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Burnout in Occupational Therapy Practice: An Investigation of Contributing Factors among Practitioners in Different Practice Settings within the United States

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BACKGROUND

Burnout is a syndrome that can impact physical, mental, and emotional wellbeing (Cooper & Campbell Quick, 2017). It occurs in job-specific contexts and can materialize in any work setting where stress is unmanaged (Cooper & Campbell Quick, 2017). Burnout stems from an imbalance of work demands and resource availability, and it often results in poor personal and professional outcomes (Donovan et al., 2010; Glicken & Robinson, 2013; Maslach, 1998). Occupational therapists (OT) are not exempt from experiencing burnout. The work of OTs can be psychologically and emotionally demanding, which places them at a higher risk for depersonalization and burnout (Lopez Munhoz et al., 2020). Burnout does not just hurt the practitioners; it can also impact recipients of care, employers, and the profession itself.

PROBLEM

Burnout in occupational therapy is becoming more prominent, however, the lack of baseline data on the prevalence of burnout in occupational therapy is limited and there are no concrete details as to what specific factors contribute to burnout.

PURPOSE

The purpose of this capstone is to explore the different personal, professional, and practice area or setting-specific factors that contribute to the burnout experiences of OTs practicing in the United States. The aim of this project is to provide insight on burnout in occupational therapy to determine what measures could be taken to prevent or manage it. This capstone will also serve as a resource for future program development.

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RESULTS

Common Identified Factors (n = 194)	Academia	Forensics	Gen OP	HH	Hospital-based	Psych / MH	OP Hands	Peds	School	SNF	Travel	Unspecified
Physical strain				✓	✓		✓	✓		✓		✓
High productivity, caseload, and/or workload			✓		✓		✓	✓	✓	✓		✓
Poor compensation			✓	✓	✓		✓	✓	✓	✓		✓
Inadequate or unpaid documentation time				✓			✓	✓	✓	✓		✓
Increased documentation requirements				✓	✓	✓		✓	✓			✓
Job demands and resource imbalance			✓	✓	✓		✓		✓	✓		✓
Unrealistic expectations		✓	✓	✓			✓		✓			✓
Poor leadership and management support	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
Pandemic (telehealth switch, safety)				✓	✓			✓	✓	✓		✓
Lack of rewards, incentives, and benefits			✓	✓	✓			✓		✓		✓
High complexity patient load					✓	✓		✓	✓			✓
Poor team dynamic (communication, interprofessional collaboration, etc.)	✓		✓	✓	✓					✓		✓
Lack of boundaries				✓				✓				✓
Poor work-life balance				✓	✓			✓				✓
Limited understanding and value of the profession				✓	✓	✓			✓			✓
Lack of appreciation				✓	✓				✓	✓	✓	✓
Insurance limitations				✓						✓		✓
Isolation		✓	✓	✓		✓					✓	✓

Practice Area/Setting-Specific Factors	
Practice Area	Identified Factors
Academia	Lack of recognition from colleagues & students, extremely high expectations
Forensics	Stress of violence
Home Health	Limited peer interaction and mentorship, commute, pay-per-visit compensation
Hospital-based	Extra work due to salaried position, inflexible hours and schedule, holiday work requirement, compassion fatigue
Psychiatric / Mental Health	Experiencing secondary trauma, emotional strain
Outpatient Hands	High patient volume, demanding relationships with hand surgeons
Pediatrics	Difficult parents or caregivers, unpaid last-minute cancellations
School	Lack in uniformity of policies and treatment guidelines, poor staff training, covering different schools
Skilled Nursing Facility	Push for group treatment, conflict between facility and rehab contract company, poor continuity with caseload, unethical practices
Travel	Learning different EMRs, limited training

“[Recognize] that therapists are humans, not machines.”

- Participant 168

“I have a lot of time for self-care, but it does not change the prospects of this job”

- Participant 165

METHODS

One hundred ninety-four (n=194) OTs participated in this mixed-methods survey including open and closed-ended questions. Participants were recruited through various online OT communities to maximize the survey’s visibility and to represent as many practice settings as possible. Quantitative data from the survey was analyzed through Qualtrics’ analysis interface. Qualitative data was coded in Quirkos, a qualitative analysis software. Braun and Clarke’s thematic analysis framework was used to report the overarching themes from the data gathered in this study (2006).

DISCUSSION

The data confirms that burnout is a result of different factors and can be experienced by practitioners in any practice area. This study supports initial contributing factors identified through literature such as lack of understanding of the profession, increasing professional demands, financial constraints and student loan debt, and personal factors.

Other contributing factors revealed:

- institutional factors
- work culture-related
- the pandemic
- factors unique to each practice area.

The results of this study challenge the initial assumption that burnout can be prevented and managed by generic one-size-fits-all wellness programming.

FUTURE IMPLICATIONS

- Future programming should be focused on the training and education of occupational therapy supervisors, managers, and administrators.
- Burnout management and prevention should be tackled in personal and institutional levels.
- Early intervention through integration in OT curriculum should be considered.