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Burnout in Occupational Therapy Practice



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Section 1: Introduction ¹

Burnout is a concern that has notably affected physicians and even medical students for several decades. Reports place suicide rates among physicians at 28 to 40 per 100,000, which is more than twice the rate of the general population. With numbers so large, it's no wonder they have the highest suicide rate of any profession (healthcare-related or not). Within the past several years (before anyone could find an effective way to remedy the concerns over physicians), burnout became more widespread across other healthcare professions such as therapists and nurses.

Burnout and other issues facing healthcare clinicians were magnified and exacerbated as a result of the coronavirus (COVID-19) pandemic, which brought about lengthier shifts, anxiety surrounding population and provider well-being, unsafe working conditions, and poor staff support. Furthermore, the majority of healthcare professionals were thrust into telehealth: a new and relatively unknown method of service delivery that brought about its own set of challenges. The result was a drastic shift in work-life balance for all healthcare providers (and much of the population) that brought much more attention to an already burgeoning issue.

Now, there is more research being done not only to investigate the causes of burnout, but to find long-lasting solutions that work on the individual and organizational levels to help therapists. This is not an easy undertaking but anyone striving to address occupational therapy burnout should be aware of what it looks like, the factors that contribute to its development, and how to prevent it from worsening. One of the major concerns related to therapist burnout is its impact on patient care, both in terms of the quality and quantity that providers offer. But solutions should equally consider and aim to ameliorate therapist mental and physical health, since burnout takes a significant toll in those areas.

Section 2: Definition ^{2,3}

The term burnout was first used in the 1970s by a researcher named Herbert Freudenberger to describe individuals in helping professions who worked under severe stress and high standards. Many people confuse burnout with stress. Work-related stress is perfectly normal and is usually short-term because it's associated with a certain deadline, project, or goal that someone has set or is imposed upon them. It's normal for stress to surround these areas, but it turns to burnout when it becomes long-term and chronic in nature. Burnout is characterized by extended periods of emotional, mental,

and physical stress along with feelings such as hopelessness and indifference toward their job.

The burnout that we're discussing specifically surrounds someone's work, thus it's referred to as occupational burnout. Occupational burnout is described as poor management of chronic workplace stress and consists of three main components:

- Depletion of energy and generalized exhaustion
- A sense of mental distancing or negative feelings stemming from one's job
- Decreased productivity at work

While occupational burnout is not technically classified as a medical condition, it has gained more notoriety since the World Health Organization (WHO) included this concept in the International Statistical Classification of Diseases and Related Health Problems, Edition 11 (ICD-11) in 2019. Burnout has been labeled what the WHO calls an occupational phenomenon, and is listed under the category of "factors influencing health status." This category is specifically earmarked for concerns that people may seek some form of healthcare for that are not considered actual medical conditions.

It's at this point that burnout enters especially uncharted territory when those seeking health services for burnout are healthcare providers themselves. This not only makes it more complex to address, but it causes an issue in terms of who is qualified and able to address it from an appropriate lens.

Section 2 Personal Reflection

How do you manage short-term stress that relates to your job?

Section 2 Key Words

International Statistical Classification of Diseases and Related Health Problems - A comprehensive text that is the global standard for identifying, reporting, and tracking disease-related statistics and symptomatology

Occupational burnout - A phenomenon that results from long-term, work-related stress; occupational burnout is categorized by three main components: decreased productivity, mental distancing and negativity surrounding work, and generalized exhaustion

Section 3: Statistics 5,6,7,8,9,10,11

Burnout has been around for many years. There is literature from Australian occupational therapists in the 1980s that shows occupational therapists who work in psychosocial settings such as day centers, psychiatric hospitals, outpatient behavioral health clinics, and state rehabilitation facilities, reported far greater levels of burnout than therapists who work in pediatric or physical rehabilitation settings. Another dated Australian study found common themes among occupational therapists who reported burnout. Themes included poor detachment from work outside of business hours, perceived overload, dissatisfaction with income, experience levels under 10 years, difficulty declining work duties, and having no children.

There are also a growing number of recent studies covering the topic of burnout in occupational therapy, as it's a concern that is impacting the healthcare system as a whole. One study surveyed occupational therapists globally and found that 50% of participants demonstrated no psychological resilience and 50% also reported moderate to high levels of burnout. What is particularly of interest is that no clear trends were found across gender, age, and experience level. This means that burnout in occupational therapy appears to impact all practitioners equally.

A larger study looked at burnout levels across healthcare providers in various countries and found that the prevalence of burnout was much higher among rehabilitation therapists in the United States. Both physical therapists and occupational therapists were surveyed and results showed that nearly 60% of participants reported emotional exhaustion while a stunning 94% reported negative emotions about their patients and work. Some also reported very low levels of personal accomplishment and job-related satisfaction.

By looking at eight studies of high-quality, a systematic review aimed to assess the effectiveness of mindfulness training for occupational therapists with burnout. Results showed that six of these eight studies yielded a significant decrease in symptoms of job-related burnout. Another more unique study aimed to identify burnout levels in occupational therapy students in their undergraduate years. Results showed that a greater number of hours spent studying is one of the strongest indicators of burnout as well as being further along in the program (years three and four).

Research on occupational therapists in Spain surveyed a sample group, including 43% of therapists who worked with older adults. The remainder of the group was split between other practice settings and populations. Results determined that 63.5% were

emotionally-fatigued and 33.9% were suffering from depersonalization. Across the entire sample, 69.4% were categorized as experiencing burnout based on their reported symptoms.

Another timely study done several months into the COVID-19 pandemic looked at just over 20,000 hospital workers (including more than 45% who were clinicians) in the United States to determine levels of burnout. Results showed that 19% of occupational therapists reported high levels of work-related stress since the onset of the pandemic. Other data included 64% of therapists reporting an intense fear of exposure, 45% expressing anxiety during the work day, 39% who cited overloaded work schedules and responsibilities, and 60% reported feeling burned out. Additionally, only 44% of occupational therapists in this setting felt value from the work they were doing.

Another similar study by the American Medical Association analyzed the impact of COVID-19 on burnout levels across all allied health professionals. Results showed that nearly half of all workers reported burnout, but occupational therapists, speech therapists, and social workers were those most affected with levels of 60% to 70% for each group.

Much of this research and other sources note the possibility of occupational therapists being more prone to burnout compared to other healthcare providers. There is speculation that this may be due in part to the nature of many occupational therapy roles: they are simultaneously physically, cognitively, and emotionally exhausting. Occupational therapists are usually on their feet all day travelling throughout large buildings, pushing wheelchairs, moving heavy medical equipment, and physically transferring patients on their own. This can lead to physical fatigue, even after a couple hours at work. This field can be similarly exhausting on other levels, since occupational therapists need to exercise a high level of critical thinking during each patient interaction.

Feelings play a part in exhaustion, too. Occupational therapists often serve as motivators for their patients, which leads them to get emotionally connected in both physical and psychiatric rehabilitation settings. This may cause compassion fatigue, which can lead to burnout and be mistaken for burnout in many cases. Compassion fatigue is emotional detachment that can result from consistently experiencing high levels of empathy for patients. Typically empathy is a good trait for a therapist to possess, but it can take its toll especially when therapists work with patients who have experienced major trauma, hardships, and adversity.

The good news is that both of these concerns are preventable and able to be addressed if you use proper self-care and form some healthy habits. The first step to this is learning about the causes of burnout, so you can identify them in your life and address them appropriately. We will discuss the causes of burnout in the next section.

Section 3 Personal Reflection

Based on how different genders handle adversity and the overwhelmingly-female demographic in this field, what role do you think gender plays in the burnout levels of occupational therapists?

Section 3 Key Words

Depersonalization - In the context of burnout, depersonalization refers to a sense of disconnect that someone experiences when they are no longer happy with their job; in the mental health field, depersonalization is used to describe a symptom that involves someone feeling as if they are an outsider in their own body, e.g. they are looking at themselves performing a task as if they are someone else

Section 4: Causes ^{12,13,14}

The causes of burnout are many. Some are related to the organization or administration at a patient care facility, which means they may be slightly or entirely out of the therapist's control and are known as extrinsic causes (or extrinsic risk factors). However, other causes of burnout are related to the person, so they typically respond well to relaxation techniques, the formation of good habits, and other types of behavior modification. These can more readily be changed and are known as intrinsic causes, or intrinsic risk factors.

Organizational causes of burnout include, but are not limited to:

- Unhealthy workplace dynamics involving conflict, disrespect, or alienation (both within teams or departments and the patient/provider relationship)
- Lack of control within your job (can come from superiors who micromanage)
- Unclear or unrealistic expectations, productivity standards, or job duties
- Job roles with little variety (either monotonous or fast-moving)
- Unsafe working conditions

- Consistent ethical dilemmas
- Poor pay and little opportunity for raises
- Lack of equality, including favoritism, bias, and discrimination
- A high level of accountability without associated title or status
- Minimal flexibility regarding remote work, breaks, and time off
- Scarcity of work resources and growth opportunities to support workers
- Little reward or appreciation from patients or superiors

These causes that relate to the organization or facility where someone works may be difficult to change due to policies, procedures, and other forms of “red tape” that limit employee involvement. But, with some advocacy and collaboration with superiors, some of these concerns can be slightly modified or even changed to accommodate improved working conditions.

Individual causes of burnout are a different story. These are usually specific to the person and they usually stem from an employee’s personality, habits, or routines that either worsen or protect them against burnout. Individual causes of burnout can be difficult to modify, depending on how open the employee is to change. But they are usually within an employee or person’s control. Individual causes of burnout include, but are not limited to:

- Perfectionism, or a Type A personality
- Trouble delegating tasks to others or letting others help you
- High-achieving mentality
- Poor work-life balance
- Pessimistic view of yourself or your work
- Values that don’t align with those of people around you or the organization as a whole
- Lack of job satisfaction

A timely study done several months into the pandemic looked at the levels of burnout and the specific issues related to occupational therapists working in acute care settings.

Results identified some of the following causes as contributing to occupational burnout during COVID-19:

- Fear over safety
 - Anxiety regarding constantly-changing procedures
 - Concern over rising infection rates
- Stress
 - Staffing issues
 - Heavy caseloads
 - Unrealistic productivity demands
 - Sensory overload due to excess of personal protective equipment
- Emotional exhaustion
 - Inability to engage in hobbies or leisure outside of work
- Weight of duty
 - Providers feared they'd be unable to give patients their best due to stress levels
- Little support and guidance from staff
 - Specific to knowledge about COVID itself and treatments to be implemented
 - Inappropriate referrals resulting in less time for patients who need services more

As you can see, many of the concerns brought up in this particular study are similar to the typical stressors and causes of burnout for occupational therapists. There was one positive theme that came out of this study: a sense of pride in the profession. Some occupational therapists stated they were still pleased with their career choice and would not have opted for another profession, even if they knew about the pandemic before it happened.

This is one part of COVID that created two polarized groups. For those who expressed satisfaction with their ability to help people in such a way, the profession itself could serve as a protective factor for burnout. But the pandemic likely worsened symptoms of burnout for therapists who were already dissatisfied with their jobs prior to COVID.

Section 4 Personal Reflection

Do you notice any organizational causes of burnout that are present in your workplace?

Section 4 Key Words

Individual causes - Sources of burnout that stem from someone's personality, habits, or routines, such as a poor work-life balance that causes someone to overextend themselves; these may be somewhat difficult to modify (depending on how open someone is to change) but they are usually within an employee or person's control

Organizational causes - Sources of burnout that stem from someone's place of work, such as a lack of employee resources to support staff; these are often difficult to change or are entirely out of an employee's control

Personal protective equipment - Also known as PPE, personal protective equipment are tools that minimize a person's risk of exposure within the workplace; the types vary based on the professional and their work setting; PPE may include masks and gloves for nurses and therapists; HAZMAT suits for paramedics or laboratory professionals; and hard hats and work vests for construction workers

Productivity standards - Markers that are set by a facility to determine someone's progress toward goals; for therapists, they are percentages that denote how many billable hours of therapy a clinician is providing (e.g. how many sessions or evaluations they are completing in one shift); they can range from 85% to 95% and are common in skilled nursing facilities and hospitals

Section 5: Symptoms & Consequences

Just as there are many causes of burnout, there are a range of burnout symptoms that affect the body, cognitive functions, and emotions. Burnout is a form of exhaustion, so it can present in ways that people don't expect. This is why it's important to be aware of symptoms that may be present in your life so you can act on them and work to remediate your situation. The physical symptoms of burnout include:

- Chronically low energy
- Changes in sleep habits (either sleeping more or less)
- Unexplained aches and pains, like headaches or stomach problems
- Poor immunity leading to frequent colds and infections
- Muscle and/or joint pain

Some of the emotional symptoms that indicate someone is living with burnout include:

- A cynical or critical mindset when at work or when discussing work
- Lack of satisfaction with achievements
- Poor job satisfaction
- Ongoing sadness leading to depression
- Feeling trapped, defeated, or detached from/by work

In similar vein, cognitive symptoms associated with burnout are:

- Difficulty fulfilling job duties
- Lack of motivation for career development
- Trouble concentrating
- Chronic mental fatigue
- Reduced creativity
- Reliance on food, drugs, caffeine, or alcohol to feel better

As a result of these symptoms, the following behaviors and consequences may result:

- Absenteeism
- Tardiness
- Missing deadlines
- Decreased connection and rapport with patients
- Lack of hobbies

- Poor productivity
- Engaging in distracting activities
- Neglect of personal needs and work responsibilities
- Procrastination
- Social isolation
- Irritability and impatience with colleagues or patients
- Decreased sex drive

Someone experiencing short-term work-related stress might observe several of these symptoms for days or even up to a week. This is a typical part of work and is not usually a cause for concern unless it lasts for weeks and months, since that progresses to the point of burnout.

Section 5 Personal Reflection

When you are under stress at work, which of the above symptoms do you typically experience?

Section 6: Strategies for Preventing or Addressing Burnout

4,15,16,17

We've discussed a great deal of intrinsic and extrinsic causes of burnout. Some are organizational and may be out of your control, while others are person-specific and can likely be changed. In order to implement effective solutions for preventing and managing burnout, you need to know yourself and be able to identify your triggers. You also need to be aware of what causes of burnout are in your power to change.

A good first step is taking a personality test that identifies your main qualities. One such test is the Myers-Briggs Type Indicator, which gives you one personality type out of 16 that includes a sequence of letters such as INFJ or ESTP. The first letter indicates whether you are introverted or extroverted, the second letter denotes whether you are sensitive or intuitive, the third letter represents whether you tend toward thinking or feeling, and the last letter stands for judging or perceiving. Another test is the Enneagram Type Test, which offers someone one of nine categories that their personality fits into. Categories

include the reformer, the helper, the achiever, the individualist, the investigator, the loyalist, the enthusiast, the challenger, and the peacemaker.

After you have determined which categories you best fit into, you can move on to specific solutions for each burnout-related issue. We will discuss each in detail.

Improve Your Sleep

Poor lifestyle habits like insufficient sleep is an intrinsic cause of burnout. This is a foundational skill that is crucial not only for someone's physical health, but also their mental health. If someone isn't getting proper sleep, they are likely to be more sensitive to stress and may have heightened reactions to things going on around them. If someone is sleep-deprived, it will have an impact on their performance at work as well as their satisfaction with their job. This is an individual cause of burnout that can be addressed through a range of relaxation techniques such as:

- Use calming essential oils (like lavender and chamomile) in the evening
- Eliminate screens 1.5 hours before bed
- Develop a nighttime routine
- Keep work and screens out of the bedroom
- Stop consuming caffeine after lunch
- Read or journal before bed
- Eat dinner several hours before going to bed
- Modify your bedroom to be free of distractions
- Stick to a consistent sleep and wake schedule

Take Advantage of Co-treatment

Cotreatment is when two or more disciplines work with a patient simultaneously during one session to provide their interventions. This solution can actually help with several organizational causes of burnout, including unrealistic productivity standards and lack of collaboration.

Your ability to utilize this burnout solution will depend on your facility and the type of patients you treat. Some insurances don't provide reimbursement for cotreatment and it

may not be feasible in every facility. Keep in mind that most insurances have stipulations surrounding cotreatment, so you must follow them in order to receive reimbursement for sessions. These are usually basic considerations that warrant the cotreatment to be beneficial to the patient and their goals (and not simply for ease of scheduling) and limit disciplines involved in each session to two.

Cotreatments allow therapists to gain a deeper understanding of what other disciplines do, explain their role in treatment to others, and work collaboratively to solve problems and help patients meet their goals.

Join Interdisciplinary Committees

Another solution to help alleviate burnout that stems from an organizational lack of collaboration is interdisciplinary committees. This may entail simply joining, bringing your ideas to the table, and making your voice heard, or doing some work to form such organizations at your facility. If others agree with you, this could also be a good source of validation and interaction with people who empathetically listen to you. While this won't necessarily remediate long-standing issues, it can offer a sense of camaraderie and make you feel less alone.

This gives therapists experience in new and exciting roles, adds to their resume if they take on other responsibilities, and furthers their own knowledge by allowing learning from other healthcare providers. Therapists can simultaneously use these forums to spread the word about the role of occupational therapy and all the areas they can help with. This serves as a great way to network and can even lead to new jobs, more referrals for patients with unique health concerns (that differ from those you currently treat), and solutions for problems you once didn't know how to solve. These meetings can even provide some social interaction that can help offset the stress of your work day and give you something to look forward to.

Additionally, this could give you the chance to interact with your supervisor (or other superiors) in a different way. You can express concerns about certain organizational issues to the group, which may lead someone in attendance to assist you. This may even happen with someone who has the resources you need to make a lasting change.

Hone Your Time Management and Organization Skills

By developing better time management and organization skills, you can do wonders for improving your productivity and better managing a hectic work day or strenuous caseload. This can help you overcome some of those organizational barriers that you feel

powerless against. You can enhance these skills and, simultaneously, your efficiency at work through some of the following ways:

- Block off small slots during your daily schedule to decompress
- Avoid multitasking
- Delegate tasks to others, if you are able, or recruit their help for some larger projects
- Always take a dedicated lunch, even if it's for 10 minutes
- Build a schedule that starts and stops at set times to give yourself some predictability
- Set SMART goals to help with your long-term projects
- Identify daily and weekly priorities to help you achieve those long-term SMART goals
- Maximize time in meetings by collaborating or making an agenda
- Assign meeting roles
- Use resources like recording software, dictation tools, and speech-to-text for emails and notes
- Try using point-of-service documentation, when it doesn't impact patient care, to manage notes throughout the day
- Experiment with different strategies to find what works best for you
- Clearly note action items at the end of each meeting
- Use scheduling devices like calendars, notepads, reminders, and alerts to stay on top of important tasks, both small and large
- Request a change in shift or hours; working four 10-hour days may be better for your productivity and your ability to disconnect from work

Level Up Your Other Skills, Too

Being an occupational therapist is far from your only skill. Each person possesses a range of other skills that make them a great therapist. Some therapists may even be coming

into occupational therapy as a second career, so they likely have a ton of knowledge from another field or profession. Even if it seems they are unrelated, chances are good that those skills can be used either to improve your current role or enter another role that uses more of your abilities.

You can take classes or engage in side projects that strengthen soft skills like communication, leadership, problem-solving, flexibility, conflict resolution, and more. You can also pursue other areas of occupational therapy that are of interest to you, so you can then assume roles that are more geared toward your interests. For example, if you're a pediatric therapist who feels stuck but wants to learn more about neurodevelopmental therapy (NDT), you can enroll in several courses that allow you to gain that certification. From there, you can treat different patients or potentially even be eligible for other job roles.

If you're particularly interested in continuing education, you may even want to opt for another degree. For example, if you've been interested in a supervisory role or would like to own your business someday, you can pursue an occupational therapy doctorate (OTD) or a Master's in Business Administration (MBA). This also serves the purpose of giving you a greater sense of mastery and competency in the field, which can help remedy an individual cause of burnout associated with feeling bored or dissatisfied with your work.

Regularly Practice Self-Care

Despite being pros at fostering improved self-care independence for our patients, occupational therapists aren't always good at practicing this themselves. Even so, self-care can take many forms, so the right kind of self-care is what is truly needed to help occupational therapists prevent or address burnout. Self-care may help general instances of stress, but we certainly aren't claiming that it's the catch-all cure for chronic stress that has led to burnout. But it can certainly help you manage emotions related to things you can't control (and general stress in the future). Self-care can also make you healthier mentally and physically so that you're better prepared to take action and manage burnout in other ways. A variety of strategies can remediate intrinsic causes of burnout that may stem from perfectionism and difficulty giving up control:

- Deep breathing techniques
- Exercise
- Massage

- Focus on kind acts for others or those you care about
- Self-compassion in difficult situations
- Social opportunities
- Guided imagery and meditation
- Journaling to assist with processing emotions and planning out ideas
- Talking with friends or family, either about work problems or other topics
- Use positive affirmations that are specific to your needs
- Stick to a routine outside of work to minimize stress (this can also help you get more or better sleep)
- Practicing acceptance and commitment therapy (ACT) to make peace with what is out of your control
- Join a support group
- Disconnect from social media
- Dive into some new hobbies
- Allow yourself to cry when you feel you need to; screaming into a pillow at home can even help release some pent-up anger or sadness

Seek Advice & Support

Support of any kind can help with burnout. But particular types of support and targeted advice can offer validation and reassurance (to target an individual cause of burnout) as well as actionable ways to make positive changes in your job (targeting organizational causes).

This may mean seeking help from a counselor who can help you work through emotions related to burnout, or it may come in the form of finding a mentor who can give you advice regarding ethical dilemmas, career advancement, lack of fulfillment, ways to level up performance at your current job, how to explore other areas of occupational therapy, and more. Ethical issues in particular can be tricky to navigate and most therapists who haven't been faced with them before (new graduates but even more seasoned providers) may find themselves not knowing how to respond.

Therapists may also find that nurturing each of their relationships, both professional and personal, can assist in this process. Friends may not understand your burnout or the specific issues you are dealing with at work, but they can assist with certain emotions and help you work through those. They can also assist with encouraging self-care for this purpose. By strengthening professional relationships, you can find people to advocate for you within the workplace or assist with breaking through some of the red tape that is contributing to organizational causes of burnout.

Similarly, most workplaces offer an Employee Assistance Program (EAP) that gives employees free access to a counselor for a limited amount of time. While this may not be the best forum to openly express organizational causes of burnout that are impacting you, you may be able to use this to help manage emotions related to these issues. Any support can be considered a good thing, so this type is always worth trying.

Form Solid Boundaries

One of the best ways to help yourself in any sort of relationship (work falls under this category, too) is by setting good boundaries. Therapists who accept more and more responsibility, even when they may not be able to, often have difficulty giving up control. So boundaries can help this individual cause of burnout.

The best way to do this is to learn how to say no when you are feeling overloaded, overtaxed, and simply don't have the time or energy to accommodate an additional request. This doesn't mean you can openly shirk your job responsibilities, but if you are scheduled to leave early one day, you shouldn't feel obligated to agree to complete a new evaluation that just came in. You had an arrangement to leave early and, whether that be for a doctor's appointment or simply some time off, it's important that you stick to that schedule. This can also work for certain workplace habits that are not good for burnout, such as gossip and "break room conversation." This can only add to your cynicism about work and make you feel even more exhausted and jaded by what is going on around you. You can't stop others from engaging in this type of behavior, but you can openly say no to joining in or simply remove yourself from the situation.

Another big way to set a boundary is by not checking your computer outside of working hours. This includes responding to emails, doing notes, or checking the referral system. You can also maintain boundaries by taking time off when you need it, setting your work priorities and sticking to them, and communicating clearly with others. If you still struggle to learn where your boundaries should lie, look to your superiors for their habits in this realm. We discussed taking breaks as a way to improve productivity and

organization, but rest periods can also help you draw the line between your job duties and other tasks you don't need to worry about. Another habit that works equally for setting boundaries and increasing productivity is delegating tasks to others when you are able to.

Seek More Variety

If you are finding that your burnout stems from lacking a challenge or being bored in your current role, it may help you to seek some variety that revitalizes your love for occupational therapy. This may mean changing jobs to enter a practice setting that you've always wanted to work in, or it could mean simply shifting your focus in your current role. It's important to note that this *can* make burnout worse if your triggers are largely individual in nature, meaning you have difficulty giving up control or have poor boundaries.

But if you find that you mainly like your current setting but are often bored, you may be able to ask about adding some variety to the mix. If you're at a large hospital, you may be able to ask to work on a different wing or floor periodically. If you work for a big healthcare organization or a school district, you may be able to switch between buildings to see a different caseload on certain days of the week. But be careful with the latter option because an added commute may make you feel even more overloaded. Go with this only if you're able to create a workable schedule that still allows you to manage all your responsibilities. In some places, you might even be able to do telehealth (and work from home - or wherever) one or two days a week. If you utilize this option, be sure to have a dedicated workspace so that you're not working from your regular living space, as this does not help with setting boundaries.

Section 6 Personal Reflection

Assess your lifestyle, habits, and personality. What do you think may trigger burnout for you?

Section 6 Key Words

Cotreatment - A type of rehabilitation treatment that involves professionals from two or more disciplines collaborating during the same treatment session; this offers improved goal attainment for patients and can assist with clinician productivity, but not every setting or facility may allow for types of sessions and only some insurance companies will reimburse for such sessions

MBA - A Master's in Business Administration; a postgraduate degree that trains someone in the workings of businesses and running a business

OTD - A doctorate in Occupational Therapy; a postgraduate degree with a clinical focus that prepares someone for an advanced understanding of the field of occupational therapy, with topics including leadership, policy analysis, business management, and theoretical approaches

Section 7: Case Study

A newly-graduated occupational therapist has been working in a skilled nursing facility for 8 months. She started off with a lot of energy and enthusiasm, along with many great ideas to revolutionize occupational therapy programming at her facility. Her ideas were all shot down within the first several weeks of working there, she was given a pay cut, and the director of rehabilitation has put her on the long-term care unit (where there is very little work) multiple times. She is experiencing many of the physical symptoms of burnout as well as most of the emotional ones, but her productivity and job performance are just now beginning to suffer. She is struggling to get all of her notes done before the end of the day, her evaluations take twice as long as they take the other therapists, and several of her daily notes have been flagged for review due to poor writing.

1. What's the first step this therapist should take in order to address her burnout?
2. What other ways can this therapist address her burnout?

Section 8: Case Study Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What's the first step this therapist should take in order to address her burnout?

Since her productivity is beginning to decline, the most important step for her to take is to discuss this with her supervisor. She should ask what she can do to improve productivity before it begins affecting the patients. This will also help put her and her boss on better terms so they can work together to find a solution.

2. What other ways can this therapist address her burnout?

In regards to productivity, this therapist can also benefit from some time management strategies such as taking dedicated breaks during the day and using point-of-service documentation. She can consult other therapists (by either asking them for help or asking to review their documentation) regarding writing to improve the quality of her notes.



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