



Research Paper

The impact of Covid-19 on self-employed female psychologists in the UK

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ABSTRACT

This scoping study reports on the experiences of 41 female self-employed psychologists (or psychologists in private practice) during the first Covid-19 lockdown in the UK. Psychologists are more likely to be female, and unlike employed people, self-employed female psychologists were more likely to be working in lone contexts, and they were unlikely to have had broader organisational and government support available to them. Yet, self-employed female psychologists still made a significant contribution to the UK's response to the Covid-19 pandemic. In addition to supporting children and adults, they have played an important role in shaping government policy, and in the delivery of mass media campaigns and public health messaging. In view of this, the current scoping study focused on how self-employed female psychologists were fairing during the unprecedented circumstances. How were their needs being met? Responses to open-ended survey questions were qualitatively examined using a thematic analysis approach. Overall, the findings suggest that lockdown has afforded some positive opportunities for self-employed female psychologists in the UK. However, for many, it has also had a detrimental impact on their family relationships, and on their own mental health and wellbeing. The findings indicate that self-employed female psychologists may need a more nuanced approach to mitigate against any long-term negative effects of Covid-19.

1. Introduction

In response to Covid-19, the UK was forced into lockdown on Monday 23rd March 2020. Under this first lockdown, all UK residents were advised to stay at home, with the only exceptions being to leave one's abode to buy food, to exercise once a day for a medical requirement or need to care for a vulnerable person, or to travel to and from a workplace where duties could not be undertaken at home. Since declaring Covid-19 as a pandemic, there has been a growing body of evidence detailing the epidemiological impact, as well as the social, emotional, and mental health effects on individuals. In fact, levels of depression and anxiety spiked immediately after Boris Johnson's (UK Prime Minister) announcement of a lockdown in the UK (Department of Health and Social Care, 2020). In this regard, when Shevlin et al. (2020) carried out a survey of 2025 UK adults (aged 18 years and older), they found rates of depression, anxiety and traumatic stress increased during the early stages of the first Covid-19 lockdown. In a review of the evidence regarding quarantine, numerous negative psychological and emotional outcomes were reported, including stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma associated with illness, separation, and isolation. Greater

duration of confinement, having inadequate resources and personal protection equipment, difficulty securing medical care and medications, and resulting financial losses were noted to exacerbate these issues.

In the UK, psychologists have made a significant contribution to the UK's response to the Covid-19 pandemic. They carry out wide-ranging duties, supporting children and adults, often on a temporary/freelance basis, for Local Authorities, educational providers (e.g., schools and colleges) the National Health Service (NHS), Social Care and private individuals (e.g., parents/carers). In addition to supporting vulnerable people during the Covid-19 lockdown (face-to-face and remotely), psychologists have also played an important role in shaping government policy, and in the delivery of mass media campaigns and public health messaging. However, as stated by David Murphy (President, British Psychological Society, 2019–2020) "as psychologists, we have been very active in offering advice to other groups, but perhaps not so active in considering and addressing our own needs" (BPS, 2020, p1).

The BPS (2020) report concerning 'The impact of Covid-19 on the wellbeing of psychologists' offers helpful insight into the lived experiences of over 200 psychologists during the early stages of the pandemic. Survey responses from employed and 'independent' psychologists working in a range of contexts across the field of psychology (including,

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academic, practicing and trainee psychologists), suggest there are “potential risks to wellbeing as well as positive benefits” (BPS, 2020, p3). Overall, it seems many psychologists adjusted to new working conditions and increased workloads; however, they have also experienced a notable decline in their own mental health and wellbeing. Likewise, and while there is only a fleeting mention of the specific impact of Covid-19 on self-employed psychologists, reportedly, they have also been “able to work more flexibly remotely, [they have had] greater control over workload”, and in addition, self-employed psychologist have found “staying afloat” challenging (BPS, 2020, p4).

Although the BPS (2020) report provides a better understanding of the lived experiences of psychologists per se, because of the nature of Covid-19 (Office for National Statistics, 2020), a more nuanced understanding of the impact on the health and wellbeing of psychological workforces is required. Given that psychological workforces are predominantly women (HCPC, 2021), and research suggesting that during a global pandemic the severity of problems facing employed people are exacerbated for women who are self-employed (Blackburn et al., 2021; Thébaud and Sharkey, 2016), this paper focuses on the under-researched topic of the impact of Covid-19 on self-employed female psychologists.

1.1. The current study

While other researchers have examined the impact of Covid-19 on psychologists (e.g., Cerasa et al., 2022), the current scoping study is the first to focus only on how *self-employed female* psychologists in the UK were fairing during the unprecedented circumstance of the first Covid-19 lockdown. In September 2021, there were 25,073 registered psychologists in the UK; 20,559 female, 4490 male, and 24 whose gender was unrecorded (Health and Care Professions Council, 2021). However, to date, there is no available data with regards to the number of registered psychologists who are self-employed in the UK. What is known, is that self-employment has become a major source of work for many psychologists (Palmer et al., 2021, p13), many of whom are women. Indeed, in 2019, Principal Educational Psychologists revealed how 47% of Local Authority educational (or school) psychologists were working on a self-employed basis, and how 10% of Local Authorities subcontracted at least some of their services to psychologists in private practice (Lyonette et al., 2019).

Unlike employed people working during the lockdown, the self-employed often work in lone contexts, and may not have broader organisational and government support available to them (Blundell and Machin, 2020). As an example, when Rokach and Boulazreg (2020, p1) examined the experiences of psychotherapists (whose work can be similar to that of mental health psychologists) during Covid-19, they drew attention to the “grinding trajectory [and] the loneliness and isolation felt by clinicians in private practice”. Interestingly, prior to Covid-19, Herzog (2012), a self-employed psychoanalyst in Toronto, Canada, highlights the isolation felt by mental health therapists in private practice. In this case, loneliness was described as an “occupational hazard” for many self-employed therapists, given their propensity to take care of other’s needs (e.g., service users and their families) at the expense of their own (BPS, 2020).

In this paper, we examine the interactive factors that affected the experiences of self-employed psychologist during the first Covid-19 lockdown. We envisage that the findings will foreground future research, practice and policy that serve to help mitigate against any adverse long-term outcomes for self-employed psychologists, and in so doing, potentially reduce the current rates of attrition (House of Commons, 2021), and decrease the gap between psychologist supply and demand. Given the paucity of research, what follows is a brief empirical literature review focusing on the impact of Covid-19 on occupations that disproportionately affect women, and that involve high levels of public interaction. The review addresses the impact on psychologists and education and health care professionals (i.e., professionals who work

alongside psychologists), and self-employed workers. The review is followed by a description of the methods used in this study, and thereafter the findings are thematically discussed. Finally, the implications of the findings are presented, together with a critical evaluation of the study’s limitations and conclusions.

1.2. The impact of covid-19 on education and health care workers and the self-employed: literature review

A growing body of research has been dedicated to analysing how the Covid-19 lockdown has impacted on workers whose occupations involve high levels of public service and interaction. In this sense, aside from the fact that women, when compared to men, are more likely to die from Covid-19 (Office for National Statistics, 2020), UK-based psychologists describe the impact of Covid-19 as “an ‘emotional rollercoaster’, at times feeling energised but also experiencing sadness, frustration, boredom, anger, shame, and anxiety” (BPS, 2020, p10). In the case of Canada, Ritche et al.’s (2020) summary of 214 school psychologists’ survey responses, provide compelling evidence of how the impact extends far beyond professional activities. Although the authors do not focus on respondents’ employment status, in summary they found, 97.2% ($n = 207$) of school psychologists, reported that the disruptions (caused by Covid-19) meant they could not undertake their work in the usual way, 9.6% ($n = 20$) reported that they were no longer working (i.e., they had been let go), and unsurprisingly, therefore, 30.4% ($n = 65$) experienced a reduction in their income. When asked to evaluate their “ability to enjoy life, to be resilient and flexible when coping with challenges, and feeling a sense of balance in life”, over half of the school psychologists, 51.9% ($n = 111$), self-reported that their mental health and well-being had deteriorated since the start of the first lockdown (Ritche et al., 2020, p367). If lockdown measures have resulted in wide-ranging disruptions for school psychologists, it seems possible that similar issues are encountered by other people who work alongside them.

Quantitative findings elicited from a teaching workforce survey support this assertion. When Jakubowski and Sitko-Dominik (2021, p1) examined 285 Polish teachers’ mental health and well-being, in addition to finding relatively mild levels of stress, anxiety and depression amongst teachers, the researchers found “a negative relation between relationship quality change and social relations quality change, and stress, anxiety and depression”. Jakubowski and Sitko-Dominik (2021) supposed that the lines between professional work and family life might have been blurred, and as a result teachers’ mental health and well-being had deteriorated. Likewise, a survey conducted by the National Association of Schoolmasters Union of Women Teachers (NASUWTA, 2020) in the UK, found 27% of teachers needed professional support to cope with the detrimental impact on their mental and physical health.. That said, the results from another Nastuwtb (2020) study, this time concerning UK-based supply teachers (who are typically self-employed), suggests that Covid-19 has had a more significant adverse impact. In summary, at least 80% (of the female supply teachers surveyed ($n = 794$), struggled to find work during the first lockdown, and accordingly, 93% of those supply teachers saw their incomes diminish. In fact, female supply teachers felt that they earned considerably less than their employed counterparts. In other words, being self-employed during a global pandemic was not financially rewarding. In this context, the results from the survey indicate that supply teachers (like other self-employed people who work in schools, such as psychologists) should be afforded nuanced financial support, especially given the ever-evolving long-term nature of the current global pandemic.

Some governments have afforded financial assistance to self-employed workers through various means. These include access to federal relief programs in the US, emergency tax measures in South Africa, and financial support in Australia. In the UK, from March 2020 to September 2021, Government offered the Self-Employment Income Support Scheme (SEISS) to support businesses most affected by the

pandemic (Seely, 2022). However, it would appear that many self-employed people have not received Government assistance because they are ineligible, or they perceive they do not qualify for financial support (Blackburn et al., 2021). As well, it seems Government support do not consider intersections with gender and employment status.

Given there are likely to be relatively large numbers of female psychologists working in private practice (either as an adjunct to other forms of employment or as their primary job), there is a need for research examining the impact of Covid-19 on these workers, as they were forced into the first Covid-19 lockdown. This is an understudied area of research that is especially important to consider in light of the ongoing Covid-19 pandemic, and the current shortage of psychologists in the UK (Migration Advisory Committee, 2020) and further afield (e.g., American Psychological Association Center for Workforce Studies, 2018),

2. Methods

2.1. Design

The scoping study investigates how self-employed female psychologists in the UK experienced the first Covid-19 lockdown. Given the paucity of research in this area, participants' experiences were garnered through open-ended survey responses. A qualitative approach was appropriate because it "offers the opportunity to gather rich descriptions about a phenomenon which little may be known about" (Bradshaw et al., 2017, p3). In this study, qualitative research also has the potential to generate unforeseen insights into self-employed female psychologists' personal and professional lived circumstances during the Covid-19 lockdown (Braun and Clarke, 2006).

2.2. Participants

One hundred and twenty participants engaged with the survey. To capture nuances, the researchers intended to compare the experiences of female self-employed psychologists with male self-employed psychologists. However, after incomplete surveys were removed, there were very few male respondents ($n = 8$). Hence, the researchers deemed comparisons between male and female self-employed psychologists' experiences of the lockdown could not be accurately justified. Thus, going forward, the researchers focused solely on self-employed female respondents. Put differently, participants were included in the study if they self-identified as being a UK-based self-employed female psychologist.

In total, there were 41 surveys included in demographic analyses. They were aged between 45 and 54 ($n = 17$, 42%) and 35–44 ($n = 13$, 32%). Age of participants are summarised in Table 1.

Many of the participants had worked either between 11 and 20 years ($n = 16$, 38%) or 21 to 30 years ($n = 14$, 33%) as a self-employed psychologist. Participants lived in England and Wales, with most participants residing in London ($n = 11$, 26%) and the south-east of England ($n = 8$, 19%). Four (10%) participants indicated they had a disability. Participants who were employed full time ($n = 22$, 52%) and part time ($n = 20$, 48%) were relatively evenly split. Most self-employed female psychologists came from a White ethnic background ($n = 39$, 93%) while a small number came from Black or Asian backgrounds ($n = 3$, 7%).

Table 1
Age of participants.

	Age (years)						Total
	25–34	35–44	45–54	55–64	65–74	75+	
Female	3	13	17	4	4	0	41

2.3. Procedure

Five weeks after lockdown was declared in the UK, ethical clearance to conduct the study was obtained from the University's Research Ethics Committee (UREC). Self-employed psychologists working in various education and health care settings, (including primary and secondary care services, specialist hospital settings and educational provisions and tertiary care contexts) were invited to take part in the study and share their experience of the first Covid-19 lockdown.

The research team was comprised of a Higher Education (HE) lecturer and psychologist in private practice (i.e., DM), and a research fellow (i.e., RE). The principal investigator (i.e., DM) invited participants to complete an anonymised online survey (via Qualtrics survey platform), utilising a convenience sample of contacts from specialist recruitment agencies, online forums for psychologists, and personal email and word-of-mouth invitations. All participants received information about the study, and they were informed of the researchers aims to develop a better understanding of the effects of social isolation measures on self-employed psychologists' personal and work lives.

2.4. The survey

The cross-sectional survey was developed based on the extant literature published, and the themes observed on online forum for psychologists. First demographic information was collected, which included details on participants gender, age and ethnicity. Second, in order to elicit information about the impact of the lockdown, participants were asked *What are you most concerned about? How difficult have these concerns made it for you to do your work, take care of things at home, or get along with other people? Is there anything else you would like to share about your experiences since the lockdown? If yes, please explain below.* Participants' open text responses ranged from one word to several sentences long.

Data was collected from late March 2020 to mid-May 2020, after which the survey was closed as ostensibly the UK had emerged from the first lockdown.

2.5. Data analysis

The data was downloaded from Qualtrics into an excel document, and then the following 6 steps, as outlined by Braun and Clarke (2006), were followed Table 2:

Table 2
Braun and Clarke's (2006) framework for thematic analysis.

Steps	Procedure for each step
Data immersion and familiarisation	Participants' open text responses (i.e., raw data) were thoroughly read and re-read by both researchers. Both researchers (i.e., DM and RE) discussed and noted their early impressions.
Generation of preliminary codes.	RE identified and highlighted interesting features of the data, and then collated the data into initial codes. RE constructed a draft report.
Identification of themes in data.	Participants' open text responses and initial codes were reviewed by DM. DM re-grouped the data according to potential themes.
Reviewing the themes.	Themes were checked, refined, combined/ separated by both researchers, and preliminary themes were changed if deemed appropriate.
Defining and naming themes and sub-themes.	Through ongoing analysis, DM developed refined definitions and labels. DM started to construct a cohesive narrative given the emerging themes.
Producing the paper.	DM re-constructed the draft report until both researchers agreed that the final report explains the data and addresses the overall aims of the research.

2.6. Trustworthiness and validity

The thematic analysis was conducted by two researchers who brought different perspectives to the data interpretations. One, a university lecturer and self-employed female psychologist (DM), and the other a male research fellow (RE). All the steps in coding the data and identification of key concepts were agreed upon by both researchers. The progress of the data analysis was monitored on a regular basis, and modifications were discussed at regular online meetings. This ensured consistent interpretation throughout the data analysis procedures. In addition, critical friends (i.e., a self-employed female psychologist and a male research professor) “provided alternative perspectives, support, and protection from bias and self-delusion” (Foulger, 2010, p140). Last, the researchers include verbatim quotations of many participants as a means to validate both the richness of the data, and the relationship between the raw data, the researchers’ interpretations and the reported findings.

3. Results

The results from the thematic analysis presented in this section depict 41 self-employed female psychologists’ experiences of the Covid-19 lockdown. The raw data (ranging from 1 to 217 words long), were developed into initial themes. Following the identification of initial codes (n = 45), sub-themes (n = 7) and then key themes (n = 2) were formulated (see Table 3).

3.1. Theme 1: “It’s been very hard”

This overarching theme, ‘It’s been very hard’ (P25, 35–44) describes major occupational disruptions experienced by self-employed female psychologists in response to the Covid-19 lockdown. The four sub-themes include: Familial relationships, the physical environment, financial uncertainty, and mental health and wellbeing.

3.1.1. Familial relationships

This sub-theme captures how self-employed female psychologists were concerned about the negative impact that Covid-related changes were having on their relationships and family life. For instance, two participants expressed specific concerns about increased familial tensions due to home confinement: “Generally, I get along with everyone, although I have been more irritable on occasion” (P31, 25–34). “My daughter and I are definitely rubbing each other up the wrong way... becoming intolerant of my husband’s tendency to panic at the slightest thing” (P44, 25–34).

It seems self-employed female psychologists who lived with partners and/or children, have necessarily adapted to changes in routines and structure, they have contended with suboptimal physical working environments, and in addition, they have had to become accustomed to having considerable extraneous demands on their time. Of note, some participants felt that the closure of schools in response to the pandemic meant that, in addition to their main occupational roles, they were now also full-time teachers: “It’s hard to work out how to work alongside home-schooling my children” (P15, 45–54). As explained by another participant, this ‘new normal’ presents as a significant challenge: “I have furloughed myself from independent work to become a very reluctant home educator” (P66, 35–44).

Tensions between new ways of working and juggling caring responsibilities, meant that many psychologists were working long hours in the evenings and weekends, and in essence, they were spending less time with family and friends or doing other recreational activities. Self-employed female psychologists were also worried about the health and wellbeing of their family, friends, and associates: “We have had a family crisis, not directly related to the lock-down, and for the majority of the time this has been more of a concern” P31, 25–34). Additionally, they were coping with familial crises, unexpected illnesses, and

Table 3
Overview of themes and codes generated from the survey data.

Raw data codes	Initial Themes	Sub-themes	Key theme and example quotations from participants
Working from home Increased tensions Irritability Home-schooling Overwhelmed Childcare responsibilities Tensions Irritability Increased contact Long hours Death and illness Social norms Juggling	Blurred lines Concerns about health and well-being of others Generalised anxieties Disruptions to routine	Familial relationships	“It’s been very hard” “Only downside has been constant interruptions from someone who is both aggressive and very bored” (P22, 55–64). “The various professional bodies have made it virtually impossible to complete standardised assessments online” (P61, 45–54).
Decreased motivation Inattention Interruptions Lack of equipment Remote working Clinical work challenging Unstandardised assessments	Working from home Home-schooling The new normal Unproductive Inadequate space Affect	Physical environment	“It’s been very hard to focus and concentrate on my work” (P25, 35–44). “As a sole director of a Ltd company there has been no appropriate financial support from the government” (P61, 45–54). “There has been a lack of clarity on when psychologists can resume face to face work and how they should plan for that” (P61, 45–54). “I have felt stressed and saddened” (P27, 25–34)
Lack of work Confusion – Ineligible for support Anxiety No income Balancing act Reactive	Lack of financial support Uncertainty Indecision	Financial uncertainty	
Mood swings Sadness Indecision Lack of clear guidance Leaving Sustainability	Stress Anxiety Depression Helplessness Support network Changing occupation	Mental health and well-being	
Taking advantage Unexpected time	Upskilling Structure and purpose	Continued professional development (CPD) activities Free time	“Slow down, review, time for self-care” Taking advantage of numerous free online learning courses from Art to mindfulness” (P20, 35–44). “Value being safe at home and having a garden” (P54, 55–64).
Advantages and disadvantages Relaxing Closer contact with people Safety Leisure time No commute	Different circumstances Good fortune		
Pacing oneself Self-regulation Exercise Opportunities and sociability	Reasonable adjustments Promoting well-being	Self-care	I took a week’s break from therapy work at the start of lockdown so that I could regulate myself” (P15, 45–54).

Note, each participant was randomly assigned a code (e.g., P25) by which they are consistently referred to forthwith.

bereavements under circumstances where the usual rituals, norms and customs and grieving processes were severely hampered. As said by one participant, “we are experiencing what our clients are experiencing, whilst there is opportunity for learning, and role modelling, it is also an extra burden to support others whilst also supporting ourselves and our

own families" (P39, 35–44).

3.1.2. Physical environment

This sub-theme depicts how working from home during the lockdown has been problematic. Although self-employed female psychologists felt that lockdown restrictions were necessary, many were also very concerned about the deleterious ripple effects. One participant explained, "there has been a big impact on my ability to concentrate on the limited work that I have needed to attend to and to find motivation" (P28, 35–44). Besides struggling with the effective management of working from home, psychologists consistently reported that the lockdown affected their motivation to stay focused, remain attentive and concentrate. Indeed, many participants shared how the lockdown impacted on their sense of routines, roles, and responsibilities, and how their productivity was either limited or virtually non-existent. The following sentiments were expressed by many participants: "The pressure of home-schooling along with work has significantly impacted productivity, motivation and efficiency" (P24, 45–54).

It seems adjustments to remote working was one of the biggest challenges for self-employed female psychologists. Some were finding it "virtually impossible" (P61, 45–54) to operate their businesses under the Covid-19 lockdown restrictions. In this regard, one participant explained how "clinical work is much more challenging - harder to engage children over a screen" (P67, 35–44). And another described how "on some days I have felt it has been particularly tiring and draining to do online therapy" (P39, 35–44).

3.1.3. Financial uncertainty

This theme relates to the notion that occupational disruptions brought on by the Covid-19 lockdown were associated with financial difficulties. Self-employed female psychologists reported being concerned that they have "not had much work...which has been part of the problem" (P51, 25–34). Participants whose work primarily involved working in schools, were especially concerned: "All my self-employed mainly primary school work has stopped so there's no income at all from any of this" (P54, 55–64). Indeed, there was a general consensus that "tremendous uncertainty...can create periods of anxiety" (P45, 45–54).

Just like the tens of thousands of self-employed people in the UK, many self-employed female psychologists were facing tremendous financial uncertainty. In some instances, the realisation that their businesses were ineligible for governmental financial support was especially anxiety-provoking. In this sense, two participants' comments highlighted their distinct concerns: "I have only recently become self-employed, which is difficult as I am not eligible for any financial support" (P51, 25–34). "Just not used to not working, as have only a one-day contract...didn't qualify for any of the government help schemes" (P27, 55–64).

While financial concerns were making the daily balancing act even more difficult for self-employed female psychologists living and working through a global pandemic, at the same time, they were also finding decision-making a particularly difficult skill to master during this period of uncertainty. Many participants agreed that it was especially "difficult as an independent psychologist [in terms of] making decisions about when to start seeing people again" (P31, 35–44):

"The lack of guidance throughout the pandemic has made decision making very difficult and most of which has been reactive, based on government advice. Reactive management for a reflective practitioner is not how I want to provide services. Physical distancing measures are understandable, but we all need to know roughly how long they will remain in place. It can be very frustrating to contingency plan and risk assess, to then have to change everything a few weeks later" (P45, 45–54).

3.1.4. Mental health and wellbeing

This theme highlights how for many self-employed female psychologists, occupation was a salient factor when it comes to living a healthy

and satisfying life. In this study, participants invariably described how Covid-19 disrupted their mental health and well-being. One participant reports a "constant worry 'niggle' in the back of my mind...quite hard to shut it off." (P25, 35–44). Said comment is illustrative of many other participants' responses to lockdown-related disruption. For instance, one participant said, "...it has made it difficult to focus and be present for my two preschool aged children on the days when I have been feeling anxious" (P51, 25–35). Another mentioned, "I feel that I am getting better at this as time goes on, however, here and there I still have a wobble" (P39, 35–44).

Self-employed female psychologists have described how aspects of their occupation (e.g., the physical connectedness with other people, the ability to come and go as they would like, and the assuredness they had from being in control), were directly related to well-being factors. That said, many reported how they quickly started to learn about dynamic support networks that were adaptive to their new working conditions. For instance, one participant reported how she, "learned how to use Zoom and Skype as methods of working" (P37, no age). Put differently, participants created spaces to look after themselves by taking up different forms of social media interaction that prior to the lockdown they had not considered utilising.

While social connectedness and relationships with others was important for self-employed female psychologists, on the other hand, and given the extreme pressure that Covid-19 had placed on them, some were reluctantly reconsidering their occupational status. For instance, one participant explained how she "left LA employment 5 years ago and don't want to return to that, though financially I would consider this but hopefully it won't come to that" (P54, 55–64).

3.2. Theme 2: "Slow down, review, time for self-care"

This second key theme, "Slow down, review, time for self-care" (P49, 55–64), and 3 sub-themes (CPD activities, free time and self-care) describes how self-employed female psychologists have attempted to balance unprecedented uncertainty with the demands of their professional and their everyday personal lives. Specifically, for some participants, not being able to perform professional occupations in the typical manner, has had some positive impact.

3.2.1. Continued professional development (CPD)

In this study, self-employed psychologist adapted to a new way of living during the lockdown, and the restrictions it imposed, through participating in different occupations that served to take the place of occupations they simply could not do anymore. Invariably, participants explained how they resourcefully used the lockdown as an opportune time to take "advantage of numerous free online learning courses from Art to mindfulness" (P20, 35–44). Despite disruptions caused by the Covid-19 lockdown, it seems CPD served to provide structure and purpose for self-employed female psychologists.

3.2.2. Free time

Although many participants shared a sense of occupational loss, arguably one of the more interesting findings of our study was the vastly different circumstances of individual participants. Some self-employed female psychologists were acutely mindful of the trauma Covid-19 had caused, and about the loss of hundreds of lives every day, yet at the same time they (some much more than others) were also very conscious of their good fortune. Those participants invariably mentioned how: "It's been a positive, relaxing experience. I'm enjoying spending time with my children and husband. We've become fitter, better rested with better sleep habits. We run 5k every morning as a family, do yoga and meditation together and spend lots of time cooking and being creative" (P20, 35–44). Similarly, others explained how, "on a positive note, I have been in much closer contact with family members" (P31, 45–54).

3.2.3. Self-care

This sub-theme shows how some participants used the lockdown as a time to re-evaluate what was important to them, and to achieve a better occupational-life balance. In this sense, a participant shared how she “had to adjust to working less hours...self-care and compassion in order to be able to pace myself well” (P39, 35–44). Similarly, another participant described the special efforts she took “to just carve out more time for my own emotional well-being” (P33, 35–44). In this way, many self-employed female psychologists were able to regulate their levels of stress and maintain their sense of professionalism during the first Covid-19 lockdown.

4. Discussion

This scoping study is the first to reveal how self-employed female psychologists performed their roles during an unprecedented moment in history; a global pandemic, and subsequently, the first national lockdown in the UK. When self-employed female psychologists shared how they adapted to the challenges and impositions in their new working environment, two key themes emerged from the survey data (i.e., “it’s been very hard” and “slow down, review, time for self-care”) and 7 interconnected sub-themes (i.e., familial relationships, physical environment, financial uncertainty, mental health and well-being, CPD activities, free time and self-care). The findings from this study indicate that the most pressing concerns related to childcare, financial uncertainty and the health and wellbeing of friends and family. The changing working practices, the wellbeing of their clients, and uncertainty over the effectiveness of their professional practice, have also generated concern. Some self-employed female psychologists have clearly felt de-skilled and isolated, and they have also experienced considerable levels of stress and anxiety. These findings are comparable to those related to research documenting how women, in the UK, Germany and the US, spent more time (than men) taking care of children during Covid-19 (see Adams-Prassl et al., 2020; Oxfam, 2020), and occupational disruption in other contexts (see Alonzo and Zapata Pratto, 2021; Luck et al., 2021). In line with those of the general population (see, Doi et al., 2018) our study is a sign of what has undoubtedly been an extremely challenging period for many self-employed women and their families.

Although participants invariably described symptoms of poor mental health, we should not overlook how many responded with resilience and inventiveness. Prioritizing specific people and reorganising tasks, helped self-employed female psychologists to adapt to unprecedented challenges. Notably, while many participants have found lockdown difficult, some have also taken advantage of the downtime it afforded them to engage in activities that were focused on strengthening their mental health and well-being (e.g., exercise, self-care, yoga etc.) and helping them to adapt and live life to the fullest, despite significant disruptions (Whiteford, 2000). In this regard, the insights gained from our participants’ lives during the first lockdown, may provide impetus for a more nuanced development and implementation of support for self-employed women in the UK, and across the world.

The strengths of this scoping study lie in its capturing of the experiences of 41 self-employed female psychologists’ circumstances, in real-time, during the first wave of the Covid-19 pandemic. To the best of our knowledge this is the first study to examine the experiences of self-employed psychologists in this way. However, there are limitations of this study. First, the results presented here are largely descriptive and come from a relatively small sample of female psychologists. Thus, care should be taken in generalising these results or drawing conclusions. Furthermore, because of the sample size, we could not directly compare particularly vulnerable groups, such as those who identified as being Black, Asian, and Minority Ethnic (BAME), and in addition, those with an underlying mental health condition. Further research is needed, as emerging evidence suggests that said groups in the UK are at an increased risk of adverse impacts of Covid-19 (Trivedy et al., 2020).

5. Conclusion

Looking to the future and beyond the pandemic, it is somewhat difficult to say what is ‘normal’ or ‘expected’ under the present circumstances. With the unparalleled lockdown measures taken in response to Covid-19, the field and space has shifted, as has the range of possible physical, embodied and psychological dynamics. The wellbeing of all workers whose occupations involve high levels of public interaction remains as important as ever, as it will be these people that will likely play an important role in addressing wide-ranging Covid-19 related issues in the years to come. Hence, we conclude with two key recommendations. First, research documenting the unpaid work of women (including caring and housework roles), disaggregated by employment status is essential if we are to develop a full understanding of the intersecting inequalities experienced by women during the ongoing COVID-19 pandemic. Second, to mitigate against harmful effects of Covid-19, self-employed women must have easy access to CPD, in addition to financial and mental health and wellbeing support.

Both authors contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

Author statement

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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