

OCCUPATIONAL THERAPY PROGRAM TO INCREASE STAFF RETENTION

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 Therapy Program to Increase Staff Retention* by Jericho Goco, Thai-Hanh Nguyen, and Danielle Robinson, 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

An increase in burnout and job dissatisfaction is causing healthcare workers to leave their jobs, leading to healthcare staff shortages (Vahey et al., 2004). Creating a staff program implemented by occupational therapists may increase staff retention by addressing mental health issues experienced in the workplace. Occupational therapists may be the ideal clinicians to carry out these programs, especially to other therapists experiencing burnout. This study aims to identify and address the psychological deficits and factors that therapists working in skilled nursing facilities are experiencing. This study consists of pre and post-survey data from three occupational therapists, three certified occupational therapy assistants, four physical therapists, one physical therapist assistant, and two speech therapists working in skilled nursing facilities. When participants were surveyed on whether they were experiencing burnout, seven participants reported "Yes" and seven reported "No." Common themes that were reported for helpful features of the program were "identifying stressors" and "assertive communication." Results show the factors that contribute to low staff retention are burnout and dissatisfaction with their job features. The ideal outcome is for the program to be successful in increasing staff retention.

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Occupational Therapy Program to Increase Staff Retention

Staff retention in healthcare has become a growing concern. There is a common denominator behind the decrease in retention rates: burnout stemming from job dissatisfaction (Abdullah et al., 2021; Heidari et al., 2017; Lavoie-Tremblay et al., 2022; McGilton et al., 2014; Wu et al., 2016). Burnout is defined as an occupational syndrome “resulting from chronic workplace stress” (World Health Organization, 2023). An increase in burnout and job dissatisfaction is causing healthcare workers to leave their jobs, leading to healthcare staff shortages (Vahey et al., 2004). When employees experience burnout and job dissatisfaction, it can affect work performance and lead to lower quality of care for patients. This could be indicative of a need for the development of a program to increase job retention due to a strained healthcare system. Occupational therapists play an important role in the work setting as the Occupational Therapy Practice Framework-4 includes work and labor as an occupation (American Occupational Therapy Association [AOTA], 2020). We hypothesize that an occupational therapist can help resolve low staff retention by implementing knowledge from the work participation aspect of the Occupational Therapy Practice Framework-4 and aiding other staff members in gaining skills required for job performance and maintenance.

A standard therapy team may include a number of specialists, such as physical therapists, occupational therapists, speech-language pathologists and assistants. These healthcare professionals play a significant role in improving the quality of life and body functions of clients. With a limited therapy team, patients are at risk for a decrease in recovery rates and an increase in deterioration status post unexpected medical events.

Conducting further research regarding burnout and job retention among a rehabilitation team could significantly improve the quality of patient care.

According to the American Occupational Therapy Foundation and AOTA's research agenda, this study falls in the category of intervention – preventive, restorative, and compensatory. Implementing an occupational therapy staff program using the cognitive behavioral frame of reference may increase staff retention by addressing mental health issues experienced in the workplace. There is a lack of research on cognitive behavioral therapy (CBT) interventions to address the issues of burnout and job dissatisfaction when it comes to rehabilitation departments. Most of the research available focuses on occupational stress for nurses and physicians demonstrating a critical gap in research around the mental health and well-being of therapy team workers. There have also been no studies to date on the capacity for occupational therapy components to assist with increasing healthcare staff retention. However, occupational therapists are licensed, certified, and educated to implement techniques involving CBT interventions which may make them the ideal clinicians to carry out these programs.

Statement of Problem

Skilled nursing facilities have historically shown a high turnover rate. According to UC Berkeley Labor Center, skilled nursing facilities in California experienced a 68% turnover rate as of March 2022 (Lopezlira et al., 2022). With a continuously rotating staff, training programs and furthering education to staff members becomes more difficult resulting in a reduction in quality of care. Recent studies have shown evidence in CBT programs positively affecting nursing staff, however, there is no research on the benefits

towards therapy team members. Additionally, it remains unclear whether or not the implementation of CBT interventions has been led by an occupational therapist.

Literature Review

Healthcare professionals often experience burnout, and evidence suggests that burnout and high turnover rates may result in the shortage of healthcare workers (Heidari et al., 2017). Nursing is one of the fastest growing jobs in the world, yet evidence suggests that younger nurses may be more likely to experience high levels of secondary traumatic stress than older, more experienced nurses (Wu et al., 2016). Healthcare facilities worldwide are in dire need of staff programs to help support the mental health and wellbeing of healthcare professionals and increase employee retention rates. The impact of this problem in society could affect both healthcare workers and patients. As healthcare workers are exposed to stress, anxiety, and depression, due to burnout and job dissatisfaction, patients may be receiving lower quality care due to staff shortages (Vahey et al., 2004).

Utilizing current research regarding nurse burnout, common themes that we found include burnout, job dissatisfaction, and retention between healthcare staff and the respective facilities. A study in Ghana assesses the perception of the nursing workforce about the quality of work-life and factors that predict turnover intention among nurses (Poku et al., 2022). Another study in Turkey examines occupational therapists' burnout along with its relationship with job satisfaction, work engagement and working conditions (Abaoğlu et al., 2021)

Burnout and Staff Retention

Burnout can affect staff retention, whether it is in the form of compassion fatigue, longer hours with less time off, or a demanding work environment. One study attempts to pinpoint the environmental, organizational, and personal factors behind retention rates and identifies high caseload and associated stress levels as a leading cause of burnout (Winter et al., 2020). The Job Openings and Labor Turnover Survey data show that job openings, hires, and total separations experienced large movements early in 2020 (U.S. Bureau of Labor Statistics, 2021). According to Wu et al. (2016), nurses naturally develop rapport with patients and family members, subjecting them to greater likelihood of immense emotional burden, grief, and distress resulting in compassion fatigue. Compassion fatigue is caused by a natural and intrinsic response to alleviate pain and suffering (Wu et al., 2016). Burnout leads to a significant number of nursing staff who consider leaving their current work setting (Lavoie-Tremblay et al., 2022). With factors such as emotional fatigue, longer working hours, and a stressful work environment, emotional and physical burnout was one of the leading contributors to healthcare facilities having both decreased staff retention and increased turnover rates (Heidari et al., 2017).

Clinical Significance

There is strong evidence indicating that creating improvements in the workplace can contribute to reduction in job turnover (Heidari et al., 2017). Research indicates that having effective nurse managers may improve staff nurse retention and providing an empowering, supportive practice environment can improve job satisfaction (Heidari et al., 2017). Job satisfaction is positively associated with the intention of nurses to stay. A

common strategy implemented is hiring nursing managers who demonstrate consideration towards intrinsic factors motivating nursing staff (Forde-Johnston & Stoermer, 2022). This information could contribute to the development of a CBT program by occupational therapists. Managers could be trained specifically in how to provide a better work environment. This could alleviate stress and decrease burnout in the workplace, which in turn would increase staff retention.

One study done in the United Kingdom showed improvement in turnover of nurses and vacancy rates with implementation of staff engagement events led by the non-clinical divisional recruitment and retention leads (Forde-Johnston & Stoermer, 2022). This study included events titled, "Listening to Staff" where nurses can address perceptions of teamwork and support each other one-on-one or in a group environment. Occupational therapists have training in facilitating interventions in one-on-one and group environments. Occupational therapy practice supports a holistic approach, meaning occupational therapists look at the whole person and not just the diagnosis (AOTA, 2018).

Our study promotes the idea that occupational therapy interventions could enhance job retention rates in healthcare facilities. Occupational therapists could consult healthcare companies on providing an individualized or collaborative team approach to improve factors relating to each individual holistically. Occupational therapists are educated and trained to facilitate sessions with a variety of age ranges, diagnoses and settings (AOTA, 2020). Occupational therapy is an evidence-based practice and uses extensive resources and literature to support each intervention. Occupational therapy uses

different models and frames of reference to best determine the intervention technique with an individualized approach specified to scenarios and individuals.

Studies by Fadaei et al. (2020) and by Yang et al. (2018) both conduct cognitive behavioral based interventions in order to explore the effects on nurses enduring occupational stress. The results of both studies show plausible reliability and validity in assessment tools used and conclude that CBT is effective for occupational stress and burnout-related symptoms. Nurses and therapists collaborate together when providing care for patients (Loy et al., 2015). Therapists are likely to experience similar effects of stress and burnout to nurses, which suggests that therapists will likely see similar results with CBT interventions.

The above literature discusses the effects of burnout, compassion fatigue, and overall job satisfaction including its impact on the shortage of healthcare workers. There is a significant gap in terms of research devoted to the role occupational therapists could have on job retention. Additional research could assess the specific strategies that occupational therapists might implement in their intervention programs for executives, directors, and other managers to use to establish a healthy work environment. Future research might help determine the possible positive correlations between occupational therapy programs, work environment, and staff retention.

Statement of Purpose

The purpose of this mixed methods study was to develop an occupational therapy-led CBT program, based on survey responses from therapists, to increase healthcare staff retention. The objectives of this study are to gain further understanding of the factors that play a role in burnout and job dissatisfaction, develop new techniques and interventions

based on the findings, advocate for occupational therapy services regarding work-related stress, and expand typical burnout beliefs from nurses to all healthcare professionals- specifically therapy team members. Overall, the expected results of this project is to identify which type of CBT intervention can best prevent symptoms of burnout and job dissatisfaction in order to increase staff retention. Occupational therapists utilize CBT as one of the frames of reference when developing interventions (Cole & Tufano, 2020). This leads to the research question; will healthcare facilities benefit from utilizing CBT-based occupational therapy staff programs to facilitate an increase in staff retention? The hypothesis is that occupational therapy-led staff programs will increase the retention rates of healthcare professionals while eliminating symptoms and effects of burnout. The population of this study includes therapy teams employed at skilled nursing facilities. The interventions involved in this study include a CBT program, created and developed by occupational therapy students, based on results from a pre-survey. The outcome of this study is to provide a recommendation that a CBT program run by an occupational therapist will increase job retention within the therapy staff.

Theoretical Framework

Cognitive behavioral therapy is the occupational therapy theoretical framework that is most relevant and foundational to this thesis project. This frame of reference uses self-management techniques that address individuals' thoughts, emotions, and behaviors (Cole & Tufano, 2020). This frame of reference is considered when there are any psychological barriers. Some occupational therapy approaches in this framework are stress and coping, self-regulation, and cognitive orientation (Cole & Tufano, 2020). The CBT program we developed includes workshops to identify stressors, training in

emotional regulation techniques, problem solving, and assertive communication strategies. These workshops work together to help healthcare workers pinpoint the issues that are affecting thoughts, emotions, and behaviors and develop a plan to help alleviate stress. Healthcare workers experiencing burnout and job dissatisfaction could benefit from these workshops to decrease stress levels and gain coping skills, which may increase overall job satisfaction and staff retention.

Methodology

This study aimed to identify and address the specific deficits and factors that therapy team employees working in skilled nursing facilities experience that lead to high turnover rates. The purpose of this research is to develop a CBT program that will help increase staff retention through identifying common themes experienced between therapy team employees from both the pre-survey (Appendix D) and post-survey (Appendix F).

Initially, eight directors of rehabilitation departments were contacted through email from facilities throughout California to request permission to include their therapy team members in the study. Six of the eight directors provided their employees' emails. The recruitment sites and number of participants in this study were as follows: n=6 from Broadway by the Sea, n=2 from Edgewater Healthcare Center, n=6 from Pacific Palms Healthcare Center. The directors of each facility provided the email address of employees interested in participating. The employees were sent an email containing the inclusion and exclusion criteria, consent form, and a link of the pre-survey that would be taken via Google Forms. The pre-survey included questions about the participants' job title, gender identity, age, duration and current job satisfaction, if burnout was experienced in the past month, and information regarding intent to leave. In addition, the pre-survey asked

duration in looking for a new job, factors that have increased retention at current positions, factors requiring improvement, and suggestions on programs that may be beneficial at improving job satisfaction, including preferences towards individual or group.

The results of the pre-survey were screened for eligibility factors before moving forward. This included providing informed consent, verifying appropriate licensure in a therapy discipline of occupational therapy, physical therapy, and speech language pathology. Inclusion criteria also stated that the participants must be licensed or certified in the state of California and have more than three months' experience at respective facilities. Exclusion factors included other healthcare disciplines and non-healthcare workers in the skilled nursing facilities. Other exclusion criteria included minors below the age of 18, and participants who did not give informed consent.

After analyzing the results of the pre-survey, the responses were used to develop a program flier (Appendix E) explaining different cognitive behavioral services that could be implemented. The participants were sent the program flier along with a link to the post-survey. The post-survey included questions about participants' opinion on the validity of the program and recommended adjustments to improve job satisfaction and retention. Pre- and post-survey results were analyzed by the data collected and represented as pie charts and bar graphs. A tally point system was used to identify the common issues and themes for each issue repeated.

Ethical and Legal Considerations

The ethical issues that were addressed were anonymity, confidentiality, and informed consent. Anonymity was ensured by not attaching participants' names to the

data. Only the student researchers had sole access to the data to protect the confidentiality of subjects. Furthermore, the sites were not aware of the other sites that participated. Since human subjects were part of the study, an Institutional Review Board application was submitted and approved by the Stanbridge University Institutional Review Board. Directors of the skilled nursing facilities gave us permission to survey the therapy teams. Once approved by the Institutional Review Board and the directors, an informed consent form (Appendix C) was given to all participating subjects through Google Forms. In the consent form, the participants were informed that disenrollment from the study could occur at any point if desired. Although the facility directors knew of participant involvement in the study, the directors did not have access to the participants answers of the survey to ensure confidentiality.

Results

Pre-survey

There were three (21.4%) occupational therapists, three (21.4%) certified occupational therapy assistants, four (28.6%) physical therapists, one (7.1%) physical therapist assistant, and two (14.3%) speech therapists who participated in the study. One (7.1%) participant did not provide their title. There were seven (50%) men and seven (50%) women. Two (14.3%) participants were the ages of 20-29, 11 (78.6%) were 30-39, and one (7.1%) was 40-49. All (100%) participants worked at their job for 3 months or longer. Six (42.9%) of the participants worked at their current job for 0-1 years, four (28.6%) of them worked 1-3 years, three (21.4%) of them worked 3-5 years, and one (7.1%) of them worked 5-10 years. The stress level was measured from 1 to 5. Two participants (14.3%) reported their stress level of 2, nine (64.3%) reported the level of 3,

two (14.3%) reported the level of 4, and one (7.1%) reported the level of 5. Nine (64.3%) participants were satisfied with their job, four (28.6%) felt neutral, and one (7.1%) was unsatisfied. When asked whether they were experiencing symptoms of burnout, seven (50%) participants reported “Yes” and seven (50%) reported “No.” Five (35.7%) participants reported they have intentions on leaving and nine (64.3%) reported they do not. Participants who responded that they have intentions on leaving their current job reported the following factors: “moving,” “growth and opportunity,” “higher rate,” “more autonomy,” “career advancement opportunities,” “job requirements are unethical,” and “unreasonable expectations.” They also reported “poor management,” “disorganized,” “lack of respect or acknowledgement,” “no focus on patient outcomes,” and “no pay increase.” Three (21.4%) have just started looking for another job, one (7.1%) has been looking for a couple months, and 10 (71.4%) put N/A. Factors that made them stay were a “good director of rehab,” “rehab team,” “team environment,” “experience,” and “getting paid well.” Participants stated they wanted to see the following factors improved in their respective places of employment: “increase in pay to keep up with inflation,” “more time for proper documentation,” “more per diem assistance to prevent burnout for full time staff,” “productivity standards,” and “reasonable employee expectations from upper management.” Moreover, participants responded they would like to see “more autonomy and more control,” “more continued education units offered,” “better benefits,” “more communication between departments,” “increase supplies,” “respect and acknowledgement from upper management,” and “more focus on patient outcomes.”

When asked what kind of program they felt would be most beneficial to improve their job satisfaction, eight (57.1%) reported “skills training (communication,

assertiveness, emotional regulation, etc.)” and six (42.9%) reported “mindfulness (body scan, breathing technique, yoga, etc.)”. When asked if they prefer the program to be group or individual, eight (57.1%) reported “Group” and six (42.9%) reported “Individual.” These responses helped to determine that a variety of offerings may be suitable within the program.

Post-Survey

Four (28.6%) reported “Agree,” two (14.3%) reported “Strongly Agree,” seven (50%) reported “Neutral,” and one (7.1%) reported “Disagree” when asked if they believe the program will improve job satisfaction. When asked if they see any deficiencies in the program, participants stated: “many factors were not taken into consideration,” “the program should specify how it would serve occupational therapists specifically,” “benefits,” “there should be more information on the flier that would detail the course as well as the date and time,” “1x/week for 45 minutes would not sufficiently address someone’s concerns,” and seven participants reported “No” or “N/A.” Features of the program stated that are most helpful are “identifying stressors,” “assertive communication,” “open discussion,” “goal writing and time management,” and “pay.” One (7.1%) reported “Strongly Agree,” six (42.9%) reported “Agree,” three (21.4%) reported “Neutral,” and four (28.6%) reported “Disagree” for the question of if they believe the program will have an effect on staying at their job.

Discussion

In the pre-survey responses, seven out of 14 participants reported they experienced symptoms of burnout in the past month. Out of those seven, five of them reported they have intentions of leaving. The common themes among those who reported

intentions of leaving were: career advancement opportunities and dissatisfaction with management. The common themes for factors that they want to improve were: salary, productivity requirements, and employee expectations. Out of the five participants who have intentions on leaving, four preferred the program to be on skills training. Using the pre-survey responses, a CBT program was created that provided skills training workshops on identifying stressors, problem solving, emotional regulation, assertive communication, and more.

The workshops on identifying stressors and emotional regulation could help with addressing factors that are contributing to stress levels and learning how to deal with strong emotions that can lead to burnout. The workshops on problem solving and assertive communication could help participants address salary and management issues. Problem solving techniques could help staff to develop and implement solutions to general concerns. Assertive communication could help participants be able to effectively communicate with upper management their concerns. These workshops will coincide with the application of American Occupational Therapy Foundation and AOTA's research agenda since the interventions are intended to prevent work-related stress, burnout, and job dissatisfaction (AOTA, 2018).

Once the hypothetical program was developed, the flier summarizing the program was sent out with the post-survey. The post-survey showed seven of the 14 participants reported "No" or "N/A" for any noted deficiencies in the program. Common themes that were reported for the features of the program that are most helpful are "identifying stressors" and "assertive communication." The common theme that was seen in the participants who saw deficiencies was that the program was not detailed and did not take

into consideration the reason therapists leave their job. The flier was intended to be broad to cater to various occupational therapy styles for teaching the workshops. Developing a more detailed plan runs the risk of limiting the occupational therapist who will be leading the workshops. However, after reviewing the post-survey responses, it was noted that more information, including the intentions of the interventions and how our workshops would help improve the specified situations, should have been included.

Limitations

Some limitations in this research include the risk in therapists feeling uncomfortable providing honest answers due to fear surrounding anonymity. Not all members of the therapy team were included in the study since therapy aides were excluded. Moreover, this research focused specifically on therapy teams and excluded research on other healthcare professions. To honor the participants privacy, the pre-survey did not include questions regarding any health conditions, either previous, current, or chronic conditions that may have affected burnout and stress levels of participants. Limitations also include the number of participants surveyed. Despite receiving initial agreement to participate for 45 participants, only 14 participants responded in time to be included within the study. This number may not be significant enough to provide an accurate representation across therapists. Another limitation is the facilities surveyed were not selected randomly. The facilities were all located in Long Beach, California, resulting in a limited geographical variance showcasing a narrow demographic. There was also a time limitation which could have caused some participants to feel rushed. The time limitation also left us without sufficient time to develop content that goes into specifics of what the sessions would consist of. Another limitation is that our program

was not a standardized program, which can lead to the program being run differently by different occupational therapists.

Conclusion

As staff retention for healthcare workers is decreasing, the quality of care is also decreasing. This puts the patients' health at risk which creates negative implications towards healthcare standards. Factors that contribute to low staff retention are burnout and job dissatisfaction. A flier was developed for a prospective CBT program to determine if therapy members would find implementation of a program beneficial in addressing this issue. Previous studies demonstrate interventions addressing occupational stress for nurses, but lack direct correlation for therapy teams (Abdullah et al., 2021; Heidari et al., 2017; Lavoie-Tremblay et al., 2022; McGilton et al., 2014; Wu et al., 2016). For future research, more specified CBT programs that will be led by an occupational therapist can be developed through the pre-survey (Appendix D) given to participants. Therapy staff members can review the program and fill out a post-survey to determine the effectiveness of the program. Implementing an occupational therapist-led program for the workplace has a high chance to succeed within the rehabilitation workplace in order to directly address on-the-job responsibilities that the occupational therapist may have more insight towards. Staff members being dissatisfied with their jobs can affect their daily occupations and leisure time. This program can act as a stepping stone into further research to remedy therapists who experience burnout and job dissatisfaction. The ideal outcome is for the program to be successful in increasing staff retention and reducing increased costs accrued in extended training to new employees. Responses from the therapists indicated that some participants were experiencing burnout

and job dissatisfaction and that some participants thought that therapists could benefit from the implementation of a CBT program. This indicates a need for further research in the role of an occupational therapist in increasing staff retention.

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Figure 1

Pie Chart Describing Participant's Age Range

How old are you?
14 responses

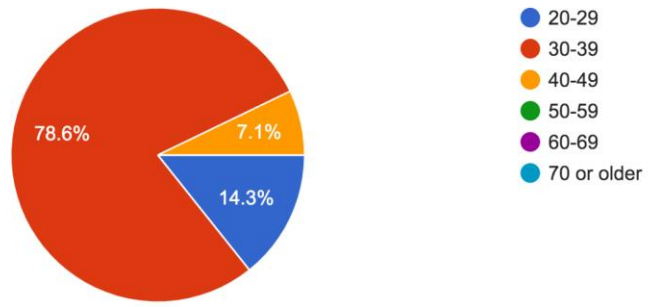


Figure 2

Pie Chart Describing How Long Participants Have Been at Their Current Job

How long have you been at your current job?
14 responses

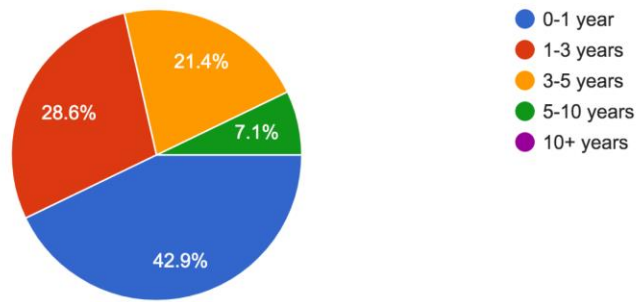
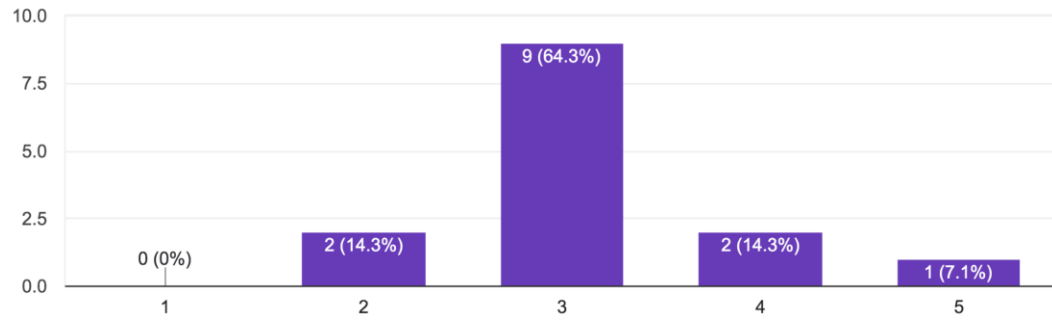


Figure 3

Bar Graph Describing Participant's Stress Levels

From 1-5, how stressed have you been in the past month?

14 responses



Note: On a scale of 1-5 participants addressed their stress levels. With 1 being not at all and 5 being extremely stressed.

Figure 4

Pie Chart Describing Participant's Satisfaction Levels

How satisfied are you with your job?
14 responses

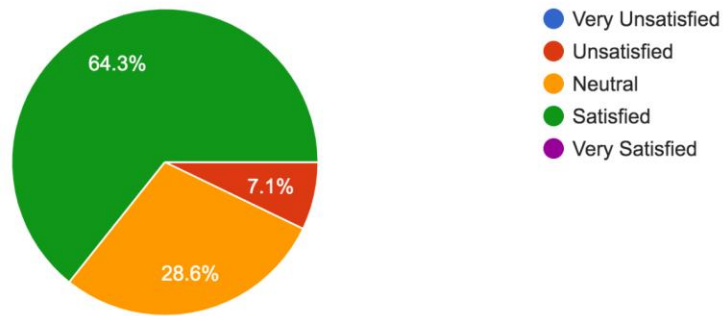


Figure 5

Pie Chart Describing if Participants Experienced Burnout

Have you experienced symptoms of burnout in the past month?

14 responses

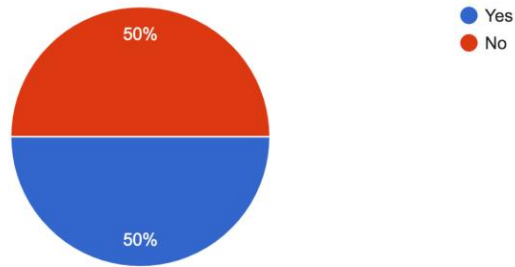


Figure 6

Pie Chart in Regards to Participant's Intentions on Leaving Current Job

Do you have intentions on leaving your job?
14 responses

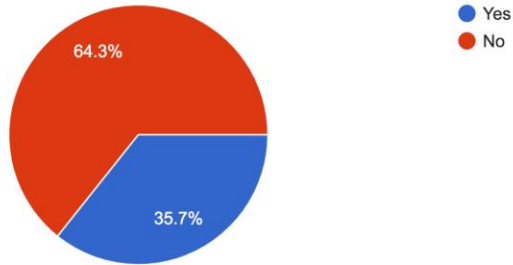


Figure 7

Pie Chart Describing Time Spent Looking for Another Job

If you are looking for another job, how long have you been looking?

14 responses

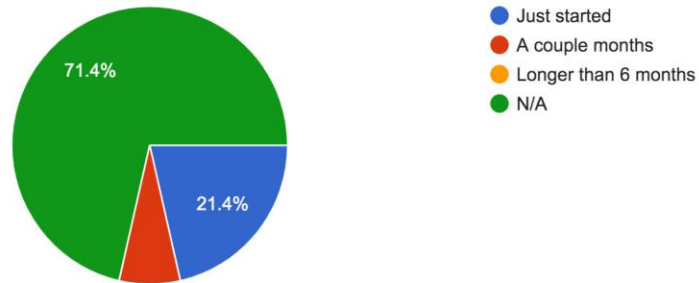


Figure 8

Pie Chart Describing Participant's Preference to Program Types

What kind of program do you feel would be most beneficial to improve your job satisfaction?
14 responses

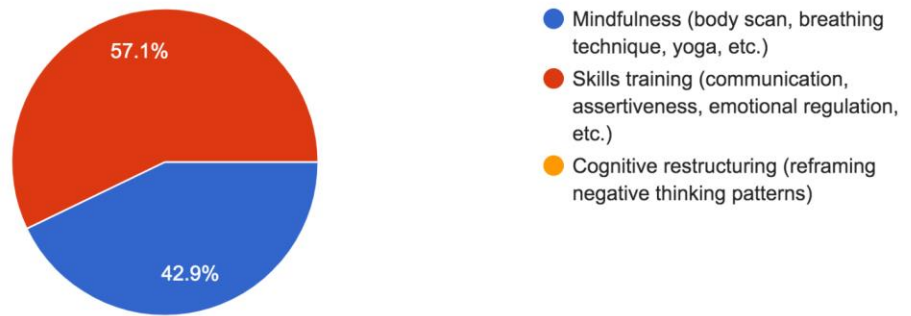


Figure 9

Pie Chart Describing Participants Preference for Individual or Group Program

Would you prefer the program to be group or individual?

14 responses

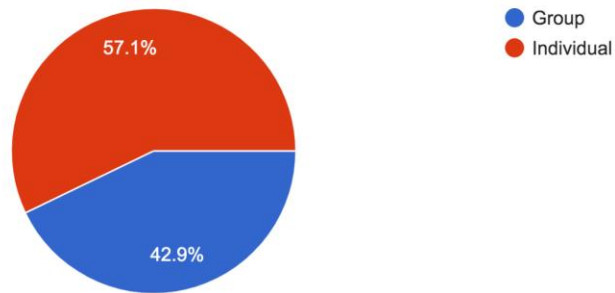


Figure 10

Pie Chart Describing if Program Will Improve Job Satisfaction

After reviewing the steps of the program that would be implemented, do you think this program will improve job satisfaction?

14 responses

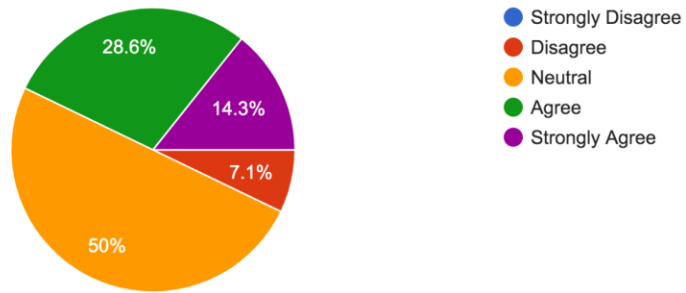
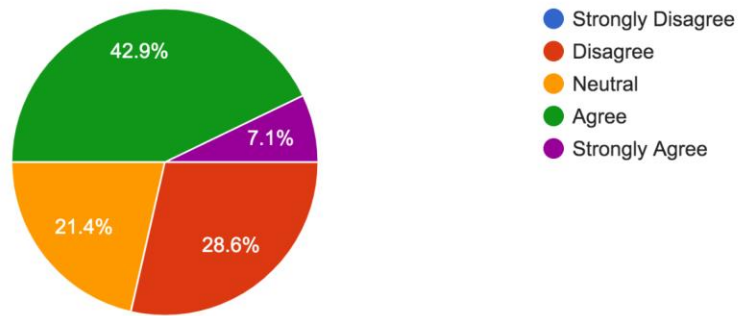


Figure 11

Pie Chart Describing if Program Will Have Effect on Staying at Job

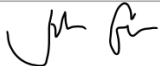
Do you believe this program will have an effect on staying at your job?
14 responses



Appendix A
Institutional Review Board Approval

Dear Dr. Sonia LeDuc and Students,

The Stanbridge University Institutional Review Board has completed the review of your application entitled "Occupational Therapy Program to Increase Staff Retention." Your application (#06MSOTRS001) is approved and categorized as Expedited.

IRB Application Number	#06MSOTRS001
Date	05/11/2023
Level of Review	Expedited
Application Approved	X
Conditional Approval	
Disapproved	
Comments	The requested Minor changes have been reviewed and confirmed as completed by the IRB. (05/11/2023)
Signature of IRB Chair	

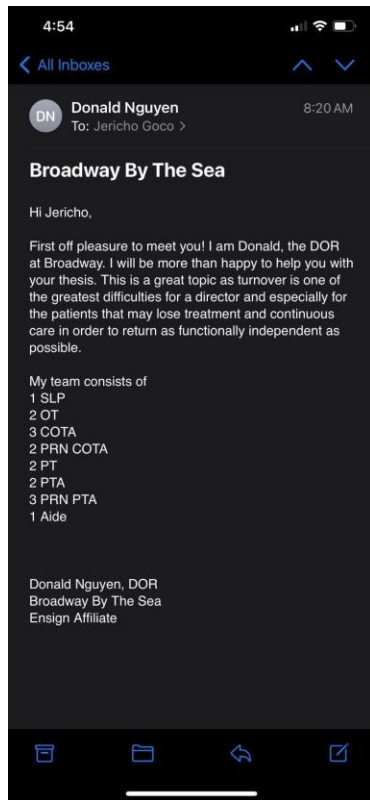
Please note that any anticipated changes to this approved protocol requires submission of an IRB Modification application with IRB approval confirmed prior to their implementation.

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

Appendix B

Site Approval Forms

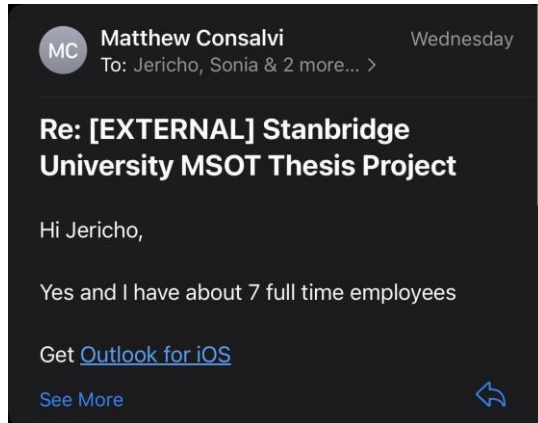
Broadway by the Sea



Edgewater Healthcare Center



Pacific Palms Healthcare Center



Appendix C

Consent Form



Title of Study: Occupational Therapy Program to Increase Staff Retention

CONTACT INFORMATION

Please contact the principal investigator or any of the student researchers if you have any questions about this research study.

Principal Investigator: Sonia Sarangdhar LeDuc
Email: sonia.leduc@sunsetvillapa.com

Student Researchers:

Name: Danielle Robinson
Email: danielle.robinson@my.stanbridge.edu

Name: Jericho Goco
Email: jericho.goco@my.stanbridge.edu

Name: Thai-Hanh Nguyen
Email: thai-hanh.nguyen@my.stanbridge.edu

If you have any concerns about this research, please contact our institutional officer-in-charge: Stanbridge University VP of Instruction/Independent VP.instruction@stanbridge.edu or the Stanbridge University IRB Office at irb@stanbridge.edu.

DESCRIPTION

You are being asked to participate in a research study conducted by graduate students in the MSOT program at Stanbridge University. This study is about identifying and addressing the specific deficits and factors that healthcare workers are experiencing that are leading them to plan on leaving their current position or facility. When identifying a common theme experienced between healthcare workers, a cognitive behavioral therapy program will be created to address these themes. The purpose of this research is to develop a cognitive behavioral therapy program that will help increase staff retention. You will be given an electronic pre-survey asking questions regarding your feelings and needs around job satisfaction through Google Forms. After a program is developed by the student researchers, you will read about the program and take an electronic post survey that will help determine if this program will be effective in increasing staff retention for healthcare workers.

TIME INVOLVEMENT AND DURATION OF PARTICIPATION

You will be filling out a pre-survey, reviewing the developed program, and filling out a post survey. The pre-survey will take about 5-10 minutes and be given 3 days to complete it. Student researchers will take about 1 week to analyze the data and develop the program. The program outline will be on a PDF attached to the email with the Google Forms link for the post survey that will be sent. Reviewing the program will take about 15-20 minutes and filling out the post survey will take about 5-10 minutes. You will be given 3 days to review and complete the post survey.

RISKS AND BENEFITSRisks

There is a risk for breach of privacy and confidentiality given the online nature of the study and data transmission. To address this, all data will be coded and stored on a password-protected Google Drive only available to the student researchers. There may also be psychological risks associated with our study such as feelings of discomfort and emotional distress when answering the survey because questions may touch on personal difficulties related to your employment. You may choose not to answer any questions that make you feel uncomfortable.

Potential Benefits

Potential benefits include the development of an occupational therapy staff program that can reduce burnout and stress which improves employees' mental health and increases staff retention.

PARTICIPANT'S RIGHTS

Your identity will be kept confidential. Your participation is voluntary. You may choose not to participate at any stage of the study. You may choose not to answer any questions that may make you feel uncomfortable. Refusal to participate, withdrawing, or not answering any questions will involve no penalties.

COMPENSATION FOR PARTICIPATION

There will be no compensation for participating in this study.

PRIVACY/CONFIDENTIALITY/DATA SECURITY

Consent forms will be kept separate from all the study data. Your survey responses will be confidential. Your identifying information will be coded and the code list will be stored on a separate password-protected Google Drive than this consent form and survey responses. The student researchers will be the only ones who have access to the consent form, code list, and the responses from both surveys. The consent form, code list, and responses from both surveys will be stored and protected on three different password-protected Google Drives. The survey is being conducted through Google Forms and has its own privacy and security policies. We anticipate that your participation in this survey presents no greater risk than everyday use of the internet. Your director will not have access to any information about your enrollment or survey results. Your email will be deleted after we receive and code your email on the post survey.

STATEMENT OF CONSENT

1. I have read the above information and have received answers to any questions I may have asked.
 2. I am 18 years or older.
 3. My participation is voluntary.
 4. I may withdraw from this study at any point
 5. I consent to take part in the study.
-

Email *

Your answer _____

By selecting "I agree" you are choosing to participate in this research study. *

I agree

I disagree

Submit Clear form

Appendix D**Pre-Survey**

Email

1. What is your job title?

2. What gender do you identify with?

Male

Female

Prefer not to answer

3. How old are you?

20-29

30-39

40-49

50-59

60-69

70 or

older

4. Have you been at your current job for more than 3 months?

Yes

No

5. How long have you been at your current job?

0-1 years

1-3 years

3-5 years

5-10 years

10+ years

6. From 1-5, how stressed have you been in the past month? 1 = not at all, 5=

Extremely stressed

7. How satisfied are you with your job?

1 Very unsatisfied

2 Unsatisfied

3 Neutral

4 Satisfied

5 Very

Satisfied

8. Have you experienced symptoms of burnout in the past month?

Yes No

9. Do you have any intentions on leaving your job?

No Yes If yes, please specify your reason: _____ (ex.
Retirement, maternity leave, moving, taking time off etc..)

10. If you are looking for another job, how long have you been looking?

Just started A couple months Longer than 6 months N/A

11. What factors have made you stay?

12. What factors would you like to see improved?

13. What kind of program do you feel would be most beneficial to improve your job satisfaction?

- Mindfulness (body scan, breathing technique, yoga, etc.)
- Skills training (communication, assertiveness, emotional regulation, etc.)
- Cognitive Restructuring (reframing negative thinking patterns)

14. Would you prefer the program be group or individual?

Group Individual

Appendix E

Program PDF Flier

OCCUPATIONAL THERAPY PROGRAM

"WE LOVE WHAT WE DO, AND ARE HERE TO HELP YOU LOVE YOUR JOB TOO."



FEELING BURNT OUT, STRESSED, OR UNSATISFIED WITH YOUR JOB???

WITH OUR EXPERIENCED OT'S, RUNNING A 8 WEEK LONG PROGRAM,
ADDRESSING BURNOUT AND EMPLOYEE SATISFACTION, THROUGH A VARIETY OF 45 MINUTE SESSIONS AVAILABLE

YOU ARE SURE TO SEE THE POSITIVE CHANGE!

- PROGRAM LENGTH - 1X/week FOR 8 WEEKS
- SESSIONS INCLUDE : IDENTIFYING YOUR STRESSORS,
PROBLEM SOLVING,
EMOTIONAL REGULATION,
ASSERTIVE COMMUNICATION TRAINING , AND MORE!
- WITH BOTH GROUP AND INDIVIDUAL SESSIONS OFFERED

Appendix F

Post-Survey

Email

1. After reviewing the steps of the program that would be implemented, do you think this program will improve job satisfaction?

1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly

Agree

2. Are there any deficiencies in the program? If so, explain.

3. Which features of the program are most helpful for your specific situation?

4. Do you believe this program will have an effect on staying at your job?

1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly

Agree