Burnout Among Occupational Therapy Practitioners
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ABSTRACT

Purpose: To explore burnout among currently practicing occupational therapy practitioners (OTPs)

Methods: This cross-sectional study collected quantitative data using a survey developed by the research team along with the Copenhagen Burnout Inventory (CBI).

Results: The most prevalent type of burnout seen in our study was personal burnout with 113 out of 288 respondents in this category. Additionally, the presence of work-related burnout was identified in 88 respondents, and the presence of client-related burnout was identified in 44 respondents. Higher incidences were seen in OTPs that worked full-time, were married, and had an average caseload of >15 patients per day. 80.49% of respondents cited using colleague support as a strategy for combating burnout and 56.55% cited using family and friend support. 21.6% of respondents cited having no supports for combating burnout offered to them by their employer.

Conclusion: It is imperative that those working in the field of occupational therapy be cognizant of the potential for developing burnout. OTPs should ensure that they are utilizing proper personal strategies for combating burnout as well as advocating the need of organization-directed strategies to their employer. Further research is needed to gather qualitative data on strategies for combating burnout.

INTRODUCTION

Studies have previously defined burnout as “a state of physical, emotional, and mental exhaustion that results from long term involvement in work situations that are emotionally demanding” (Schaufeli & Greenhaus, 2001). Recently, the World Health Organization has recognized and defined burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed” (“Burnout Among Occupational Therapy Practitioners”). Research indicates that chronic burnout has detrimental occupational, psychological, and physical consequences on an individual. Interventions for treating burnout can be person-directed or organization-directed. Person-directed strategies include maintaining healthy lifestyle habits, such as engaging in regular physical activity, practicing good sleep hygiene, and cultivating relaxation exercises. Organization-directed strategies include creating a work environment for employees by following staff recognition policies, incorporating additional staff breaks, providing incentives to increase employee participation, and cultivating employee roles. While work-related burnout has been linked to healthcare professionals, it is well researched, there have been limited studies on burnout among occupational therapy practitioners specifically. Furthermore, current studies on burnout and healthcare professionals provide little input from occupational therapy practitioners regarding what factors contribute to their levels of burnout.

PURPOSE / PRIMARY AIMS

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Primary Aim I
Describe the level of personal burnout, work-related burnout, and client-related burnout experienced by OTPs

Primary Aim II
Compare and contrast levels of burnout with demographics and work characteristics

Primary Aim III
Identify person-directed and organization-directed strategies used by OTPs to alleviate workplace stress

METHODOLGY

Research Design: This cross-sectional study collected quantitative data using a survey developed by the research team along with the CBI to explore burnout among OTPs.
Participants: One thousand OTPs who are currently members of the American Occupational Therapy Association (AOTA). The OTPs were invited to participate in the study. A total of 288 surveys were completed, resulting in a 28.8% response rate.

Data Collection: Participants were invited to participate by mail in January 2020. Participants were asked to return the completed survey by January 31, 2020. Informed consent was acknowledged by completion and return of the participant’s survey.

Data Analysis: The Social Sciences (SPSS) version 25.0 was used to analyze the data and report descriptive statistics.

CONCLUSION

Work-related stress is a normal occurrence; however, when these experiences of stress become ongoing, everyday events, burnout can occur. Occupational therapy practitioners are at risk for developing burnout which is demonstrated through our survey results of 39.2% of respondents showing presence of personal burnout, 30.6% of respondents showing presence of work-related burnout, and 15.1% of respondents showing presence of client-related burnout. All of the participants in our study reported using at least one person-directed strategy to combat workplace stress; however, there are efforts being made to combat burnout on the practitioner’s end. However, services offered by employers were limited in some instances. Based on the results of this study, it is imperative that those working in the field of occupational therapy, especially full-time, be cognizant of the potential for developing burnout. OTPs should ensure that they are utilizing proper personal strategies for combating burnout as well as advocating the need of organization-directed strategies to their employer. Because this study used a Likert survey to gather data on burnout coping strategies, further research is needed to gather qualitative data on effective strategies OTPs are using for combating burnout.

LIMITATIONS

Lack of generalizability secondary to sample being limited to OTPs who are currently members of the American Occupational Therapy Association (AOTA)

There is no universally agree upon definition of burnout.

The CBI’s three domains might differ from other instruments such as the MBI. The differences in these domains may lead to inconsistencies in truly defining one’s level of burnout, both conceptually and statistically.

The participants may not have understood the survey questions and/or left questions blank. Almost all surveys answered one of the demographic questions about productivity differently. This led to the productivity question being unused.

IMPLICATIONS

There is a large gap that can be filled when it comes to the support that employers offer their employees to combat burnout.

Because personal burnout was the most common form of burnout found amongst participants, OTPs should make efforts to develop strategies in that personal level to combat burnout.

A caseload of more than 15 patients per day was a risk factor for developing personal and/or work-related burnout.

Many participants dealing with personal and work-related burnout reported being dissatisfied with their pay. OTPs should advocate for the value and subsequent reimbursement of their skilled services on local and national levels.


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