


The impact of COVID-19 restrictions on occupational balance: A mixed method study of the experience of Australian occupational therapists

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Abstract

Introduction: COVID-19 has seen unprecedented changes to the daily occupational lives of citizens across the globe as a result social and physical restrictions. Frontline healthcare workers health and wellbeing have been impacted but what of occupational balance? The aim of this study was to investigate if there was a change in the occupational balance of occupational therapists working in a metropolitan hospital during a COVID-19 lockdown.

Methods: All occupational therapists working in a metropolitan hospital were invited to participate in an online survey. Occupational Balance was measured using the Occupational Balance Questionnaire-11 (OBQ11). Participants retrospectively rated their occupational balance before COVID-19 restrictions were in place and again rated their current status during the restrictions. Participants were also asked to comment on strategies used to help them during the COVID-19 restrictions.

Results: Forty-two occupational therapists completed the survey. The mean total score prior to the COVID-19 restrictions was 19.4 and during restrictions was 19.0 ($Z = -0.4$, $p = 0.68$). There was a significant decrease in having sufficient to do during the COVID-19 restrictions ($Z = -3.6$, $p < 0.001$). Satisfaction with how time was spent in rest, recovery and sleep significantly increased during the restrictions ($Z = -3.3$, $p = 0.001$). Strategies used included engaging in valued activities, finding alternate ways of doing and showing gratitude.

Conclusion: Occupational balance of occupational therapists remained high and satisfaction in how time was spent improved during COVID-19 restrictions. Occupational therapists implemented their own theoretical approach of adaptation to cope with the COVID-19 restrictions.

KEYWORDS

coronavirus, occupational therapists, occupational therapy, occupational therapy department, hospital, pandemics

1 | INTRODUCTION

Occupational balance is a common focus throughout the occupational therapy and occupational science literature, with a key assumption being that engagement in a balance of various occupational patterns and areas that are important and meaningful and sufficiently challenging enhances our physical and mental wellbeing (Dür et al., 2015; Taylor & Kielhofner, 2017; Wilcock, 2014). Occupational balance has been defined as participating in the right amount of occupations and the right variation between occupations from the individuals subjective experience (Wagman et al., 2012). It includes having a harmonious mix of occupations that are valued and have personal meaning (Eklund et al., 2017), with the right proportion of interpersonal balance, being vital (Gonzalez-Bernal et al., 2020; Wagman & Håkansson, 2019), and it is inherently subjective and individualistic (Dhas & Wagman, 2020). Eklund et al. (2017) describe three key themes within occupational balance as, having a mix of occupations, having the ability and resources to manage the amount of occupations being engaged in, and that occupations need to have personal meaning and align with values. A lack of occupational balance, through a lack of stimulating activity or the introduction of overstimulating activity has been linked to stress related responses such as boredom and burnout (Wilcock, 2014). Occupational balance is dynamic, and can vary throughout one's life, with disturbance to occupational balance considered normal, as long as changes are not too intense or endured over an extended period of time (Gonzalez-Bernal et al., 2020).

The year 2020 has seen unprecedented changes in the daily lives of all people around the world as a consequence of the COVID-19 pandemic. These changes required people to adopt physical and social restrictions that affected what we do, the way we do what we do, and how we do what we do. These changes often took the form of forced physical and social distancing, quarantine and isolation, restrictions applied to work environments, time spent outdoors and in the community, and to the way in which we interact with others. Although these measures were necessary for pandemic control, quarantine and isolation for infection control purpose has been demonstrated to have detrimental effects on health mental health and wellbeing (Hossain et al., 2020). These COVID-19 restrictions have the potential to disrupt occupational balance in a multitude of ways, including disrupting the mix of occupations, altering the intensity and duration of occupations, being unable to engage in occupations which have personal value and meaning and affecting the ability to manage the number of occupations

being engaged in. Gonzalez-Bernal et al. (2020) found that disturbances in occupational balance in a Spanish population during COVID-19 restrictions increased as the days of isolation progressed, however, variables relating to age, perception of having received enough information, working outside the home and not being infected with COVID-19 contributed to better occupational balance.

Health professionals have been shown to have similar levels of occupational balance as the general population with the exception of time spent in rest and recovery, with occupational therapists reporting the lowest levels of balance between work, family and leisure (Wagman et al., 2017). It has been speculated that this is an indication of health professionals having a predominant focus on paid work and having too much to do, which increases the risk of stress and occupational imbalance (Wagman et al., 2017). Further, recent reports suggest the impact of COVID-19 on the mental health and wellbeing of health professionals working in health services has been negatively affected (Department of Health, 2020; Holton et al., 2021).

Health professionals working in a hospital setting are considered essential workers and were allowed to continue their work and attend their workplace in person. Health professionals working in the pandemic present a unique opportunity to investigate possible disruptions to occupational balance. However, to the best of our knowledge, the impact of COVID-19 on occupational balance of health professionals has not been reported.

We may assume that the occupational balance of health professionals would decrease during the COVID-19 related restrictions because they are not able to participate in a balance of daily occupations of their choice. But given occupational balance is a concept taking into consideration contextual issues we wanted to know if occupational balance had decreased in a convenient sample of occupational therapists working in a metropolitan hospital during the COVID-19 pandemic and if so, which items of occupational balance were more affected. We also wanted to explore the idea that as occupational therapists, we have an innate consideration of occupational balance, and that this understanding would be a protective factor against occupational imbalance in this situation.

Therefore, the research questions for this study were the following:

- Is there a change in the occupational balance of Australian occupational therapists working in a large metropolitan hospital during COVID-19 pandemic, and if so, in which items of the OBQ?

- What strategies do occupational therapists use to manage and maintain their occupational balance throughout COVID-19 restrictions?

2 | METHOD

2.1 | Design

This study used a concurrent nested mixed methodology informed by pragmatism (Creswell & Plano Clark, 2011) to investigate the occupational balance of occupational therapists working in the inpatient services (acute and subacute) of a large metropolitan tertiary hospital in Melbourne, during the first COVID-19 lockdown in Victoria, Australia. The hospital is publicly funded, with 780 beds and treats approximately 65,000 inpatients per year (St Vincent's Hospital Melbourne, 2020). This study complied with the principles of the National Statement on the Ethical Conduct of Human Research (2007, updated in 2018) and was approved by the Research Governance Unit of St Vincent's Hospital Melbourne on 6 May 2020. All participants consented to participating in the project before data collection began.

2.2 | Participants

All occupational therapists working in the inpatient settings of the hospital were invited to participate in the anonymous online survey in May 2020. The inpatient occupational therapy department comprised of mainly females (96%), with a working experience ranging from 2 to 28 years, and ages ranging from 24 to 51 years.

At the time the survey was administered, Melbourne citizens were in the first lockdown of 6-weeks duration and were only allowed to leave their homes for four reasons. These included (1) buying essential supplies, (2) to work, if unable to work from home, (3) to exercise, and (4) to attend personal medical appointments (DHHS, 2020). Occupational therapists included in this study were attending work in person and not working from home.

2.3 | Outcome and procedure

Occupational balance was operationalised by the Occupational Balance Question (OBQ) (Wagman & Håkansson, 2014). The OBQ was developed as a tool for occupational therapists using classical test theory to measure the concept of occupational balance in individuals and groups. The original OBQ underwent rasch

analysis that identified issues with two items, resulting in a revised version with good reliability (Håkansson et al., 2020). Hence, occupational balance in this study was measured using the Occupational Balance Questionnaire-11 (OBQ11) (Håkansson et al., 2020). The OBQ is a validated and reliable tool that measures occupational balance not in terms of specified occupations but rather satisfaction with one's occupational profile within the opportunities and resources afforded (Håkansson et al., 2020). The OBQ11 measures satisfaction with the amount, and variation of occupations. It comprises of 11 items that are responded to using a four-point scale ranging from 0 indicating '*completely disagree*' to 3 indicating '*completely agree*'. The OBQ11 has a total score ranging from 0 to 33. Higher scores mean high levels of perceived occupational balance. Results can be summed and or analysed by considering each item separately.

Participants completed the occupational balance questionnaire twice in the online survey. Once, rating their occupational balance retrospectively thinking about their occupational balance prior to the COVID-19 physical and social isolation restrictions and again rating their occupational balance during the COVID-19 restrictions. At the end of the questionnaire, participants were asked to provide a free text response describing any strategies they use to help them during the COVID-19 restrictions. Study data were collected and managed using REDCap (Research Electronic Data Capture) electronic data capture tools (Harris et al., 2019). REDCap is a secure, web-based software platform designed to support data capture for research studies.

2.4 | Data analysis

The OBQ11 was used as a summed total scale and as individual items. Differences in the OBQ between occupational therapists perceived occupational balance before COVID-19 restrictions and during the COVID-19 restrictions were investigated using the Wilcoxon signed-rank test. A sample size of 40 was sufficient to observe a difference between the two occupational balance outcomes with an effect size of 0.5 or larger using a two-tailed difference between matched pairs, based on an alpha of 0.05 and a power of 0.80 (Dhand & Khatkar, 2014). Assumptions were checked and the results statistically analysed using SPSS (IBM corp., Released 2020). Free text was analysed using thematic inductive analysis (Braun & Clarke, 2006) on Nvivo (QSR International Pty Ltd., 2020). Within Nvivo, each meaning unit was coded and codes were collapsed and defined in an ongoing process, to derive themes and subthemes.

If participants used several strategies to manage the physical and social restrictions then each strategy was coded, and all codes were counted within the appropriate theme and subtheme (Sandelowski, 2001). All authors peer reviewed the coding and interpretations to enhance the rigour of this study.

3 | RESULTS

3.1 | Occupational balance

Forty-two occupational therapists completed the questionnaire (51% response rate). Descriptive statistics are presented in Table 1. The total occupational balance score prior to the COVID-19 restrictions was 19.4 (SD 6.0, median 21, IQR 14, 23) and during restrictions was 19.0 (SD 6.9, median 18, IQR 14, 23). This was a non-significant decrease ($Z = -0.41$, $p = 0.68$). Item level analysis revealed there was a significant decrease in having sufficient to do during the COVID-19 restrictions ($Z = -3.56$, $p < 0.001$), while satisfaction with how time

was spent in rest, recovery and sleep significantly increased during the restrictions ($Z = -3.3$, $p = 0.001$). The OBQ11 had high internal consistency for the retrospective measurement (Cronbach $\alpha = 0.91$) and at point in time measurement (Cronbach $\alpha = 0.92$).

3.2 | Strategies to manage COVID-19 restrictions

Three main themes were derived from the thematic analysis: Engaging in valued activities (30 references); Alternate ways of doing (24 references); and Gratitude (3 references).

3.2.1 | Engaging in valued activities

Maintaining relationships with family and friends, exercising, and participating in enjoyable or rewarding activities were activities that the participants of this study valued and engaged in to manage the COVID-19

TABLE 1 Occupational balance questionnaire items scores and total OBQ11 score pre- and during COVID-19 of occupational therapists ($n = 42$) working in an acute medical hospital

Item	Pre COVID occupational balance		During COVID occupational balance		SMD	p value
	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)		
Having sufficient to do during a regular week	2.6 (0.6)	3 (2,3)	0.9 (0.7)	1 (0,1)	1.7	<0.001
Balance between doing things for myself and for others	1.8 (0.8)	2 (1,2)	1.8 (0.8)	2 (1,2)	0.0	1.00
Time for doing the things I want	1.7 (0.8)	2 (1,2)	1.7 (1.0)	2 (1,2)	0.0	0.90
Balance between work, home, family, leisure, rest, and sleep	1.7 (0.9)	2 (1,2)	1.5 (0.9)	2 (1,2)	0.1	0.46
Enough time for obligatory occupations	1.9 (0.7)	2 (2,2)	2.0 (0.8)	2 (2,3)	-0.1	0.23
Balance between physical, social, mental, and restful occupations	1.6 (0.7)	2 (1,2)	1.5 (0.9)	1 (1,2)	0.1	0.46
Satisfaction with how time is spent in everyday life	1.7 (0.7)	2 (1,2)	1.5 (0.8)	1 (1,2)	0.2	0.19
Satisfaction with the number of occupations during a regular week	1.9 (0.7)	2 (2,2)	1.6 (0.7)	2 (1,2)	0.3	0.05
Balance between obligatory and voluntary occupations	1.6 (0.7)	2 (1,2)	1.7 (0.8)	2 (1,2)	-0.1	0.61
Balance between energy-giving and energy-taking occupations	1.5 (0.9)	2 (1,2)	1.6 (0.9)	1 (1,2)	-0.1	0.50
Satisfaction with the time spent in rest, recovery, and sleep	1.5 (0.7)	2 (1,2)	2.1 (0.8)	2 (2,3)	-0.5	<0.001
Total score	19.4 (6.0)	21 (14,23)	19.0 (6.9)	18 (14,23)	0.4	0.68

Note: Bold represents statistically significant differences in t test scores between pre- and during COVID-19. SD, standard deviation; IQR, interquartile range; SMD, standardised mean difference.

restrictions. Maintaining contact with family and friends, with nine references was a frequent strategy used by the participants to cope with the social and physical restrictions, many participants reporting 'spending time with my partner' and 'keeping in touch with friends/family' as strategies they used to remain socially connected with those people that were important to them.

In addition to maintaining social connections, exercise (13 references) was of key importance to this group of occupational therapists. Several participants listing, 'frequent exercise', 'regular exercise', and 'spending time exercising' as strategies they were using to manage the social and physical restriction. Exercising was also seen as an opportunity for the participants to get outside and 'enjoy the outdoors'. While identified as important, some participants who usually participated in gym-based exercise, which was banned during this lockdown, found it difficult to find time to fit exercise into their routine; 'trying to do regular exercise - but for someone that usually attends the gym, that has proven difficult to fit in'.

Several participants (eight references) spoke of the importance of doing activities for good mental health and wellbeing. For example, one participant explained '[I] schedule in activities that I wouldn't normally do but I enjoy into my week'. Others spoke about taking the opportunity to use the extra time they had during the lockdown to 'engage in more mental health [and] wellness activities' and 'to switch off'. One participant used a mantra to manage her mental health. She reported reminding herself of the mantra, 'I can only do what I can do and there are things outside my control'. Maintaining a working role was valued and helped maintain balance and wellbeing, as one participant explained, 'Continuing to work full time, allows me to feel balanced and not stuck'.

3.2.2 | Alternate ways of doing

To abide by the social and physical restrictions, the participants of this study found alternate ways of doing in order to participate in activities they valued (24 references). Participants used several online tools, such as 'Skype, Zoom for family and friends [to] catch up' as well as social media, telephone calls and text messaging to remain connected (12 references). Finding alternate ways of doing through planning (five references) was another strategy used by the participants to manage the restrictions. Several participants reported 'strategically planning', 'being organised', 'creating a routine', and 'making a list so I get 'jobs' done' as strategies they used to manage their various activities, work demands and day to day 'jobs'.

Several participants use the permitted activity of exercising outdoors to maintain their social connections with friends, stating one of the strategies used to cope with the COVID-19 restrictions was 'scheduling walks with friends'. Similarly, one participant explained that she used exercising outdoors with her children 'in the absence of their [children's] usual sporting commitments.' Additionally, some participants explained even though they were staying home it was important to keep up usual social practices such as 'put[ting] on makeup for weekend dinners with housemates'.

The social and physical restrictions placed upon the participants due to the COVID-19 pandemic were not always considered negatively (four references). Several participants explained the restrictions provided them with more time to engage in activities they valued. For example, one participant reported that she was 'using restrictions to minimise seeing people and therefore, saving some time'. With more time, another participant was able to spend time doing activities she valued with her children, 'involving family in different skills [such as] cooking [because] there is time'. Having more time, some participants were able to direct their attention to activities they usually did not have time to do such as home improvements and found that completing these 'jobs' were rewarding.

3.2.3 | Gratitude

Lastly gratitude, with three references was expressed as a strategy the participants used to cope with the pandemic. One participant expressed a global perspective to cope with the situation she faced, stating it was important to 'have gratitude for the situation we find ourselves in [with] a supportive government, a professional and highly skilled health service and very low numbers of COVID cases comparative to overseas countries'. Participants were also grateful at the individual level, with one participant thankful just for being allowed to be outside even for limited periods, saying, 'outdoor time, even if this only entails walking slowly around the block with a toddler'.

4 | DISCUSSION

The aim of this study was to investigate if the occupational balance of occupational therapists working in the inpatient services of a hospital changed because of the impact of COVID-19 social and physical isolation restrictions and to identify strategies occupational therapists used to manage the restrictions.

The main findings of this study indicate that the occupational therapists of this study were able to maintain their overall occupational balance during the COVID-19 restrictions. However, the occupational therapists had significantly less to do, which is not surprising given the social and physical restrictions imposed on citizens of Melbourne during this phase of data collection. Interestingly their satisfaction in how their time was spent in rest, recover and sleep during COVID-19 social and physical restrictions improved during this time. Gonzalez-Bernal et al. (2020) identified a number of sociodemographic variables relating to disturbances in occupational balance which may explain the results of this study. They identified that participants with an active employment status and higher levels of education had a higher level of occupational balance than students or the unemployed. All of the occupational therapist participants in this study were actively employed as full or part time therapists and had high levels of education of at least a bachelor's degree. The occupational therapists in this study were largely required to maintain face-to-face clinical work, although administration and non-clinical tasks, such as team meetings, moved to an online format onsite in the hospital setting.

The occupational therapists in this study rated their occupational balance substantially higher, even during COVID-19 restrictions, than occupational therapists in previous studies (Lexen et al., 2020) (mean total 19.0 compared to 14.1). Further investigation of the individual item scores indicates that the median scores across all items prior to COVID-19 restrictions and during was 2, indicating agreement with the occupational balance statements in the OBQ11 and achieving occupational balance. In the study by Lexen et al. (2020) the median score across all items was 1, indicating disagreement with the statements and difficulties maintaining occupational balance. These findings and the differences in occupational balance of Australian occupational therapists with those in Scandinavia warrants further investigation with larger sample sizes to confirm these differences.

The improvement in satisfaction in how the occupational therapists spent their time in rest, recovery and sleep during COVID-19 social and physical restrictions suggests the enforced restrictions had a positive impact on the therapists' rest and sleep. This notion is supported by a recent study by Magnusson et al. (2020) investigating the relationship between occupational balance and sleep in 157 women, which found a significant relationship between occupational balance and sleep. Although there was a significant improvement in this item of the OBQ11, the overall occupational balance of participants was offset by a significant decrease in the item 'having sufficient to do' and was maintained.

The occupational therapists in this study were performing their occupations within the current social, physical, political, and institutional environments of the time. The high occupational balance of the participants in this current study may be explained by the strategies the occupational therapists utilised to help them manage the social and physical restriction. Although, Wilcock (2014) stressed the individual nature of occupational balance, and individuals have their own unique needs in meeting their physical, mental, social and rest needs, the strategies the occupational therapists utilised to maintain their occupational balance highlighted some commonalities.

The occupational therapists were able to establish a harmonic mix of the right variation between the occupations they valued and held meaning. Participating in social activities, exercising and engaging in valued activities were strategies the participants of this study engaged to maintain their occupational balance. Maintaining social connection with family and friends are highlighted in the literature as factors that contribute of occupational balance (Gonzalez-Bernal et al., 2020; Wagman & Håkansson, 2019). Aligning with previous evidence (Gonzalez-Bernal et al., 2020; O'Brien & Forster, 2021; Wada et al., 2014, 2015) the participants of this study also used interpersonal strategies such as meeting the needs of their family, children and partners as strategies to maintain their occupational balance. Participation in various forms of exercise was another factor identified by the occupational therapists in this study as being important to enable maintenance of their occupational balance. Engaging in physical activities has been shown to sustain wellbeing during COVID-19 (O'Brien & Forster, 2021) and appears to support the maintenance of occupational balance particularly in this group of occupational therapists.

At the point in time when this study was conducted, the occupational therapists of this study were able to prioritise and schedule many of their valued activities and occupations under the current physical and social restrictions. However, the occupational therapist participants had little control over the occupations they could engage in and little choice over how to go about their occupations. In a large study by Håkansson et al. (2011) investigating the association between women's subjective perceptions of satisfaction, occupational balance, occupational meaning, occupational value and perceived control, perceived control was not associated with daily occupations. This may explain why the occupational therapist participants were able to maintain their occupational balance during the COVID-19 restrictions that they had little control over.

Aligning with the concept of occupational adaptation in the Model of Human Occupation (De las Heras de

Pablo et al., 2017), the participants of this study found alternative ways of doing the activities and occupations they valued when they were faced with the environmental restrictions as a result of COVID-19, to maintain the satisfaction derived from these activities and occupations. Using social media and virtual platforms were alternative ways of connecting with friends and family that the participants of this study used. The participants of this study planned and scheduled the valued activities into their daily lives to support their ongoing occupational balance. It could be inferred then that given the theoretical basis of occupational therapy, occupational therapists are well placed to actively apply occupational adaptation to maintain occupational balance during periods of activity restrictions and isolation such as those imposed during COVID-19 lockdowns. However, surveying health professionals in Sweden using the OBQ Wagman et al. (2017) found no difference in the occupational balance between occupational therapists and other health professionals. A future study comparing the occupational balance of occupational therapists and other health professionals during periods of COVID-19 restrictions within broader practice settings may add to our future understanding of how occupational therapists adapt to address occupational balance during periods of activity restriction and isolation.

Occupational balance is dynamic and fluid (Westhorp, 2011). Although, the occupational therapists in this study were able to maintain their occupational balance using occupational adaptation strategies in the short term, long term social and physical restrictions and the modified ways of doing valued occupations may not bring the personal and meaningful satisfaction over a longer period of social and physical restrictions related to COVID-19. Gonzalez-Bernal et al. (2020) identified a trend for occupational balance decreasing as periods of home confinement increased. Melbourne's first COVID-19 related lockdown, the period during which this data was collected, spanned a six-week period. The relatively, 'short' length of this lockdown, in comparison to subsequent lockdowns in Melbourne and those which occurred internationally, may have also influenced the reported occupational balance of the participants of this study.

Gratitude was identified as a coping strategy by participants. Jans-Beken (2021) discusses how cultivating an attitude of mature gratitude through acts of kindness, expressing gratitude, and enjoying the small things helps people cope and builds resilience. The occupational therapists in this study expressed their gratitude and enjoyed the small things to help them manage and maintain their occupational balance during the COVID-19 restrictions.

Previous studies have found that participating in occupation of value and those with personal meaning contribute to one's occupational balance (Eklund et al., 2017). The occupational therapists in this study, engaged in valued activities as a way of managing the social and physical restrictions because of COVID-19. They planned activities that were beneficial to their physical and mental health such as connecting with family and friends, exercise, and activities that helped relieve stress. Further, the restrictions imposed on the occupational therapists provided them with more time to participate in these valued activities and occupations and forced them to rest and sleep more. Overall, the occupational therapists' knowledge and use of strategies to maintain occupational balance appear protective against the COVID-19 social and physical restrictions.

4.1 | Study limitations

This study focused on a specific COVID-19 lockdown period and adopted a cross sectional design using a small convenience sample of occupational therapists. As such it poses a number of limitations for consideration. Participants were asked to complete two OBQs at the one point in time: one OBQ in response to their current occupational balance under the COVID-19 restrictions and one regarding their occupational balance prior to the COVID-19 restrictions. Although this approach had been used previously (Gonzalez-Bernal et al., 2020) in studying the relationship between COVID-19 restrictions and occupational balance, there is a risk of recall bias when asking participants to complete surveys retrospectively.

As cross-sectional studies do not allow for a causal relationship between variables and with a small sample size, it is also not possible to definitively identify the impact of COVID-19 restrictions on occupational balance within the study cohort. Further, the use of a small convenience sample means that the results may not be representative of the occupational balance of all occupational therapists working within similar settings in Melbourne during the lockdown period addressed. Nor can the experience of the occupational therapists included in this study be generalised to other health professionals experiencing the pandemic in other states and countries.

Another consideration is the length of the lockdown period. Survey data was collected over a 1-week period at the end of the first 6-week Melbourne COVID-19 lockdown restrictions in April–May 2020. A second period of lockdown restrictions were imposed in late June that extended for approximately 4 months. Surveying a larger sample size representative of Melbourne based occupational therapists across a broader range of practice

settings and also in reference to longer periods of restrictions may have given a stronger picture of the occupational balance of this cohort during COVID-19 restrictions.

KEY POINTS FOR OCCUPATIONAL THERAPY

- The occupational balance of occupational therapists working in a metropolitan hospital during the first period of COVID-19 restrictions was high and remained unchanged.
- The occupational therapists used strategies aligning with concepts of occupational adaptation to maintain their occupational balance.
- The knowledge and use of strategies to maintain occupational balance appeared protective against COVID-19 social and physical restrictions.

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CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

AUTHORS' CONTRIBUTION

Tamara Tse: Conceptualisation (equal), formal analysis (lead); methodology (lead); writing-original draft, review and editing (lead).

Ester Roberts: Conceptualisation (equal), formal analysis (equal); methodology (equal); writing-review and editing (equal).

Jo Garvie: Conceptualisation (equal), methodology (equal); writing- review and editing (equal).

Emma Sutton: Conceptualisation (equal), writing-review and editing (equal).

Adrienne Munro: Conceptualisation (equal), methodology (equal); writing- review and editing (equal).

DATA AVAILABILITY STATEMENT

Data available on request from the authors.

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