment qualifieriez-vous votre relation avec vos proches durant la pandémie ? Comment vous ont-ils soutenu.e.s (ressources/ difficultés) ?

16. « Parlez-moi désormais de **l'endroit où vous travaillez / aller à l'école actuellement** (*si adapté à la situation de la personne ; si cela n'est pas adapté, on peut questionner le lieu où se fait le bénévolat, ou tout autre rôle défini comme significatif par la personne précédemment*)
- Décrivez-moi / parlez-moi de votre **lieu de travail / école**
 - Convient-il à la réalisation de votre travail / de vos études ? Avez-vous accès à tout ce dont vous avez besoin pour réaliser ce que vous avez à faire ?
 - Y avez-vous suffisamment d'intimité (espace de travail privatif / open space) ?
 - Est-ce qu'il est adapté à vos besoins ? (ex : espaces de circulation)
 - Est-ce que ce lieu travail / école est stimulant ?
 - Est-ce que vous vous ennuyez parfois dans cet endroit ?
 - Êtes-vous parfois stressé à cet endroit ?
 - Aimez-vous votre lieu travail / école ?
17. Qui sont les personnes que vous côtoyez le plus sur votre lieu de travail / d'études ? Comment vous entendez-vous avec vos collègues / votre chef / patron / camarades de classe / enseignants ? Comment vous ont-ils soutenus durant la pandémie (ressources/ difficultés) ?
18. Durant la pandémie, est-ce que votre lieu de travail / école a été modifié ? (télé travail ? télé-école ?) Est-ce que les relations avec vos collègues de travail / camarade de classe ont été modifiées par la pandémie ?
19. « Que faites-vous principalement pour vous **divertir et vous détendre ? (loisirs) actuellement ?**
- Où allez-vous pour cela ? (ex : cinéma, centre de conditionnement physique, plein air...)
 - Aimez-vous les installations / l'ambiance ?
 - Avez-vous accès aux endroits souhaités pour vous détendre et vous divertir ?
 - Racontez-moi une activité que vous avez fait récemment qui me démontrerait dans quel type d'atmosphère vous êtes quand vous vous détendez ou vous vous amusez.
20. Avec qui vous détendez-vous / divertissez-vous le plus souvent ? Comment vous entendez-vous avec ces personnes ?
21. Comment la pandémie a-t-elle modifié votre accès à vos lieux de détente et de divertissement ? Avez-vous fréquenté de nouveaux lieux de détente / divertissement durant la pandémie ?
Est-ce que les relations avec les personnes avec lesquelles vous vous détendez / divertissez habituellement ont été modifiées par la pandémie ?

4 - CHOIX D'ACTIVITÉS / CHOIX OCCUPATIONNELS

Cette section est composée de questions qui visent à comprendre comment une personne fait des choix pertinents par rapport à ces occupations ainsi que les valeurs, les intérêts, les déterminants personnels sous-jacents à ces choix.

Certaines questions peuvent se recouper avec celles des autres sections ; il n'est pas nécessaire de les répéter si les informations ont déjà été obtenues.

22. « J'aimerais que vous me parliez de vos **choix d'activités / d'occupations**.
Depuis la pandémie, arrivez-vous à faire ce que vous considérez comme vraiment important ?
- *Si oui* : Qu'est-ce qui est important pour vous ?
 - *Si non* : Pouvez-vous me parler de ce que vous ne pouvez pas faire et me dire pourquoi vous ne pouvez pas le faire ?
 - Pouvez-vous me parler d'une situation récente pendant laquelle vous n'avez pas pu faire quelque chose que vous valorisez beaucoup ?
23. Avez-vous été capable de choisir ce qui est important pour vous depuis la pandémie ? La pandémie a-t-elle interféré avec ce que vous vouliez faire ? Est-ce que cela interfère toujours aujourd'hui ?

24. Depuis la pandémie, avez-vous le sentiment d'avoir suffisamment de temps pour faire ce que vous trouvez agréable ? *Si oui* : Avez-vous des temps libres ?
- Que faites-vous pendant vos temps libres ?
 - Que faites-vous pour le plaisir ?
 - Pouvez-vous me parler d'un moment récent durant lequel vous avez eu beaucoup de plaisir ?
 - *Si non* : Selon vous, pourquoi n'avez-vous pas le temps ?
 - Pouvez-vous me donner un exemple d'un moment pendant lequel vous avez eu le sentiment de ne pas avoir assez de temps pour ce que vous trouvez agréable ?
25. Est-ce que votre sentiment d'avoir suffisamment de temps pour faire ce que vous trouvez agréable a été modifié depuis le début de la pandémie ?
26. « Vous arrive-t-il de vous fixer des buts personnels / de faire des plans pour l'avenir ?
- *Si oui* : Êtes-vous capable de les mener à terme ?
 - Pouvez-vous me donner un exemple d'une occasion où vous aviez un but et que vous l'avez mené à terme ?
 - *Si non* : Pouvez-vous me donner un exemple d'une occasion où vous aviez un but et que vous n'avez pas été capable de le mener à terme ?
 - N'y a-t-il jamais eu quelque chose que vous espériez ou que vous vouliez vraiment accomplir ?
27. « Quand vous rencontrez des obstacles ou des difficultés, comment y faites-vous face habituellement ? Pouvez-vous me donner un exemple ?
28. Comment vous êtes-vous adapté.e / avez-vous composé avec la pandémie ?
Pouvez-vous me donner des exemples de décisions que vous avez prises qui illustrent votre façon de vous adapter à la situation ?

5 - ÉVÈNEMENTS CRITIQUES DE LA VIE

Cette section est composée de questions concernant des tournants, des bons moments, des mauvais moments, des réussites et des échecs dans la vie de la personne.

Pour l'entrevue dans le cadre du projet eCO3, nous aborderons seulement la pandémie comme tournant de vie.

29. « Pour terminer l'entrevue, j'aimerais aborder avec vous la pandémie de Covid-19 comme un événement ayant changé le cours de notre vie, individuellement et collectivement. Selon vous, comment la pandémie a-t-elle façonné votre vie ? Qu'est-ce que cela a provoqué comme changement ?
30. Si vous pensez à la période particulière du début de la pandémie (le confinement du printemps 2020), comment qualifieriez-vous cette période de votre point de vue ? Est-ce que certaines actions / décisions que vous avez prises ont contribué à vous procurer un sentiment de réussite particulier ou un sentiment d'échec ?
31. Si vous pouviez orienter votre avenir comme vous le voulez, que feriez-vous ? Que vous voyez-vous faire dans l'avenir ?