

OCCUPATIONAL BURNOUT AND COPING STRATEGIES AMONG
OCCUPATIONAL THERAPY PRACTITIONERS

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy

by

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Certification of Approval

I certify that I have read *Occupational Burnout and Coping Strategies Among Occupational Therapy Practitioners* by Bryan Bartolo, Kassandra Bencito, Kelly Kay, and Radwa Zowila, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.

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Abstract

This thesis aims to investigate occupational burnout levels and coping strategies among occupational therapy practitioners in various settings, both within and outside the United States. The study employed a self-made survey based on occupational burnout literature to assess practitioners' experiences and coping mechanisms, focusing on their unique challenges. Our study answered three research questions: 1) What are the levels of burnout among occupational therapy practitioners across different practice settings and different geographical locations? 2) How do the coping strategies utilized by occupational therapy practitioners to manage burnout differ among different practice settings? and 3) What coping strategies do occupational therapy practitioners utilize to manage burnout? We used a mixed-methods approach, combining quantitative and qualitative data collection was used, to ensure a comprehensive understanding of the research topic. The research guides practitioners to enhance their coping skills and self-efficacy and sheds light on the challenges faced by occupational therapy practitioners globally.

Table of Contents

List of Tables.....	viii
List of Figures.....	ix
Introduction.....	1
Statement of Problem.....	1
Purpose of Research.....	3
Anticipated Outcomes.....	3
Target Population.....	4
Literature Review.....	5
Social Impact of Burnout.....	5
Contributing Factors of Burnout	7
Coping Mechanisms for Burnout and Their Consequences on Burnout.....	9
Remaining Gaps in Evidence.....	11
Methodology.....	13
Participants.....	13
Recruitment.....	13
Design.....	14
Data Analysis.....	16
Legal and Ethical Considerations.....	17
Results.....	18
Quantitative Results.....	18
Qualitative Results.....	20

Conclusion.....	22
Discussion.....	22
Limitations.....	23
Key Findings and Significance.....	24
References.....	26
Appendix A: Institutional Review Board	62
Appendix B: Site Approval Forms	64

List of Tables

Table 1: Participant Characteristics.....	29
Table 2: Burnout Level as an Occupational Therapy Professional.....	34
Table 3: Coping Strategies OTs Utilize When Dealing with Burnout.....	35
Table 4: Reports on Training/Education in Stress Management or Coping Strategies.....	36
Table 5: Practitioner Perspectives on How Coping Strategies for Occupational Burnout Differ Based on Practice Setting.....	37
Table 6: Rating on the Effectiveness of Coping Strategies Utilized	38
Table 7: Ratings on the Accessibility of Coping Strategies in Various Occupational Therapy Practice Settings.....	39
Table 8: Clusters of Signs and Symptoms of Burnout Experienced by Practitioners.....	40
Table 9: Clusters of Coping Strategies Used to Manage Burnout.....	42
Table 10: Comparison of Burnout Levels Among Most Common Occupational Therapy Practice Settings.....	47
Table 11: Qualitative Themes on Coping Strategies.....	49
Table 12: Participants' Average Work Hours.....	56
Table 13: Participant Ratings of Burnout Levels.....	57

List of Figures

Figure 1: Participants' Gender.....	58
Figure 2: Participant's Ages.....	59
Figure 3: Participants' Practice Experience.....	60
Figure 4: Ratings of Overall Effectiveness of Coping Strategies.....	61

Occupational Burnout and Coping Strategies Among Occupational Therapy Practitioners

The World Health Organization (WHO, 2019) defined burnout as an occupational phenomenon, attributing it to various risk factors like time constraints, limited control, extended work hours, and moral injury prevalent among healthcare workers. According to Berg (2022), physicians have experienced a significant increase in burnout, with 62.8% reporting at least one manifestation in 2021, compared to 38.2% in 2020. This alarming statistic underscores the urgency of ensuring high-quality patient care and maintaining occupational therapy practitioners' well-being. Occupational therapy practitioners, including occupational therapists (OTs) and certified occupational therapy assistants (COTAs), encounter individual and work-related stressors that can significantly influence client outcomes and satisfaction, underscoring the need to tackle burnout and prioritize mental well-being (Han et al., 2019). With burnout becoming a pressing issue in our society, we focus on addressing the challenges occupational therapy practitioners face in the healthcare setting.

Statement of Problem

There is a rising prevalence of burnout among healthcare professionals, including occupational therapy practitioners. Much research indicates that healthcare providers, including occupational therapy professionals, face significant challenges to their psychological well-being in the workplace (Brown & Pashniak, 2018; Poulsen et al., 2014; & Shin et al., 2022). Occupational therapy practitioners have unique characteristics and face specific challenges, including managing diverse patient diagnoses and disabilities, balancing multiple treatment goals, and adapting interventions to various

settings and populations. To effectively support occupational therapy practitioners in their demanding and specialized roles, tailored coping strategies specific to their profession, rather than generic ones for all healthcare professionals, must be identified. It is also crucial to explore burnout within different practice settings and evaluate the effectiveness of interventions. Doing so allows for identifying context-specific factors contributing to burnout and guidance in developing targeted coping strategies that address occupational therapy practitioners' unique challenges and stressors in various practice settings.

Previous research studies have examined burnout and job satisfaction in occupational therapy, highlighting the negative consequences of burnout, including job dissatisfaction, low organizational commitment, absenteeism, and high turnover rates (Gupta, Paterson, Lysaght, and von Zweck, 2012). The personal and professional stressors experienced by occupational therapy practitioners can also affect client outcomes and satisfaction, underscoring the importance of addressing burnout and promoting mental health.

An article by Cascales-Perez et al. (2021) identified heavy workloads, direct interactions with patients in highly stressful situations, unmanageable workloads, conflicts, lack of respect, and lack of autonomy as contributing to burnout among occupational therapy practitioners. These factors emphasize the need for proactive measures to protect occupational therapy practitioners' mental health and create environments that foster employee engagement and resilience. Coping strategies for burnout have been examined in various studies. Common coping mechanisms, such as preserving work-life balance, establishing boundaries, and concentrating on rewarding aspects of one's job, as well as problem-focused and emotion-focused coping mechanisms, have been studied (Gupta, Paterson, Lysaght, and von Zweck, 2012;

Cascales-Perez et al., 2021; Menaldi et al., 2023). The effectiveness of these coping strategies in reducing burnout and promoting well-being varies across studies.

Despite the abundance of research on burnout, few studies examine levels of burnout within and outside of the United States and across different practice settings. Additionally, there is a lack of research on occupational therapy practitioners' coping strategies across practice settings. A preliminary evaluation of the available literature indicates that more research is needed to examine the levels of burnout, burnout management perspectives, and coping mechanisms used by current practicing occupational therapy practitioners.

Purpose of the Research

For our research, we created a survey to explore occupational therapy practitioners' coping mechanisms and healthcare burnout in various work environments, both inside and outside the United States. The study aimed to advance the understanding of burnout among OTs and educate the field about effective coping mechanisms for burnout management and mental health promotion. This study has the potential to improve the professional self-efficacy of occupational therapy practitioners by educating them about the various coping strategies used in various settings and contexts.

Anticipated Outcomes

Our study had three anticipated outcomes: First, we assessed and measured the levels of self-perceived burnout among occupational therapy practitioners working in diverse practice settings and geographical locations, including both within the United States and internationally. This study aimed to comprehensively understand how occupational therapy practitioners experienced burnout. Second, our research aimed to

explore the perspectives of occupational therapy practitioners concerning how they manage and cope with burnout. By gaining insight into their firsthand experiences, our study intended to uncover the coping strategies utilized by occupational therapy practitioners to address burnout challenges in their professional lives. This exploration could offer valuable context and knowledge regarding coping mechanisms adopted across different situations and settings. Last, our research study aimed to identify specific coping strategies occupational therapy practitioners employed to manage burnout effectively. By analyzing these coping mechanisms, our study sought to pinpoint successful strategies that contributed to the well-being and resilience of occupational therapy practitioners in the face of burnout. These findings could serve as essential guidelines and resources for other occupational therapy practitioners and healthcare professionals seeking to enhance their coping skills, self-efficacy, and overall well-being.

Target Population

The research study focused on occupational therapy practitioners, including OTs and COTAs actively practicing in any setting worldwide; the title COTAs applies in the United States and Canada as occupational therapy assistants who take the national board test can then become certified and have that official title. In other parts of the world, COTAs are under a different name or referred to as occupational therapy assistants. Occupational therapy practitioners have unique characteristics and encounter specific challenges in managing diverse patient diagnoses and disabilities, balancing multiple treatment goals, and adapting interventions to various settings and populations. To effectively support them in their demanding and specialized roles, it is crucial to identify their burnout levels and coping strategies specific to the occupational therapy profession.

Participants in the target population were required to have a minimum of six months of work experience to gain adequate exposure to workplace challenges in the field. The recruitment plans were designed to reach this target population on a global, national, and state level by posting the survey to discussion forums on organizations such as the OT4OT Facebook group, the American Occupational Therapy Association (AOTA), and the Occupational Therapy Association of California (OTAC). Doing so allowed for the identification of context-specific factors contributing to burnout and guidance in developing targeted coping strategies that addressed the unique challenges and stressors faced by occupational therapy practitioners in various practice settings and countries. While most participants may have volunteered to participate in the survey after seeing the flyer on one of the sites above, participants could have shared the flyer with other occupational therapy practitioners by word of mouth or through online communication. In other words, individuals did not need to be a member of these organizations to participate in our study. Individuals became eligible to take the survey once we determined that they met the inclusion criteria and were both willing and able to participate. The intention was to gather as many responses as possible from occupational therapy practitioners both within the United States and worldwide and across various occupational therapy settings.

Literature Review

Social Impact of Burnout

According to Berg (2022), 62.8% of physicians had at least one manifestation of burnout in 2021, compared with 38.2% in 2020, 43.9% in 2017, 54.4% in 2014, and 45.5% in 2011. According to WHO (2019), risk factors for occupational stress, burnout,

and fatigue among healthcare workers include time constraints, a lack of control over work-related tasks, long workdays, shift work, a lack of support, and moral injury. The WHO has classified burnout as an occupational phenomenon in the eleventh revision of the International Classification of Diseases (ICD-11). However, it indicated that it is not a medical condition (WHO, 2019). Occupational burnout is an imbalance between personal and work life caused by doing more than one can handle (Delos Reyes, 2018).

Over the past thirty years, various international research studies have examined burnout and job satisfaction in occupational therapy using quantitative and qualitative methods. An individual experiencing occupational burnout can lead to job dissatisfaction, low-organizational commitment, absenteeism, and high turnover rates (Gupta, Paterson, Lysaght, and von Zweck, 2012).

The stressors in one's personal or professional life may also influence how well one can support their friends, clients, and coworkers. This trickle-down effect may decrease client outcomes and satisfaction with one's healthcare experiences (Eddy et al., 2021). To ensure the provision of high-quality care and maintain wellness for all parties involved, organizations must take proactive measures to protect OTs' mental health. This includes fostering an environment that promotes employee engagement and resilience (Gupta, Paterson, Lysaght, and von Zweck, 2012). Due to the rise of turnover rates among healthcare workers, it is essential to prevent burnout and explore helpful coping strategies that OTs can incorporate. Mental health problems can also arise from burnout, affecting performance and job satisfaction. Implementing self-care and self-awareness can help one achieve a healthy work-life balance and lower the risk of burnout in response.

Contributing Factors of Burnout

Several studies addressed contributing factors of burnout among healthcare workers, specifically OTs. Cascales-Perez et al. (2021) identified that heavy workloads and direct interactions with patients in highly stressful situations were common burnout factors in health professionals in primary care. The factors studied by Cascales-Perez et al. reflect the experiences of the healthcare professionals who participated in the study, such as physicians and nurses. In contrast, Gupta, Paterson, Lysaght, and von Zweck (2012) identified a direct relationship between factors of unmanageable workloads and emotional exhaustion for OTs in Ontario working in various places such as hospitals, long-term care facilities, and the community. The authors showed the prevalence of burnout rates affecting 43.5% of participants reporting high cynicism, 34.8% with high emotional exhaustion, and 27.5% with high professional efficacy. In another study by Gupta, Paterson, Von Zweck, and Lysaght (2012), focus groups and interviews revealed that demands on time, conflict, lack of respect, and lack of autonomy all affect the daily work of OTs. Time demand was the central theme, which included heavy workloads; unrealistic demands placed on clients, families, and administrators; and the challenge of juggling one's duties in and out of the workplace.

Eddy et al. (2021) focused on burnout fatigue, compassion satisfaction, and compassion fatigue in occupational therapy fieldwork educators. In contrast, Shin et al. (2022) examined the role that supervisor support, financial satisfaction, and a master's or doctoral degree played in emotional exhaustion, depersonalization, and personal accomplishment. By utilizing cross-sectional designs, each study contributes knowledge regarding the prevalence, risk factors, burnout, and job satisfaction indicators.

Thirty items from the ProQOL tool were used to assess OTs' burnout and compassion fatigue in the study conducted by Eddy et al. (2021). In addition to focusing on occupational therapy practitioners, the authors also examined the compassion fatigue and burnout experienced by OTs who took on the role of fieldwork educators. According to the findings, 117 fieldwork educators scored higher on compassion satisfaction than the normal group. The study also found that engagement in more roles and more years of clinical practice for OTs was associated with higher rates of compassion satisfaction.

According to Shin et al. (2022), workplace health and safety issues contribute to burnout among OTs; however, participants in the Maslach Burnout Inventory-Human Services Survey highlighted prevention strategies such as supervisor support, satisfaction with income, and educational attainment. High levels of supervisor support, financial satisfaction, and a master's or doctoral degree were associated with lower levels of emotional exhaustion, depersonalization, and personal accomplishment (Shin et al., 2022). Of the participants, 58% reported being satisfied with their current income, and 80% reported having a master's or doctoral degree. Only 26% of participants reported receiving high support from their supervisors, compared to 46% who said they received it from colleagues.

Devery et al. (2018) used a mixed methods approach to examine job satisfaction, burnout, professional identity, and challenges that OTs who treat eating disorders in Australia face. The research revealed that high levels of exhaustion and burnout were associated with difficult client relationships, access issues to supervision and professional support, and limited research supporting the efficacy of occupational therapy in eating disorder settings (Devery et al., 2018). Ten OTs in Australia who work in an eating

disorder setting administered an online survey, and eight participants agreed to a follow-up interview. Burnout, professional identity, and job satisfaction were evaluated using quantitative tools such as the Oldenburg Burnout Inventory (OLBI), the Professional Identity Questionnaire (PIQ), and other survey questions. Qualitative approaches were utilized to further explore the relationships between these elements and the unique experiences of each participant through follow-up interviews.

In a study conducted by Brown and Pashniak (2018), the researchers determined the extent of burnout, work engagement, and work addiction among OTs in Canada. The Maslach Burnout Inventory, which is the leading measure of burnout, scores from this study reveal that therapists forty years old and younger were more likely to have high depersonalization and personalization scores than the older participants in this study. Depersonalization and personal accomplishment scores were higher in therapists with less than ten years of experience (Brown & Pashniak, 2018).

Since OTs work alongside other healthcare professionals, such as nurses and physicians, we believe that the insights gained from this study can be extended to other healthcare professionals. OTs and other healthcare professionals are similar in that they all have medical responsibilities that can quickly become unmanageable or overwhelming. This can lead to emotional exhaustion from directly interacting with clients in stressful environments. Reducing these factors, as well as incorporating additional supervisor support within the workplace, may prevent burnout.

Coping Mechanisms for Burnout and Their Consequences on Burnout

Several studies address the implementation of coping mechanisms and their consequences for burnout. While Cascales-Perez et al. (2021) examined mindfulness-

based stress reduction (MBSR) programs on the health and work-related quality of life of healthcare professionals, Menaldi et al. (2023) focused on the coping strategies used by resident physicians during the COVID-19 pandemic.

One of the main differences in themes is that Cascales-Perez et al.'s (2021) article examined how the specific intervention of mindfulness impacts medical professionals' burnout rates. In contrast, Gupta, Paterson, Von Zweck, and Lysaght (2012) examined how common coping strategies impact occupational therapy burnout rates. These strategies included "spending time with family and maintaining professional/personal balance, control of work responsibilities, maintaining a sense of humor, and self-awareness/self-monitoring" (Gupta, Paterson, Lysaght, and von Zweck, 2012, p. 1). In addition to monitoring self or maintaining self-awareness, another article by Gupta, Paterson, Von Zweck, and Lysaght (2012) identified the following techniques that OTs utilize to deal with daily work challenges: setting boundaries, having a supportive workplace/home community, and focusing on satisfying aspects of work. The continuous use of these coping strategies may help practitioners alleviate their sense of exhaustion and decrease burnout rates.

According to Cascales-Perez et al. (2021), a mindfulness-based program led to higher mindfulness scores, healthier quality of life, better mood and compassion satisfaction, and a lower score for burnout. Additionally, the authors found that improvements in scores will persist for as long as twelve months after the program. According to Gupta, Paterson, Lysaght, and von Zweck (2012), common coping strategies implemented by OTs led to average scores for burnout in emotional exhaustion

and professional efficacy but higher than average scores for burnout in cynicism. Sixty percent of the participants had an average level of burnout.

A cross-sectional study conducted by Menaldi et al. (2023) observed problem-focused and emotion-focused coping as the main strategies utilized by resident physicians. In response to their burnout and different levels of COVID-19 exposure, males and females resorted to significantly different strategies. For example, males typically used humor and planning, whereas females engaged more in venting and religion (Menaldi et al., 2023). Some strategies, such as avoidance, self-distraction, venting, or self-blame, were qualified as "dysfunctional" techniques. This type of coping was more evident in residents with lower exposure to COVID-19; those with high exposure showed lower scores for problem-focused and emotion-focused coping (Menaldi et al., 2023). Although Menaldi et al.'s findings are more observational regarding coping mechanisms utilized by resident physicians, the research may provide insight into individuals who are more at risk of developing burnout. Considering that dysfunctional coping mechanisms are often associated with burnout, it becomes imperative to explore alternative approaches, such as mindfulness-based programs. By adopting these healthier coping techniques, OTs can better manage and prevent burnout, ensuring they provide optimal care to their patients and maintain their well-being.

Remaining Gaps in Evidence

We identified several gaps and limitations in the evidence from the articles that were reviewed. Due to the small sample sizes, gathering data that could be generalized was challenging. As a result, data may not accurately depict OTs' experiences with

burnout, problems with daily practice, and coping mechanisms (Gupta, Paterson, Lysaght, and von Zweck, 2012).

One area of concern was the scarcity of research on occupational burnout in occupational therapy practitioners. Most research on occupational burnout in healthcare professionals has been conducted on other healthcare professionals, like nurses and doctors. To fully understand burnout among OTs, our team must focus on exploring burnout among specific occupational therapy practice settings and the most effective burnout interventions that are most conducive for OTs.

Another gap was how the data was collected since most studies only collected data once on occupational burnout through phone, survey, or questionnaire. The limitation was that there needed to be more time to assess how burnout impacts OTs over a more extended period beyond a few days or months. To produce a more detailed description and interpretation of the culture of OTs, researchers could have delved into particular challenges and coping strategies within the field (Gupta, Paterson, Lysaght, and von Zweck, 2012).

Most research on burnout in occupational therapy practitioners discusses risk factors like heavy workloads, patient interactions, and financial satisfaction. More research needs to be done on the impact of structural factors, supervisors, and advocacy on occupational therapy burnout. To help lower the risk of burnout in occupational therapy practitioners, future research, policy, and advocacy should address structural and organizational factors related to burnout (Shin et al., 2022).

Methodology

Participants

The participants in this study were OTs and COTAs who met specific inclusion criteria. Eligible participants were occupational therapy practitioners working in or outside of the United States and had a minimum of six months of work experience in the field. Our study also included COTAs with at least six months of experience in the United States and Canada. Our study's focus on COTAs is limited to participants from the United States and Canada, as the job title and scope of practice of COTAs are only applicable to these countries. Proficiency in English was a requirement due to the survey being conducted exclusively in English. OTs or COTAs with less than six months of experience and individuals without English literacy were excluded from eligibility for participation.

We focused on OTs and COTAs for our study, motivated by the need to address a gap in research. While there was a great deal of existing research focused on assessing burnout levels amongst healthcare professionals, there is insufficient research evaluating burnout specifically within the occupational therapy profession. OTs and COTAs have a distinct scope of practice in healthcare that could significantly affect how often burnout happens in their field and the ways they combat burnout.

Recruitment

In our research study, we used a combination of convenience and snowball sampling methods to gather participants from well-known occupational therapy platforms, including the OTAC, the AOTA's CommunOT survey threads, and the OT4OT Facebook group. These platforms were intended to reach practitioners regionally, nationally, and globally. However, it is important to note that membership in these

organizations was not required for survey participation, and the survey link could be shared via snowball sampling amongst occupational therapy practitioners.

Design

Our research involved conducting a mixed-methods research study using an online survey to gather data from occupational therapy practitioners, including COTAs and OTs internationally. The research design was observational and exploratory, incorporating both quantitative and qualitative data collection methods. The following step-by-step procedures were followed: first, a survey questionnaire was developed, encompassing quantitative and qualitative questions. This survey captured demographic information, years of experience, and work settings, as well as questions on burnout and coping strategies. Next, access to the member databases or platforms of the AOTA, the OT4OT Facebook group, and the OTAC was requested to reach the target population of occupational therapy practitioners. We requested approval to share our survey on AOTA, the OT4OT Facebook group, and OTAC platforms. The survey was made easily accessible to participants, with a clear deadline for response submission. Responses were received, monitored, recorded, and treated with strict confidentiality and anonymity, ensuring that only the primary researchers had access to the survey results. The quantitative data collected from closed-ended questions were analyzed using measures of central tendency (mode and mean), while the qualitative data underwent thematic analysis to identify recurring themes, patterns, and insights. An additional Pearson's correlation test was employed to examine the relationship between practice settings and levels of burnout. Finally, the quantitative and qualitative findings were integrated to provide a comprehensive understanding of the research topic, followed by a discussion of

the implications, and addressing the research objectives. Strict adherence to ethical guidelines was maintained throughout the entire research process, such as obtaining informed consent, ensuring participant confidentiality and participant anonymity, and handling data securely.

The survey consisted of 20 questions, utilizing Likert scales to gauge responses, and employed a mixed-methods approach, encompassing both qualitative and quantitative questions. Survey responses were collected within 20 days between August 27, 2023, to September 16, 2023. A total of 57 respondents completed the survey, which was administered through Google Forms.

The survey was divided into six sections to gather data from occupational therapy practitioners. By selecting "I agree" on the consent form in the first section, participants gave their consent to participate. If they chose "I disagree" ("I don't give my consent"), they received a response that they could close and exit their survey to respect their decision. If they followed through with the survey, they got redirected to section two, which covered demographic information such as gender, age, professional designation, years of experience, the patient populations they worked with, and their current country of residence and practice location. Section three focused on assessing the levels of job burnout. This was done using a Likert scale to gauge how frequently participants experienced burnout. Participants also had the option to indicate if job burnout did not apply to them. Section four delved into the signs and symptoms of burnout, coping strategies used to manage burnout, and any related training or education received. Participants shared the specific signs and symptoms they had encountered, revealed their coping methods, and disclosed if they had undergone formal training in stress

management or coping strategies. They were also asked if they believed coping strategies varied across different practice settings. Furthermore, participants were encouraged to share the coping strategies that proved most effective in their practice setting and whether they thought any specific strategies could better address job burnout in their unique context. The fifth section asked participants to rate the overall effectiveness and accessibility of their coping strategies on a scale from 1 to 5, with 1 representing "Not effective at all" and "Not available at all," respectively. Finally, section six informed participants that they had completed the survey and could exit it.

Data Analysis

As mentioned, the data collection process involved both quantitative and qualitative data analysis. For the quantitative data, Google Forms generated a spreadsheet to organize and analyze the data. To characterize our sample and compare group means, we utilized descriptive statistics, including means and frequencies, to represent demographic information and the levels of burnout among the participants. The correlation between levels of burnout and practice settings was assessed using a Pearson Chi-Square test. This statistical test examined the associations between levels of burnout and participant practice setting.

Qualitative data were collected through open-ended questions to obtain opinion-based answers and gather in-depth insights into the experiences and perspectives of OTs regarding burnout and coping strategies. Data was imported to an Excel spreadsheet, labeled, coded, and analyzed for themes. A constant comparative analysis method was used to develop qualitative themes. Triangulation and member-checking techniques were

used by all four primary researchers to increase the credibility and validity of these qualitative findings.

Legal and Ethical Considerations

Several ethical considerations were addressed in our research study to ensure the protection and rights of the participants. To safeguard the anonymity of the OTs who participated in the study, the survey was designed so that no personal, identifiable information was required. Survey participants were informed of the purpose of the study, survey details, and their participant rights through the informed consent process. Participants were asked to check an "I agree" box to indicate their willingness to participate in the study, rather than providing their signatures as part of the informed consent process. Additionally, they were required to check a box indicating that they had read and understood the terms and conditions of the survey. Participants received a clear and comprehensive set of instructions detailing the study purpose, methods, risks, and benefits of the study. Participants were assured that their participation was voluntary and that they could withdraw from the study at any time. They were also given the option to skip any survey item that made them uncomfortable or that they preferred not to answer. To avoid any potential bias in tone and to address the delicate feelings and thoughts that those experiencing burnout may have been dealing with, survey questions were worded with compassion and neutrality. The responses to the survey question(s) were then recorded in a password-protected Excel spreadsheet that was only accessible to the research team to preserve anonymity and uphold the confidentiality agreement. The informed consent form, our flier, emails, a copy of the Google Form survey, and recruitment tools used to engage our participants are all included in the appendices

(Appendix A & B). By taking these ethical considerations into account and adhering to the required procedures for obtaining consent, the researchers aimed to perform a study that ensured the safety and anonymity of the participating OTs.

Results

Of the survey responses collected, 56 out of 57 participants were OTs, and one response was gathered from a COTA. Fifty-three participants currently practice in the United States, and 4 participants preferred not to disclose the country they currently reside in. Two of the twenty questions in our survey were open-ended questions intended to gather qualitative data (Table 11). In response to the open-ended question, participants could type a response, respond with "NA," or choose to skip it completely if they felt it did not apply to them.

Quantitative Results

As Table 1 shows, most of the $n = 57$ study participants were: female ($n = 47$, 82.5%), aged 40-49 ($n = 17$, 29.8%), have an OT professional designation ($n = 56$, 98.2%), have been in the profession 10 or more years ($n = 37$, 64.9%), serve pediatric clients ($n = 27$, 47.4%), currently a USA resident ($n = 53$, 93.0%), are in a school-based practice setting ($n = 13$, 22.8%), and typically work 31-40 hours per week ($n = 29$, 50.9%).

As Table 2 shows, most of the $n = 57$ study participants indicated their burnout level as a 'sometimes' ($n = 22$, 38.6%) followed by 'often' ($n = 16$, 28.1%).

As Table 3 shows, most of the $n = 57$ study participants indicated 'Yes' to utilizing coping strategies when dealing with feelings of burnout in the workplace ($n = 39$, 68.4%).

As Table 4 shows, most of the $n = 57$ study participants indicated 'No' to receiving formal training or education on stress management or coping strategies in their job' ($n = 29, 50.9\%$).

As Table 5 shows, most of the $n = 57$ study participants indicated 'No, not at all' to the question "In your opinion, do the coping strategies for occupational burnout differ among occupational therapy practitioners based on different practice settings?" ($n = 23, 40.4\%$).

As Table 6 shows, most of the $n = 57$ study participants indicated 'Moderately effective' to the question "...rate the overall effectiveness of the coping strategies you use to address job burnout within your practice setting..." ($n = 21, 36.8\%$).

As Table 7 shows, most of the $n = 57$ study participants indicated 'Moderately available' to the question "...rate the overall accessibility of coping strategies you use to address job burnout within your practice setting..." ($n = 18, 31.6\%$).

As Table 8 and Figure 1 show, most of the $n = 57$ study participants indicated that Cluster D was the cluster of signs and symptoms of burnout that they have experienced as an occupational therapy professional ($n = 4, 7.0\%$). The remaining signs and symptoms were each indicated only once.

As Table 9 and Figure 2 show, most of the $n = 57$ study participants indicated that Cluster D was the cluster of coping strategies used to manage feelings of occupational burnout ($n = 5, 8.8\%$). The remaining signs and symptoms were each indicated only once.

As Table 10 shows, using Pearson's Chi-square test shows that, overall, there's a significant association between 'practice settings' and 'burnout level', $\chi^2(df = 24) = 39.566, p = .024$. Next, Bonferroni's correction post-hoc test shows a significant

difference in 'often' as the level of burnout between the practice settings of 'acute care & outpatient' ($n = 2, 100.0\%$) vs. 'outpatient' ($n = 0, 0.0\%$), $p = .005$ (Table 10). The remaining comparisons failed to yield statistical significance.

Qualitative Results

Question 17 asked occupational therapy practitioners what specific coping mechanisms they found effective in managing job burnout in their practice settings. Seven themes emerged from participants' responses including social support from colleagues, regular self-care practices, establishing work boundaries, taking breaks, and utilizing time off, participating in varied occupations outside of work, advocating for employees and clients, and being unsure. Participants emphasized the importance of having a network of friends, acquaintances, and peers as a social support system. Another common theme that emerged from question 17 was participating in self-care activities. Participants stated that they engaged in breathing exercises, talk therapy, gratitude, mindfulness, and the reframing of negative thoughts as part of their self-care routines. Participants emphasized the importance of setting boundaries at work as a coping mechanism in their responses to question 17. This included adaptive measures such as placing restrictions on how much work they took on, creating boundaries to maintain a balance between work and life outside of work, and only finishing work after hours on one day per week. Responses also showed that participants preferred coping strategies included using paid time off whenever they pleased rather than hoarding it, as well as taking their allotted work breaks at the designated times. This led to the theme of taking breaks and utilizing time off. Another common theme was that of participating in varied occupations outside of work. The participants found that engaging in other occupations

like playing golf, listening to music, exercising, engaging in activities outside of work, and attending continuing education courses helped them advocate for employees and clients was identified as a coping strategy for combating work-related burnout.

Participants indicated that they dealt with work-related burnout by advocating for themselves and their patients, not stressing about meeting unattainable deadlines, stopping work as soon as they clocked out, and collaborating with employers to address institutional problems. Three participants said they were unsure of how to handle burnout and had not yet discovered any effective coping strategies.

Question 18 asked about specific coping strategies to address job burnout within specific practice settings. Based on their responses to question 18 (Table 11), participants had varying opinions on which coping mechanisms would be most beneficial in managing job burnout in each of their respective settings. Of the 57 participants from the study, 24 either skipped this question or reported “NA”. One respondent reported being “unsure.” A total of six themes emerged based on these responses including shifting thoughts/ focusing on meaningful aspects of the job, strategies that support physical and mental well-being, early individual discovery and awareness of successful strategies, taking breaks and going on vacations, building healthier work environments, and disengagement and setting boundaries. The participants' responses to question 18 showed that they were aware of the advantages of shifting their perspective and focusing on the meaningful aspects of their job. For instance, Participant 5 emphasized the significance of avoiding self-centeredness at work and focusing on their service to others to provide the best care. Participant 52 focused on shifting thoughts to have more realistic productivity expectations. Another theme that emerged from question 18 is the promotion of coping

strategies that focus on well-being, including both physical and mental health. Three respondents agreed that exercise is a useful coping strategy that should be used to deal with burnout in their practice setting, while others believed formal counseling or mindfulness groups would help achieve this goal. We were also able to identify the theme of early individual discovery and understanding of effective personal techniques out of our participant responses. For instance, Participant 51 believed everyone should have the opportunity to discover their strategies, which may vary from person to person. Four respondents addressed coping strategies such as taking breaks other than their usual lunch breaks, taking more frequent breaks to reduce feelings of being overworked, and taking vacations. Responses that emphasized improved leadership communication and developing team unity to help employees highlighted the theme of healthy work environments. We identified a final theme of disengagement and setting boundaries because of responses that suggested exploring career alternatives within occupational therapy and reducing workloads to make it more manageable.

Conclusion

Discussion

Table 1 indicates that many occupational therapy practitioners primarily work with pediatric clients in school-based settings. Most of them are occupational therapists with over 10 years of experience, suggesting that experienced practitioners might be more prone to job burnout. Additionally, the majority of participants reside in the USA and typically work 31-40 hours per week, indicating that full-time practitioners may be at higher risk of burnout. Table 2 reveals that most participants reported experiencing burnout 'sometimes' or 'often,' emphasizing the widespread issue of burnout in the field.

Table 3 demonstrated that most participants use coping strategies to deal with workplace burnout, and Table 5 showed that they believe coping strategies are universally effective, regardless of practice settings. In Table 6, most participants rated the effectiveness of their coping strategies as 'Moderately effective,' suggesting the need for further research and interventions to enhance coping strategy efficacy.

The survey found that the most common practice setting was school-based, with a significant correlation between frequent burnout and working in acute and outpatient care settings. This highlights the need for tailored coping strategies in these contexts.

Table 9 revealed that common coping strategies include regular exercise, seeking social support, taking breaks, engaging in hobbies, and setting clear boundaries. Questions 17 and 18 also provided insights into the coping strategies used by occupational therapy practitioners to combat burnout and what they believe would be beneficial in their practice settings.

The study found that occupational therapy practitioners sometimes manage burnout by participating in various activities outside of work. This coping strategy is considered important within our profession due to our belief that participating in meaningful occupations contributes to health and wellness. Additionally, practitioners mentioned coping strategies like reframing thoughts and focusing on meaningful aspects of their jobs to address burnout within their specific practice settings, which was not widely discussed in the literature.

Limitations

One significant limitation of our research is that the survey mainly received responses from OTs in the United States, with only one response from a COTA in the

U.S. This means the findings cannot be generalized to COTAs in the US or occupational therapy practitioners globally, as the majority of participants were from the United States. The study also sought to gain insight into how occupational therapy practitioners in various countries manage burnout, taking into account factors such as the resources available to them and their specific job roles. However, it fell short of obtaining a diverse global perspective. For future studies, it would be beneficial to reach out to international occupational therapy organizations and forums in various languages to obtain a more global and diverse set of perspectives. Another limitation is that not all survey responses directly addressed the qualitative research questions. Some respondents might have misunderstood the questions and provided answers that were not in line with the study's objectives, so some responses had to be excluded when forming themes. If this study were to be repeated, it would be helpful to refine the wording of certain questions, specifically questions 17 and 18, to ensure that participants' responses align more closely with the intended research focus.

Key Findings and Significance

In conclusion, our research on occupational burnout and coping strategies among occupational therapy practitioners has yielded valuable insights and findings that are highly applicable to the field of occupational therapy. Through a mixed-methods approach, we have explored the burnout levels and coping mechanisms used by occupational therapy practitioners across various practice settings and geographical locations. Our study has not only shed light on the challenges faced by occupational therapy practitioners but has also provided crucial information on how they can enhance their coping skills and self-efficacy.

One key finding from our research is that participants emphasized similar self-care strategies to combat burnout, including social support, engaging in physical activities, self-reflection, mindfulness, and participating in meaningful occupations. These coping strategies have proven to be effective in managing burnout, and they are particularly relevant to occupational therapy practitioners who face unique challenges in their profession.

Furthermore, our research highlighted the importance of advocating for oneself and clients to create a better work environment and setting boundaries between work and personal life to maintain manageability and organization. These findings offer valuable guidance on addressing work-related burnout and provide practical insights for occupational therapy practitioners.

In the context of the rising prevalence of burnout among healthcare professionals and the significant impact it has on patient care and the well-being of practitioners, our research contributes to the overall understanding of occupational burnout in the field of occupational therapy. It not only identifies context-specific factors contributing to burnout but also offers targeted coping strategies that address the unique challenges and stressors faced by occupational therapy practitioners in various practice settings. This research serves as a vital resource to enhance the coping skills, self-efficacy, and overall well-being of occupational therapy practitioners, ultimately improving the quality of care they provide and their job satisfaction.

References

- Berg, S. (2022). *Pandemic pushes U.S. doctor burnout to all-time high of 63%*. American Medical Association. <https://www.ama-assn.org/practice-management/physician-health/pandemic-pushes-us-doctor-burnout-all-time-high-63>
- Brown, C. A., & Pashniak, L. M. (2018). Psychological health and occupational therapists: Burnout, engagement and work addiction. *Work, 60*, 513-525. <https://doi.org/10.3233/WOR-182759>
- Cascales-Pérez, M. L., Ferrer-Cascales, R., Fernández-Alcántara, & M., Cabañero-Martínez, M.J. (2021). Effects of a mindfulness based programme on the health and work-related quality of life of healthcare professionals. *Scandinavian Journal of Caring Sciences, 35*(3), 881-891. <https://doi.org/10.1111/scs.12905>
- Delos Reyes, C. (2018). Burnout among Filipino occupational therapists: A mixed methods analysis. *The Open Journal of Occupational Therapy, 6*(4), 1–13. <https://doi.org/10.15453/2168-6408.1469>
- Devery, H., Scanlan, J. N., & Ross, J. (2018). Factors associated with professional identity, job satisfaction and burnout for occupational therapists working in eating disorders: A mixed methods study. *Australian Occupational Therapy Journal, 65*(6), 523–532. <https://doi.org/10.1111/1440-1630.12503>
- Eddy, E. Z., Tickle-Degnen, L., & Evenson, M. E. (2021). Occupational therapy fieldwork educators: Examining professional quality of life. *Work, 70*(2), 479–491. <https://doi.org/10.3233/wor-213586>

- Gupta, S., Paterson, M. L., Lysaght, R. M., & von Zweck, C. M. (2012). Experiences of burnout and coping strategies utilized by occupational therapists. *Canadian Journal of Occupational Therapy, 79*(2), 86–95. Article 105 2012.
<https://doi.org/10.2182/cjot.2012.79.2.4>
- Gupta, S., Paterson, M., Von Zweck, C., & Lysaght, R. (2012). Using hermeneutics to understand burnout and coping strategies utilized by occupational therapists. *Qualitative Report, 17*(53), 1–25. <https://eric.ed.gov/?id=EJ992271>
- Han, S., Shanafelt, T. D., Sinsky, C. A., Awad, K. M., Dyrbye, L. N., Fiscus, L. C., Trockel, M., & Goh, J. (2019). Estimating the attributable cost of physician burnout in the United States. *Annals of Internal Medicine, 170*(11), 784–790.
<https://doi.org/10.7326/M18-1422>
- Menaldi, S. L., Raharjanti, N. W., Wahid, M., Ramadianto, A. S., Nugrahadi, N. R., Adhiguna, G.M. Y. P., & Kusumoningrum, D. A. (2023). Burnout and coping strategies among resident physicians at an Indonesian tertiary referral hospital during COVID-19 pandemic. *PloS One, 18*(1), Article e0280313.
<https://doi.org/10.1371/journal.pone.0280313>
- Poulsen, A. A., Meredith, P., Khan, A., Henderson, J., Castrisos, V., & Khan, S. R. (2014). Burnout and work engagement in occupational therapists. *British Journal of Occupational Therapy, 77*(3), 156–164.
<https://doi.org/10.4276/030802214X13941036266621>
- Shin, J., McCarthy, M., Schmidt, C., Zellner, J., Ellerman, K., & Britton, M. (2022). Prevalence and predictors of burnout among occupational therapy practitioners in

the United States. *American Journal of Occupational Therapy*, 76(4), 1–8.

<https://doi.org/10.5014/ajot.2022.048108>

World Health Organization (2019, May 28). *Burn-out an "occupational phenomenon":*

International classification of diseases. [https://www.who.int/news/item/28-05-](https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases)

[2019-burn-out-an-occupational-phenomenon-international-classification-of-](https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases)

[diseases](https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases)

Table 1*Participant Characteristics*

	Frequency	Percent
<i>Gender</i>		
Male	6	10.5
Female	47	82.5
Non-binary	2	3.5
Prefer not to say	2	3.5
Total	57	100.0
<i>Age Group</i>		
18-29	7	12.3
30-39	14	24.6
40-49	17	29.8
50-59	11	19.3
60+	6	10.5
Prefer not to say	2	3.5
Total	57	100.0
<i>Professional Designation</i>		

OT	56	98.2
Certified OTA	1	1.8
Total	57	100.0
<i>Years in Profession</i>		
<5 yrs	8	14.0
5-10 yrs	12	21.1
10+ yrs	37	64.9
Total	57	100.0
<i>Current Client Population</i>		
Pediatrics	27	47.4
Adults	16	28.1
Geriatrics	2	3.5
Adults, Geriatrics	10	17.5
Pediatrics, Adults, Geriatrics	2	3.5
Total	57	100.0
<i>Current Residence</i>		
USA	53	93.0

Prefer not to say	4	7.0
Total	57	100.0

	Frequency	Percent
<i>Practice Setting</i>		
Academia	4	7.0
Academia & Early intervention	1	1.8
Acute care	6	10.5
Acute care & Outpatient	2	3.5
Acute care & Rehab	1	1.8
Community & Mental health	1	1.8
Community-based	1	1.8
Early intervention & foster care	1	1.8
Early intervention and Acute care	1	1.8
Home health	1	1.8
Home health & Community	1	1.8
Home Health & Outpatient	1	1.8
Home health & Skilled nursing facility & Academia	1	1.8

Inpatient	1	1.8
Inpatient rehab	1	1.8
Inpatient Rehab	1	1.8
Mental health	3	5.3
Outpatient	8	14.0
Outpatient & Community	1	1.8
Outpatient & Inpatient Acute	1	1.8
Rehab	2	3.5
School-based	13	22.8
Skilled nursing facility	1	1.8
Telehealth	1	1.8
Utilization review and care coordination	1	1.8
Work & industry	1	1.8
Total	57	100.0
<i>On a typical work week, how many hours do you work?</i>		
<20 hrs	3	5.3
20-30 hrs	3	5.3
31-40 hrs	29	50.9

41-50 hrs	17	29.8
50+	4	7.0
Prefer not to say	1	1.8
Total	57	100.0

Table 2*Burnout Level as an Occupational Therapy Professional*

	Frequency	Percent
0. This question does not apply to me because I am not experiencing job-related burnout.	2	3.5
1. Never	0	0.0
2. Rarely	10	17.5
3. Sometimes	22	38.6
4. Often	16	28.1
5. Always	7	12.3
Total	57	100.0

Table 3

‘Do you utilize any coping strategies when dealing with feelings of burnout in the workplace?’

	Frequency	Percent
This question does not apply to me because I am not experiencing job-related burnout.	2	3.5
Yes	39	68.4
Occasionally	16	28.1
Total	57	100.0

Table 4

‘Have you received any formal training or education on stress management or coping strategies in your job?’

	Frequency	Percent
Yes, within the past year	11	19.3
Yes, more than a year ago	17	29.8
No	29	50.9
Total	57	100.0

Table 5

‘In your opinion, do the coping strategies for occupational burnout differ among occupational therapy practitioners based on different practice settings?’

	Frequency	Percent
This question does not apply to me because I am not experiencing job-related burnout.	2	3.5
Yes, significantly	11	19.3
Yes, to some extent	19	33.3
No, not at all	23	40.4
Prefer not to say	2	3.5
Total	57	100.0

Table 6

'On a scale of 1 to 5, please rate the overall effectiveness of the coping strategies you use to address job burnout within your practice setting:'

	Frequency	Percent
0. This question does not apply to me because I am not experiencing job-related burnout.	1	1.8
1. Not effective at all	0	0.0
2. Slightly effective	14	24.6
3. Moderately effective	21	36.8
4. Very effective	15	26.3
5. Extremely effective	5	8.8
6. Prefer not to say	1	1.8
Total	57	100.0

Table 7

'On a scale of 1 to 5, please rate the overall accessibility of coping strategies you use to address job burnout within your practice setting:'

	Frequency	Percent
0. This question does not apply to me because I am not experiencing job-related burnout.	1	1.8
1. Not available at all	2	3.5
2. Slightly available	15	26.3
3. Moderately available	18	31.6
4. Very available	11	19.3
5. Extremely available	9	15.8
6. Prefer not to say	1	1.8
Total	57	100.

Table 8

Most common (2 or more) clusters of signs and symptoms of burnout that you have experienced as an occupational therapy professional

Cluster		Frequency	Percent
A	Emotional Exhaustion	3	5.3
B	Emotional Exhaustion, Depersonalization or cynicism, Physical fatigue, Difficulty concentrating, Sleep disturbances, Irritability, or mood swings	2	3.5
C	Emotional Exhaustion, Depersonalization or cynicism, Reduced personal accomplishment or efficacy, Physical fatigue, Difficulty concentrating, Irritability or mood swings	3	5.3
D	Emotional Exhaustion, Depersonalization or cynicism, Reduced personal accomplishment or efficacy, Physical fatigue, Difficulty concentrating, Sleep disturbances,	4	7.0

	Irritability or mood swings		
E	Emotional Exhaustion, Physical fatigue	3	5.3
F	Emotional Exhaustion, Physical fatigue, Difficulty concentrating, Sleep disturbances, Irritability, or mood swings	3	5.3
G	Emotional Exhaustion, Physical fatigue, Irritability, or mood swings	2	3.5
H	Emotional Exhaustion, Reduced personal accomplishment or efficacy, Physical fatigue	3	5.3
I	Physical fatigue	2	3.5
J	Reduced personal accomplishment or efficacy, Physical fatigue, Difficulty concentrating, Sleep disturbances, Irritability, or mood swings	2	3.5

Table 9

Most common (2 or more) clusters of coping strategies used to manage feelings of occupational burnout

Cluster		Frequency	Percent
A	Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life	2	3.5
B	Engaging in regular physical exercise, Practicing mindfulness/relaxation techniques (e.g., meditation, deep breathing), Seeking social support from colleagues or friends, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life	3	5.3
C	Engaging in regular physical exercise, Practicing mindfulness/relaxation techniques (e.g., meditation, deep breathing), Seeking social support from colleagues or friends, Taking breaks during work hours, Engaging in	2	3.5

	hobbies or leisure activities outside of work, Seeking professional counseling or therapy		
D	Engaging in regular physical exercise, Practicing mindfulness/relaxation techniques (e.g., meditation, deep breathing), Seeking social support from colleagues or friends, Taking breaks during work hours, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life	5	8.8
E	Engaging in regular physical exercise, Seeking social support from colleagues or friends, Engaging in hobbies or leisure activities outside of work	3	5.3
F	Engaging in regular physical exercise, Seeking social support from colleagues or friends, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between	2	3.5

	work and personal life		
G	Engaging in regular physical exercise, Seeking social support from colleagues or friends, Taking breaks during work hours, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life	4	7.0
H	Engaging in regular physical exercise, Seeking social support from colleagues or friends, Taking breaks during work hours, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life, Seeking professional counseling or therapy	2	3.5
I	Practicing mindfulness/relaxation techniques (e.g., meditation, deep breathing), Seeking social support from colleagues or friends, Engaging in hobbies or leisure	2	3.5

	activities outside of work, Setting clear boundaries between work and personal life		
J	Practicing mindfulness/relaxation techniques (e.g., meditation, deep breathing), Seeking social support from colleagues or friends, Seeking professional counseling or therapy	2	3.5
K	Practicing mindfulness/relaxation techniques (e.g., meditation, deep breathing), Seeking social support from colleagues or friends, Taking breaks during work hours, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life	2	3.5
L	Seeking social support from colleagues or friends, Taking breaks during work hours, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between	3	5.3

	work and personal life		
M	Taking breaks during work hours, Engaging in hobbies or leisure activities outside of work, Setting clear boundaries between work and personal life	2	3.5

Table 10
Comparison of Burnout Levels Among Most Common Occupational Therapy Practice Settings Using Chi-Square

	Practice Setting						
Rate your level of job burnout as an occupational therapy professional.	Academia	Acute care	Acute care & Outpatient	Mental health	Outpatient	Rehab	School-based
1. Never	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%
2. Rarely	0	0	0	0	0	0	0
	0%	0%	0%	33%	25%	50%	8%
3. Sometimes	3	3	0	1	4	0	4
	75%	50%	0%	33%	50%	0%	31%
4. Often	1	3	2	1	0	0	4
	25%	50%	100%	33%	0%	0%	31%
5. Always	0	0	0	0	2	0	4
	0%	0%	0%	0%	25%	0%	31%

This question does not apply to me because I am not experiencing job-related burnout.	0	0	0	0	0	1	0
	0%	0%	0%	0%	0%	50%	0%

Table 11*Qualitative Themes on Coping Strategies*

Question Items	Themes	Occupational Therapy Practitioner Example Quotes
<p><i>Q17. What coping strategies have you found to be most effective in managing job burnout within your practice setting? Please describe. (If it does not apply to you or you would prefer to skip the question, please write NA in the blank below.)</i></p>	<p>Social support from colleagues</p>	<p>Participant 12: “Also having a close group of colleagues that support each other”</p> <p>Participant 15: “Social support from my peers has been the most beneficial to me.”</p> <p>Participant 47: “Talking things through with coworkers does help to problem solve and helps to know that a particular situation is hard and you aren’t crazy for struggling with it”</p>
	<p>Regular self-care practices</p>	<p>Participant 4: “I practice mindfulness daily with a focus on gratitude and service to the children and families I serve”</p> <p>Participant 24: “Reframing negative thoughts, breathing exercises, talk therapy.”</p> <p>Participant 46: “Mindfulness and meditation are the most</p>

	<p>important to me. I can do that anytime. I'm also trained to teach Dialectical Behavioral Therapy skills; I utilize those skills in my own life.”</p>
<p>Establishing work boundaries</p>	<p>Participant 11: “Setting limits on the amount of work accepted for the day”</p> <p>Participant 32: “Quiet quitting, not going above or even stressing myself to meet unattainable deadlines. Releasing myself from perfectionistic expectations. Refusing to give free labor to a facility that does not care for me, clocking out and stopping work timely often”</p> <p>Participant 34: “Setting clear boundaries because if I don't then I will only be dedicating all of my time and energy to my job and not to the other aspects of my life that are more important to me”</p> <p>Participant 45: “Not doing work after work hours more than 1 day a week”</p>
<p>Taking breaks and utilizing time off</p>	<p>Participant 7: “Taking my allotted breaks at work during scheduled times has been very helpful”</p>

	<p>Participant 36: “Utilizing PTO whenever I want and not hoarding it”</p> <p>Participant 30: “Try to take regular vacations or staycations to assist as well”</p>
<p>Participating in varied occupations outside of work</p>	<p>Participant 30: “Regular exercise to deal with the stresses of the job and help me control my emotional response to things that happen. Do things outside of work to help with overall happiness and coping.”</p> <p>Participants 33: “Being in nature”</p> <p>Participant 21: “Attending CEUs”</p> <p>Participant 38: “Listening to music while driving, playing golf”</p>
<p>Advocating for employees and clients</p>	<p>Participant 8: “Bring solutions forward for problematic expectations. Advocating on a legislative level and insurance level to know I did enough to fight for patients.”</p> <p>Participant 48: “Working with employers on reducing documentation</p>

		<p>requirements, resiliency activities, disclosing to leadership that my productivity is higher than anyone else in the outpatient facility at the clinic job.”</p>
	<p>Unsure</p>	<p>Participant 23: “Still looking for effective solutions”</p> <p>Participant 39: “Unsure”</p> <p>Participant 53: “I have not found any”</p>
<p><i>Q18. Are there any specific coping strategies that you feel could better address job burnout within your practice setting? Please describe. (If it does not apply to you or you would prefer to skip the question, please write NA in the blank below.)</i></p>	<p>Shifting thoughts / focusing on meaningful aspects of job</p>	<p>Participant 5: “Avoiding self-centeredness and avoiding focusing on myself at work - the focus is on service to others; keeping their needs in mind, focusing on how to best serve them while understanding that my service is one small piece in the puzzle”</p> <p>Participant 52: “Realistic productivity expectations”</p> <p>Participant 55: “Changing my thoughts about the purpose of my position”</p>
	<p>Strategies that support physical and mental well-being</p>	<p>Participants 56: “Increased exercise”</p>

	<p>Participant 22: “Mindfulness groups”</p> <p>Participant 41: “Formal counseling”</p>
<p>Early individual discovery and awareness of successful strategies</p>	<p>Participant 34: “I believe that coping strategies depend on the person's preferences and interests.”</p> <p>Participant 46: “Every person needs to have the opportunity to discover what works for them. Some people find meditation can be helpful. Others find physical exercise particularly useful. Over the years, my strategies have changed. I can't assume that my strategies will work for others. The key is that everyone needs to have the time to discover their own.”</p> <p>Participant 51: “Early in my career I didn't realize or think was anything to worry about. Knowing what it was earlier in my career would have helped. Most coping strategies I figured out by myself, which took some time.”</p>
<p>Taking breaks and going on vacations</p>	<p>Participant 5: “More vacation time”</p>

	<p>Participant 8: “Needing to get out of the office during lunch, feel the sun, reset.”</p> <p>Participant 49: “Salaried individuals need to make sure they are taking breaks”</p> <p>Participant 57: “Taking more breaks, not being overworked.”</p>
<p>Building healthier work environments</p>	<p>Participant 6: “Group sports, things like that can help build your team while supporting a culture of health and wellness”</p> <p>Participant 29: “Check ins from leadership”</p> <p>Participant 26: “Clearer expectations from management about job duties”</p> <p>Participant 39: “Team building and facilitation of camaraderie to feel better supported in my setting”</p> <p>Participant 44: “Decrease caseloads. Have OTPs in admin roles supporting us”</p>
<p>Disengagement and setting work boundaries</p>	<p>Participant 17: “Seek alternatives in career”</p>

		<p>Participant 48: “I have reduced my hours and no longer see 10 patients in a day, I work 5 hours and see 5. This is much more manageable.”</p>
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Table 12

Table on average work hours for the participants

9. On a typical work week, how many hours do you work?

56 responses

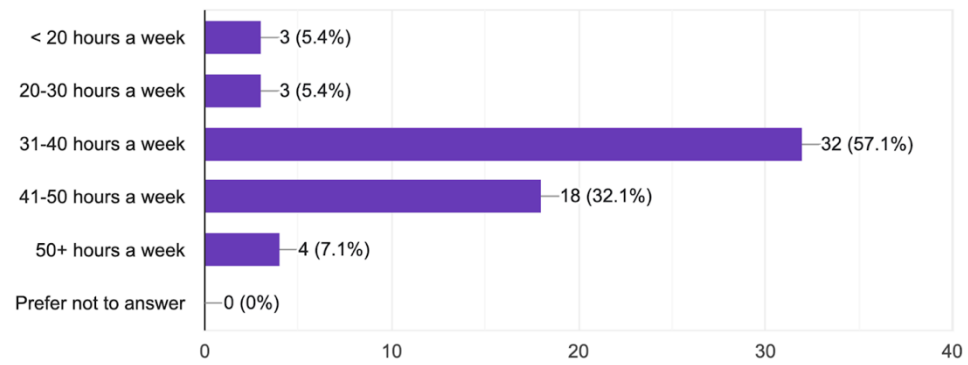
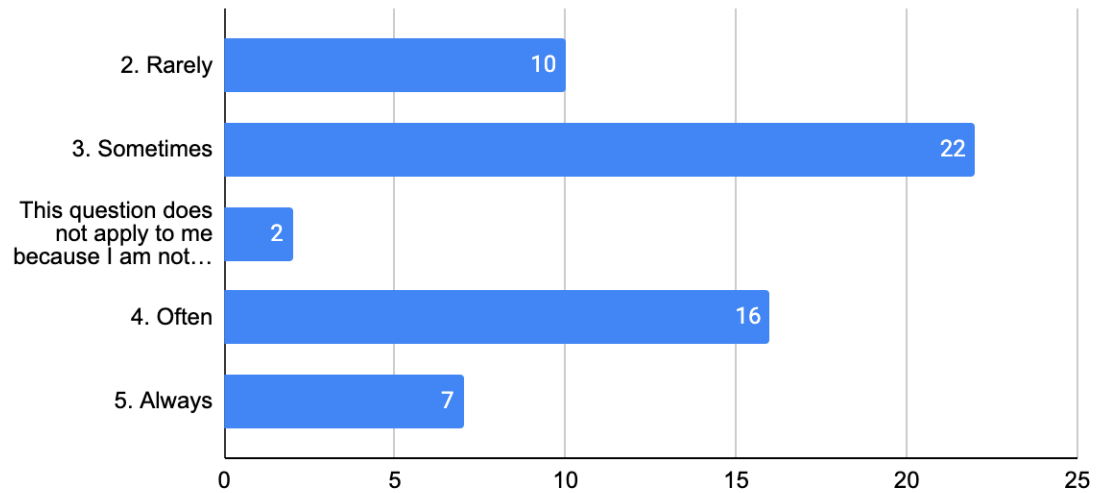


Table 13

Table on burnout levels among participants

Rate your level of job burnout as an occupational therapy professional. [Job Burnout]



Rate your level of job burnout as an occupational therapy professional. [Job Burn...

Figure 1

Pie Chart for the demographics of our survey (Gender)

2. Select the gender you identify with
57 responses

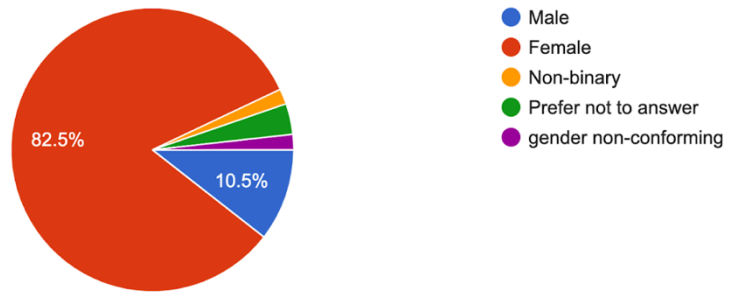


Figure 2

Pie Chart for the demographics of our survey (Ages)

3. How old are you?

57 responses

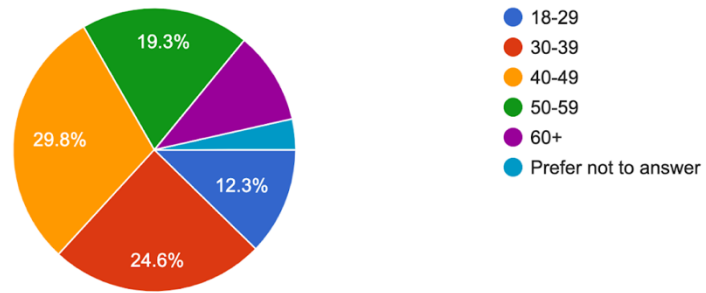


Figure 3

Pie chart for participants experience in occupational therapy field

5. How many years of experience do you have practicing as an occupational therapy professional?
57 responses

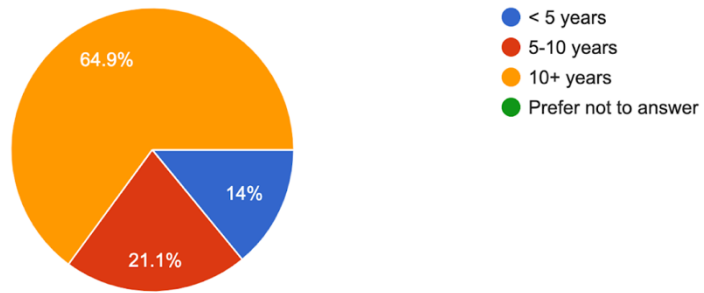
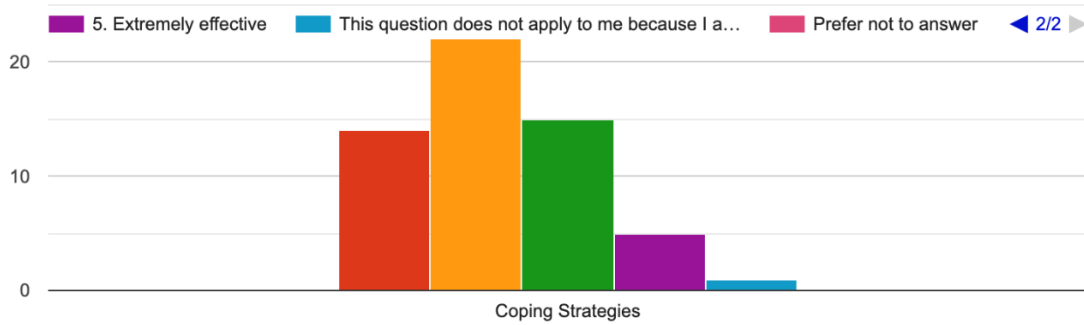


Figure 4

Ratings of Overall Effectiveness of Coping Strategies

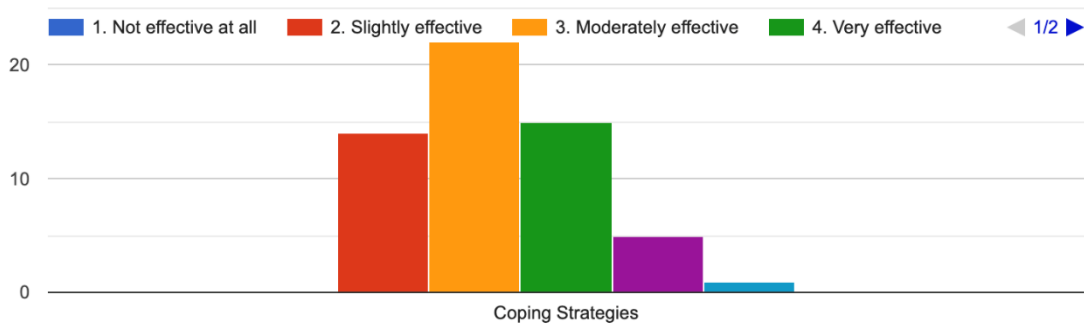
19. On a scale of 1 to 5, please rate the overall effectiveness of the coping strategies you use to address job burnout within your practice setting:

[Copy](#)



19. On a scale of 1 to 5, please rate the overall effectiveness of the coping strategies you use to address job burnout within your practice setting:

[Copy](#)



Appendix A

Institutional Review Board Approval

Application Institutional Review Board

Appendix C - Consent Form



Title of Study: Occupational Burnout in Occupational Therapy Practitioners

CONTACT INFORMATION

If you have any questions or concerns, please do not hesitate to contact any of the student researchers or the principal investigator. Thank you.

Student Researcher: Bryan Bartolo: Email: bryan.bartolo@my.stanbridge.edu

Student Researcher: Kelly Kay Email: kelly.kay@my.stanbridge.edu

Student Researcher: Cassandra Bencito: Email: kassandra.bencito@my.stanbridge.edu

Student Researcher: Radwa Zowila: Email: radwa.zowila@my.stanbridge.edu

Principal Investigator: Cristina Scionti Email: cscionti@stanbridge.edu

If you have any concerns about this research and how it is conducted, you may also contact our institutional officer-in-charge: Stanbridge University VP of Instruction/Independent Contact: VP.instruction@stanbridge.edu or the Stanbridge University Institutional Review Board (IRB): irb@stanbridge.edu.

DESCRIPTION

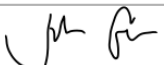
You are invited to participate in a research study conducted by student researchers, Cassandra Bencito, Radwa Zowila, Bryan Bartolo, and Kelly Kay. This study aims to investigate burnout and coping strategies utilized by occupational therapy practitioners across different settings and countries, to enhance their well-being and effectiveness.

The primary objective of this research is to examine the prevalence and level of burnout among occupational therapy practitioners. We seek to explore levels of burnout across practice settings and identify effective coping strategies utilized by occupational therapy practitioners. The findings will provide occupational therapy professionals with insights into the extent of burnout and effective coping strategies within their profession.

If you agree to participate, you will be asked to complete an online survey that will not collect your personal information like your name or the name of your clinic. In other words, you will self-select this survey from the link provided so what you do not choose to provide on the survey will not be gathered. The survey will include questions about your experiences with burnout, the factors contributing to burnout in your occupational therapy practice, and coping

Dear Ms. Cristina Scionti and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled "Occupational Burnout in Occupational Therapy Practitioners." Your application (#10MSOT012) is approved and categorized as Exempt.

IRB Application Number	#10MSOT012
Date	08/24/2023
Level of Review	Exempt
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (08/24/2023)
Signature of IRB Chair	

Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.

Sincerely,
 Julie Grace, M.S., M.A.
 IRB Chair

Appendix B

Site Approval Forms

AOTA: CommunOT

AOTA CommunOT Terms and Conditions

Thank you for being part of AOTA CommunOT, a place for AOTA members to interact, engage, and share to build a professional online community. This is a place to ask occupational therapy questions, share ideas, and respond to others. To ensure the best possible experience for all members, we have established some basic guidelines for participation.

By joining and using CommunOT, you agree that you have read and will follow these guidelines and terms. Please also review AOTA's website [terms of use](#) and [privacy policy](#). Questions about CommunOT should be directed to the [Community Manager](#).

In order to preserve an environment that encourages both civil and fruitful dialogue, AOTA may suspend or terminate access to CommunOT for anyone who violates these rules (see Terms and Conditions Violations, below). All messages must add to the body of knowledge and the membership community. We reserve the right to reject any post for any reason.

Rules and Etiquette

- Respect others. Focus on the content of posts and not on the people making them.
- Respect the purpose of CommunOT. Use CommunOT to share successes, challenges, constructive feedback, questions, and goals.
- Respectful disagreement makes for a healthy and robust discussion and overall community. No one's opinion is right or wrong. Please refrain from posting a response repeatedly if you disagree.
- All defamatory, abusive, profane, threatening, offensive, or illegal materials are strictly prohibited. Do not post anything that you would not want the world to see or that you would not want anyone to know came from you.
- Do not post anything that violates the Sherman Act or other antitrust laws, such as messages that encourage or facilitate discussions or agreements about the following subjects: prices, discounts, salaries, profits, or the costs of occupational therapy professional services.
- Post your message or documents only to the most appropriate communities. This helps ensure all messages receive the best response.
- Respect intellectual property. Only post content that you have personally created or have permission to use and have properly attributed.
- When posting items such as articles, tables, graphics, etc., please indicate whether they are available for others to use, and the attribution required for this use.
- **If you would like to post a survey link for research or projects, you may do so only in the [Survey Requests](#) threads in the [General Forum](#) or in an SIS community. Any survey links posted outside of these specific threads will not be permitted. Requests for interviews or participants for qualitative research must be posted in [1-1 Conversations: Interviews and Research Requests](#) thread in the General Forum. When posting your survey/research request, please follow this format:**
 - **Audience:**
 - **Research subject:**
 - **Brief introduction & description:**
 - **Link to survey:**

AOTA reserves the right to change the resolution process at any time and without notice.

The Legal Stuff

By posting materials to CommunOT, you grant to the American Occupational Therapy Association, Inc. (AOTA) the nonexclusive, world-wide, royalty-free, transferable right and license to display, copy, publish, distribute, transmit, print, and use such information or other material in any way and in any medium, including but not limited to print or electronic form. You further represent and warrant that the materials posted to CommunOT do not contain content that violates any third-party proprietary rights or privacy rights.

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I AGREE

I DO NOT AGREE



CM Community Manager <communitymanager@aota.org>
To: Cassandra Nobles Bencito

☺ ← ↶ → ...
Fri 8/18/2023 8:52 AM

Hi Cassandra, you can certainly post to both threads!

Thank you so much for your consideration.
Aliza

Aliza Ross
Director, Member Engagement
American Occupational Therapy Association (AOTA)
Pronouns: she/her
First name pronounced "uh-LEE-zuh"

...

OTAC Site Approval



DATE: August 16, 2023
TO: Bryan Bartolo, Stanbridge University
FROM: Shannon Rutledge, CMP, Senior Membership Associate/Events Director
RE: Letter of Agreement for Research Survey Distribution

Dear Bryan:

This agreement is to outline services that will be provided by the Occupational Therapy Association of California, hereinafter shall be referred to as OTAC, to Bryan Bartolo, Stanbridge University, hereinafter shall be referred to as the Research Team, plus services provided to OTAC by the Research Team.

OTAC will provide:

- ❖ Distribution of survey link to OTAC members and nonmembers (no more than 2 times), including messaging provided by the research team (subject to revisions based on OTAC's email best practices).
- ❖ Placement of email on OTAC's Facebook, Twitter, and LinkedIn pages.
- ❖ Posting of survey on OTAC's website under the Academia and Researchers page.

Research Team will provide:

- ❖ Signed agreement.
- ❖ Messaging to be sent to OTAC members
 - Messaging **MUST** include
 - title of the survey
 - brief explanation of the purpose for the survey
 - date the survey must be completed by
 - survey link
 - contact information for OTAC members and nonmembers to contact if they have questions or concerns
 - names of all contributing researchers.
- ❖ Brief synopsis of the Research Team's finding once the survey is closed for placement in the OTAC newsletter and on the website. Must be provided within four weeks of the close of the survey. **Failure to provide the synopsis will result in the ineligibility for future OT students from your program to be able to utilize OTAC for survey distribution.**

If you have any questions or concerns regarding this agreement, please contact Shannon Rutledge, CMP at shannon@otaonline.org or at (916) 567-7000.

Date: 8-27-23

Bryan Bartolo, Stanbridge University
Bryan Bartolo, Cassandra Bencito
Signature: *Kelly Kay, Rodwa Zowila*

Print Name: Bryan Bartolo, Cassandra Bencito, Kelly Kay, Rodwa Zowila

Date: 8/16/2023

Occupational Therapy Association of California
Signature: *Karen C. Polastri*

Print Name: Karen C. Polastri, IOM

OT4OT Facebook Group



Dr. Bill Wong <bwong@stanbridge.edu>

To: Kelly R Kay

Cc: Christina Scianti; Kassandra Nobles Bencito; Bryan Bartolo; Radwa Zowila



Wed 8/23/2023 6:26 PM

Approved! You are open to join and post on the group.