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Workplace Factors Affecting the Delivery of Occupational Therapy Services: Perspectives of Occupational Therapy Practitioners

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WORKPLACE FACTORS AFFECTING THE DELIVERY OF OCCUPATIONAL THERAPY SERVICES: PERSPECTIVES OF OCCUPATIONAL THERAPY PRACTITIONERS

Presented in Partial Fulfillment of the Requirements for the Degree of

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DOCTOR OF OCCUPATIONAL THERAPY

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Executive Summary

Purpose. This research is a study on the occupation of being an occupational therapist and occupational therapy assistant practitioner. The work-related factors of focus are change, absenteeism, productivity/performance expectations, and work-stress and have the potential to influence the delivery of occupational therapy services in healthcare settings. The experience of going to work to evaluate and treat clients who are disabled, whether temporarily or long-term, is challenging and has been associated with many work-related stressors. The healthcare environment is ever-changing, and is also referred to as being in a state of "hyperchange" by Hinojosa (2007). Performing occupations in healthcare settings is said to have demands that are beyond the expectations of the past (Baptiste, 2005). The purpose of this research is to determine if and how the identified work-related factors help or hinder the optimal delivery of occupational therapy services in the healthcare setting.

Guiding Theoretical Framework. Person-Environment-Occupation Model.

Method. A collective case-study inquiry and analysis was used to determine the overall meaning of the perspectives of 21 hospital, skilled nursing, outpatient, and community-based participants who were occupational therapists or occupational therapy assistants. Interviews and transcription took place, with a validation review. Data triangulation occurred by converging the data sources of multiple participants' perspectives (Creswell, 2014). Emotional attributes were noted for participant responses. NVIVO-10 Qualitative Software was used to aid in the analysis and coding of the a-priori factors using deductive reasoning, followed by the derivation of themes, and the determination of the meaning of the perspectives of occupational therapy practitioners regarding the work-related factors.

Results. The results yielded information about how occupational therapy practitioners identified work related factors impacting optimal service delivery. Change factors related to the challenges of the duties performed by occupational therapy practitioners had to do with client's clinical conditions, scheduling, insurance-related limitations, and coverage during periods of co-worker absence. Change factors were viewed as stressful, challenging, anxiety provoking, and constant. Absenteeism, as a concept, yielded results primarily related to communication. Productivity-related responses were split between knowing and being affected, and not knowing and not being affected by performance expectations. Perceptions of worker stress depended on the day and other work-related factors.

Conclusion. This research project communicated the rich findings of the occupational therapy participants' perspectives about work-related factors and explored the participant meanings of their experiences related them. The occupations of healthcare workers, specifically, occupational therapy healthcare workers, was of concern in this study.

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I wish to acknowledge the Eastern Kentucky University College of Health Sciences and the faculty and staff of the Department of Occupational Science and Occupational Therapy. Specifically, I want to thank Dr. Colleen Schneck, Capstone Project Committee Chair and Mentor, for her insightful feedback, patience, and advice throughout this process. Also, I want to thank Dr. Shirley O'Brien for her service as a committee member, expertise and the useful feedback and advise along the way.

I want to thank my wife, Nicole Mullaney, for her constant support, encouragement, and understanding through the many long days and nights engaged in this project, and doctoral studies. To my son, Robert Anthony Mullaney, please understand that with strategic sacrifice comes the achievement for which future generations can build on; you are my future generation.

It is understood that without the collaborative efforts and balance of work, school, and personal life and those involved, there would be no project. Also, that having no time means not ranking high enough on one's priority list of things to do. I thank you all for my place on your priority list.

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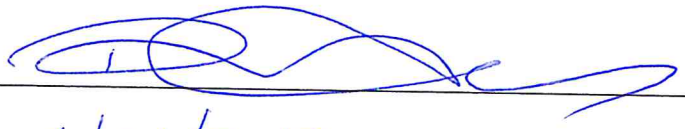
Student's Signature: 

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SECTION ONE: INTRODUCTION

Background

The experience of going to work to evaluate and treat clients who are disabled, whether temporarily or long-term, is challenging and has been associated with many stressors (Baptiste, 2005; Britton, Rosenwax, & McNamara, 2015; Lloyd & King, 2001; Payne & Firth-Cozens, 1987). Clients seen by occupational therapy (OT) practitioners exist within a variety of healthcare and non-healthcare settings, such as in hospitals, skilled nursing facilities, rehabilitation centers, private practices, and even in school systems and wellness centers. An OT practitioner is anyone who has the education and credentials to practice as an occupational therapist or an occupational therapy assistant. Conducting such work, from an occupational therapy practitioner's perspective, entails much consideration of the various domains of human performance, such as their cognitive and physical demands, levels of interest and motivation, client-related factors, and social interactions between coworkers and managers and can add to the complexity of their daily job functions. These work-related experiences present a set of unique phenomenon and is interpreted and experienced differently by each health care professional. Understanding these unique perspectives and what they mean to the delivery of occupational therapy services is what this research aims to enhance.

The work-related factors were previously studied in physical therapy (PT) practitioners, and included change at the workplace, absenteeism of coworkers, productivity and performance expectations, and work-related stress (Mullaney, 2011). Although there are differences in perceptions of these work-related factors by OT practitioners, there are also some similarities that should be noted, such as what is perceived to be helpers or hindrances to the delivery and practice of occupational therapy. The dynamic interplay between these work-related factors

appears to be somewhat complex when considering the people involved, the environments, and the performance by OT practitioners to effectively treat their clients and establish their expected intervention outcomes. What OT practitioners express as the meanings of their experiences related to these work-related factors may assist in determining the impact of the delivery of occupational therapy services.

Studies related to the factors considered in this project (change, absenteeism, productivity and performance expectations, and work stress) draw from the social sciences, business, psychology, nursing, and occupational therapy literature. The guiding theory for this project is the Person-Environment-Occupation (PEO) Model of performance (Law, Cooper, Strong, Steward, Rigby, & Letts, 1996). The underlying foundations of this model, such as the person or people involved, the environments in which they exist, and the occupations to be engaged, help to inform the reader of work-related factors addressed in this project and enhance occupational therapy practitioners' delivery of occupational therapy services to a level of optimal performance.

Abbreviated Literature Review

Occupational therapists and occupational therapy assistants face a rapidly changing healthcare environment (Hinojosa, 2007; Hinojosa, 2012; Persch, Braveman, & Metzler, 2013). Financial constraints within healthcare organizations and practices, with consideration of lower third-party reimbursement and state and federal budget cuts, have led to increased demands and pressure on healthcare workers resulting in higher productivity requirements, increased absenteeism, negative impacts on, or decreased motivation and self-efficacy, increased work stress, and differing perceptions of expected workplace behaviors (Britton et al., 2015; Mullaney, 2011; Yuen, Spicher, Semon, Winwood, & Dudgeon, 2017). The working environment in

healthcare settings has “broader and grander expectations of us as practitioners than in the past” (Baptiste, 2005, p. 179). Often, the roles and responsibilities of healthcare practitioners, such as occupational therapists and nurses, are so broad that there runs the risk of confusion and role ambiguity (Craik, 1988), or job dissatisfaction related to job profile or status (Moore, Cruickshank, & Haas, 2006). This may lead to feelings of decreased motivation, lack of confidence, absenteeism, burnout, and turnover; essentially, increased stress (Lloyd & King, 2001; Payne & Firth-Cozens, 1987).

Audas and Goddard (2001), Barmby (2002), and Bradley, Green, and Leeves, (2007) have identified that "absenteeism" is a costly problem. Healthcare workers’ well-being has been found to be on the decline over the past 20 years according to research conducted by Makikangas and Kinnunen (2003). With consideration of changes that have occurred since, such as pressures to do more with less (Hinojosa, 2007), general healthcare access and the advent of the Affordable Care Act (Yuen et al., 2017), it is suspected that this trend has continued. Wilkins (2007, as cited in Gupta, Paterson, Lysaght, & von Zweck, 2012) found that "Occupational therapists were ranked as the seventh most stressed health care providers behind nurses, medical lab technicians, and specialist and family physicians" (p. 87).

Productivity, one of the many work-related factors under study in this research, is defined as involving “a comparison of the costs of an individual or department with the outputs/results of that individual or department. To increase profits, one must produce the greatest output/results with the least amount of input or cost” (Dickerson, 1990, p. 133). With financial management and balanced budgets of many healthcare related industries of significant concern, unfunded financial assurances like funds or reimbursements that are not guaranteed, and cost-cutting/cost-savings initiatives like the downsizing of departments and hiring freezes or having less funds to

purchase needed equipment or supplies, it may appear at first glance that it is the workers who may be at risk for being over utilized as related to energy and resources. Related to costs, Horton (2006) noted that "productivity requirements may be seen as an attempt to conform the charity mission of healthcare workers to the cost-saving imperatives of its management" (p. 2707). High productivity entails more work, or increased workload, with the least use of input, as per the definition offered by Dickerson (1990). Further, Gupta et al. (2012) identified that workload emerged as a predictor of emotional exhaustion amongst Canadian occupational therapists. Productivity, in terms of use in this research, was defined as the quantity of patients a therapist is required to see per day of work. If and how the identified work-related factors impact the delivery of occupational therapy services to clients is important to study so changes can be made to better the work environment.

Problem Statement

Challenges and changing times, or hyper-change, are ahead for occupational therapy practitioners (Hinojosa, 2007). Occupational therapists and occupational therapy assistants collectively are responsible for service delivery. Occupational therapists and occupational therapy assistants need to reflect on how they deliver occupational therapy services as they are not immune to the effects and stresses occurring within the current, dynamic healthcare environment. Work related factors such as burnout, absenteeism, and turnover have been linked to low-quality care of clients, higher therapist productivity requirements, inadequately trained clinical or occupational therapy leadership, and undelivered services to clients. It seems to be an environment of budget cuts, doing more with less, and constant change. There is a gap of literature exploring the delivery of occupational therapy services and relationship to the identified work-related factors of change, absenteeism, productivity / performance expectations,

and work-stress. To address this gap, the author conducted a collective case-study in two states with occupational therapy practitioners; thus, the need for the current study is reinforced.

Purpose Statement

The purpose of this research was to understand the meanings of the perspectives of occupational therapists and occupational therapy assistants regarding the work-related factors of change, absenteeism, productivity / performance expectations, and work stress as related to the delivery of occupational therapy services. To study this, a collective case-study approach was used with a priori factors determined from a previous and similar study (Mullaney, 2011) conducted on physical therapists and physical therapist assistants.

Project Objectives

- To assess if and how the identified work-related factors impacted service delivery within a different, yet related healthcare population (OT practitioners).
- To help OT practitioners deliver occupational therapy services to clients optimally and to identify the essence of OT practitioners' perceptions in the workplace related to the work-related factors of change, absenteeism, productivity / performance expectations and work-stress.

Theoretical Framework

The Person-Environment-Occupation Model (Law et al., 1996) was used as the theoretical framework to study the perspectives of OT practitioners about work-related factors because it specifically takes into consideration the effects of the environment and activity on the person. The concepts of the person, the environment, and the occupation described by the PEO Model are consistent and easily relatable to the practitioners of occupational therapy, the settings in which they practice, and the occupation of delivering occupational therapy services. The PEO

Model helps to provide context and inform the reader of the meanings of the perspectives of the workplace experiences shared by the OT practitioners interviewed for this research.

The PEO Model definition of a person is "a unique being who assumes a variety of roles simultaneously" (Law et al., 1996, p. 15). Further, Law et al., (1996) illustrated how these simultaneous roles vary throughout the lifespan and are dynamic. The variation was described to be in the form of differences in time, context, meaning, length or duration of time, and the significance the roles had to the person (Law et al., 1996). Occupational therapy practitioners perform a variety of roles at the workplace, but also fulfill other life roles, such as "family member, caregiver, teacher, employee, or relevant other" (OTPF, 2014, p. S44). For this research, males and females aged 18 to 65 years, and who practice as occupational therapists or occupational therapy assistants are considered the "person." Additionally, directors, managers, and supervisors are also considered as they support the OT practitioner's role in service delivery.

The environments, according to the PEO Model, are "those contexts and situations which occur outside individuals and elicit responses from them" (Law, 1991 as cited from Law et al., 1996, p. 10); and "includes the personal, social and physical environment" (Law et at., 1996, p. 10). The environment of OT practitioners in healthcare settings involves working with other people, professionally communicating and collaborating with them in a social sense, and managing the physical environment for use in the delivery of occupational therapy services. These concepts of the environment, according to the PEO Model, are consistent with the environment of the OT practitioners under study. The Occupational Therapy Practice Framework (2014) provides a more general and consistent definition of environment and is similar to the PEO Model definition and is described as the "external physical and social conditions that surround the client (in this case the person as defined above) and in which the client's (person's)

daily life occupations occur" (p. S42). Consistent with the PEO Model, the OTPF's definition of environment addresses like circumstances in which occupational therapy practitioners are exposed to at the workplace. As for the physical environments, these are inclusive of the various settings in which the occupational therapy practitioners are employed.

The settings that OT practitioners work in, containing the components of the physical environment, are often influenced by factors such as lighting, spacing, and design. Samani, Rasid, and Sofian (2015) studied the work environment as related to employee satisfaction and performance and found that "poor workplace design and arrangement has the potential to affect an individual's health, comfort, and well-being and to reduce his or her performance" (p. 29). Factors related to such environmental influences were explored during the participant interviews.

The activities in which OT practitioners partake in at the workplace are considered closely related to the specific tasks and overall occupations in the delivery of services. Activities are the basic units of actions, whereas tasks are a series of activities, or sets of purposeful activities that when combined, make up a task (Law et al., 1996). Occupations are the groups of tasks and activities, and they may vary over the lifespan.

Daily life occupations for this research will be limited to the occupation of providing occupational therapy services by OT practitioners. The "daily life activities in which people engage" (OTPF, 2014, p. S44) that are considered here are the paid activities related to work and the delivery of occupational therapy services. Work related factors for OT practitioners include changes at the workplace, absenteeism of coworkers, productivity and performance expectations of the job, and work-related stress.

Occupational performance is what is yielded from the interaction of the three components of the PEO Model. It is the "outcome of the transaction of the person, environment, and

occupation," and is the "dynamic experience of a person engaged in purposeful activity and tasks within an environment" (Law et al., 1996, p. 16). For this research, it is the OT practitioners who work in the context of healthcare settings where they deliver occupational therapy services to clients that will be considered. Their occupational performance depends on the interaction of these foundational components of the PEO Model.

The concepts and factors under study are complex, interactional, and transactional in nature; perhaps even more so because of the high level of demand involved in the occupation of providing occupational therapy services. Transactions, or to be transactional, has been described on many fronts. In occupational therapy, it is described as an approach that assumes an interdependence of person and environment (Law et al., 1996). With this interdependence, factors such as environment, time, and physical and psychological characteristics cannot be separated from the personal behaviors that yield as a result of such interactions (Law et al., 1996). In business, transactions, better known and described along with transactional leadership (Burns, 1978), focuses on "the exchanges that occur between leaders and their followers" (Northouse, 2004, p. 170). The transactional relationship may be similarly compared to the occupational therapy practitioner as a leader and the client as the follower. Further, the transactional nature in these exchanges are much like a simple give and take relationship and ties intimately to motivation (i.e., study hard and in exchange receive a good grade, or practice a technique and later perform it at an optimal level, etc.).

Significance of the Project

This project is significant because work-related factors have shifted over the years and occupational therapy practices have been influenced by healthcare administrators, third-party payors, and overall changes in the healthcare environment. By understanding OT practitioners'

perspectives of occupational performance, with consideration of the work-related factors of change, absenteeism, productivity / performance expectations, and work-stress this project builds on early work by Mullaney (2011) to further explore practitioners' views of occupational therapy service delivery. The results will be useful in understanding contemporary work-related factors in occupational therapy healthcare settings.

Summary

The Person-Environment-Occupation Model of performance (Law et al., 1996) was used as the guiding theoretical framework to better understand work-related factors as experienced by occupational therapy practitioners. This section explained the problem, purpose, and specific need for research in this area of occupational therapy. A better understanding of work-related factors affecting the delivery of occupational therapy services to clients will be a significant contribution to the occupational therapy field.

SECTION TWO: LITERATURE REVIEW

Introduction

This literature is organized by a review of the PEO Model and workplace factors of change, absenteeism, productivity / performance expectations, and work stress. Various applications and considerations of the PEO Model are described to put into perspective the use of the PEO Model concepts for this research with OT practitioners.

The Person-Environment-Occupation Model

Person-environmental approaches in occupational therapy practice have been studied in home health (Clemson, Donaldson, Hill, & Day, 2014), ergonomics (Miles & Perrewe, 2011), mental illness (Rebeiro, 2001), and with consideration of behaviors (Kaplan, 1983). It has been studied with emphasis on culture (Iwama, 2006; Wada, 2011), and compared (Wong & Fisher, 2015) to other models such as the Model of Human Occupation (Kielhofner, 1985, 2002, 2008), and the Occupational Performance Model (Padretti, 1996). Although informative for other research, the PEO Model is the best fit for this research because it specifically links the effects of the environment and actions to the people. It helps provide context when considering OT practitioners working in healthcare environments, which entails physical and social interactions, to perform client evaluations and treatments.

The PEO Model is a fit for this research because it specifically analyzes the people involved in their occupations with consideration of the environments in which they work. The work-related factors fit well as they address psychosocial interactions with the people, such as therapists and therapy assistants, as well as between coworkers and managers. They also address the physical components of the work environment and takes into consideration its effects on performance of a specific occupation.

A common theme in the diverse applications of the PEO Model in practice is that it is used for its client-centered and occupation-based focus. Joosten (2015) indicated that "while the person-environment-occupation interaction is an essential occupational therapy consideration, without structure it does not provide a process for action" (p. 219). Therefore, in order to determine any actions needed to enhance the delivery of occupational therapy services to clients, structure is needed in which context and greater understanding of the relationships inherent in occupational therapy practice can inform as to a process to enact.

Coaching and business-related workplace factors have similarities to the *transactional* relationship between clients and practitioners described in the PEO Model. Zeus and Skiffington (2002) discuss *transactional* relationships in terms of the dialogue between two parties; two or more people. The PEO Model concept of *transactional* relates to a dialogue in which ideas and information are shared. It is the product or outcome of the interaction of the person, environment, and occupation (Law et al., 1996). The idea or concept of a *transformational* approach, as opposed to *transactional* approach in terms of dialogue between two or more people, relates to an approach that is more aimed for a change in behaviors, rather than a directive for action (Mujtaba, 2008). Workplace factors, or factors influential of lived experiences at work by workers, are discussed in the next section in detail and provides the reader with a foundation of which to build an understanding for the therapy practitioners' perspectives.

Workplace Factors

Human ecology has been cited as a main source for the theoretical foundation of the Person-Environment-Occupation Model of occupational performance (Law, 1991; Law et al., 1996; Lewin, 1933). Human ecology is "concerned with human beings and their relationship with their environment" (Law et al., 1996, p. 10). How the environment influences and interacts

with people's occupations, as considered in the PEO Model, holds emphasis not only on the physical, but also the social conditions of which people perform occupations. Most of the workplace factors, such as expected workplace behaviors, performance expectations, absenteeism, and change explored in this research are concerned with the social pressures having to do with working with others, working according to expected behavioral expectations, and meeting managerial or institutional mandates. The socially related workplace factors include reacting to changes that may occur, adjusting to scheduling changes due to absenteeism, covering absent coworkers, dealing with motivational issues, or having feelings of competence or incompetence (self-efficacy). Setting aside the physical environmental concerns for a moment, this research will focus on the social workplace factors as components of the environment, and then revisit the physical aspects separately.

The environments under study for this research entail the fast-paced, dynamic, stressful, and ever-changing (Britton et al., 2015; Hinojosa, 2007, 2013) healthcare settings where occupational therapy practitioners work. These include hospitals, skilled nursing facilities, outpatient clinics, and community-based programs at public facilities. The list is not exhaustive as practice areas are continuously emerging. These environments often include various levels of technology, interdisciplinary teams, and a variety of clients for treatment. Functioning in these types of environments requires at least an associate's degree as an occupational therapy assistant, or a bachelor's degree, and as of 2007 a master's degree, as an occupational therapist (AOTA, 2013). Most licensed healthcare professionals, like OT practitioners, who practice within such settings require training past the high school level. This may serve as an indication of the academic and experiential preparation and professionalism needed for optimal occupational performance. It also requires a set of skills that may be demanding for any healthy, typically

functioning person. It may become easy to disregard the fact that even these workers within these environments are people too, yet specifically trained people who are expected to perform according to a set of expected workplace behaviors or standards. For occupational therapy, it is important to identify what these work-related factors are and how they impact occupational performance as OT practitioners.

Foundational studies on the concept of environment have focused on individuals (Kaplan, 1983), groups (Moos, 1980), and employees' use of environmental applications and adaptations (Weisman, 1983). The methods of determining the use of environmental applications and adaptations vary from self-reports to quality of life measures to physical and social patterns of influence on behaviors. Work-related factors, specifically affecting the employees or workers' ability to provide healthcare services are of focus in this study. Particularly, the work-related factors of change, absenteeism, productivity and performance expectations, and work-stress are explored.

Change

According to Merriam-Webster's on-line Dictionary, change is defined as "to become different." From an organizational behavior standpoint, it is described that "Organizations encounter many different forces for change. These forces come from external sources outside the organization and from internal sources" (Kinicki & Fugate, 2012, p. 420). With consideration of change and the Person-Environment-Occupation Model, the environment is more amenable to change than the person (Law et al., 1996). In other words, the person is harder to change than the environment. However, in many healthcare setting environments, it is the stronger force that the environment exists in and when it changes, people must either follow or become less accustomed to achieving optimal occupational performance within it. Hinojosa (2007) recognized that

occupational therapy practitioners lived in a time of hyper-change. This hyper-change was in reference to the environments in which OT practitioners exist and work. Since then, it was apparent that things have not stopped changing (Britton et al., 2015).

Absenteeism

Absenteeism is simply defined as unscheduled absences (Unruh, Joseph, & Strickland, 2007) and has been said to negatively affect the workplace in the form of staff instability and employee morale (Higgins, O'Halloran, & Porter, 2015; Taunton, Krampitz, & Woods, 1989). Kisakye et al., (2016) have identified that "absenteeism reduced the effectiveness of health care provision and compromises the quality of services because fewer workers are left on duty, resulting in work overload or interrupted service delivery" (p. 82). Absenteeism has been linked to organizational commitment, whereas predictors were found to consist of interest level, self-reward job tasks, salary, and supervision (Painter & Akroyd, 1998). Of the work-related factors explored in this research related to these predictors, perceptions of the participants' supervisors were considered, and salary and interest levels were not included, yet may be undisclosed underlying root factors.

As OT practitioners progress through their careers, experience fluctuations in finances, raise families, or undergo transition towards retirement or new career paths, priorities change. Just as the PEO Model has illustrated a temporal aspect related to the integration of the person, environment, and occupations of people's lives (Law el al., 1996), so too are temporal aspects relevant across the lifespan of OT practitioners in healthcare settings. It is difficult to pinpoint, decipher, or even predict when changes in people's priorities may occur, but factors that have been found to influence absenteeism are work-related factors that may impact the delivery of occupational therapy services. There is a body of research that has explored the phenomenon of

absenteeism at the workplace (Audas & Goddard, 2001; Bailey, 1990; Barmby, 2002; Bradley et al., 2007; Carson, Baumgartner, Matthews, & Tsouloupas, 2010; Gupta et al., 2012; Kisakye et al., 2016; Unruh et al., 2007). Studies have linked the effects of emotional exhaustion and physical activity to absenteeism and attrition of school workers (Carson et al., 2010), and even burnout, life satisfaction, and absenteeism in correctional workers (Lambert, Hogaon, & Altheimer, 2010). In healthcare settings, more literature exists within the nursing literature, yet is minimal regarding absenteeism among OT practitioners and how it impacts delivery of services.

A couple of factors related to absenteeism emergent in nursing literature, or work-related factors that may lead to absenteeism, is workplace commitment and motivation via intrinsic factors. Caricati et al., (2013) found that work-climate and worker professional commitment were predictors of nurse job satisfaction. In essence, job dissatisfaction eventually led to turnover and absenteeism. In studying long-term sickness absences (LTSA), Higgins et al., (2015) determined that there were certain factors that could influence management when absences occur. These factors

> *"included early intervention by managers and occupational health departments; the provision of policies on the management of LTSA which clearly state the actions required of both managers and employees…providing of personal involvement of senior managers to provide both support and accountability to line managers, and to ensure they are trained to use organizational procedures with diligence and diplomacy" (p. 468)*

The highlighted areas of interest in their study of large, public sector healthcare organizations are the factors that emerged as hindrances to the return to work. These hindrances entailed intervention for absent workers that was delayed, policies and procedures that were inconsistently abided to, the lack of appropriate resources, ineffective communication, the

complexity of the organization, managers that were not appropriately trained, and worker misunderstandings of each other's intentions (Higgins et al., 2015). Policies and procedures were also considered in a systematic review on how healthcare systems attempt to mitigate worker absenteeism (Kisakye et al., 2016). Such factors discovered had to do with organizational absenteeism policies, restriction or prohibition of private practice, financial incentives, and health incentives such as exercise programs. Findings, however, indicated that the successes of such initiatives were "heavily influenced by the context within which they are applied" (Kisakye et al., 2016, p. 92).

The effects of worker absenteeism on patient satisfaction has been studied, however again, mostly in nursing literature. For example, 2,065 patients were surveyed and data was collected on short-term nursing absences from 25 hospitals in France (Moret et al., 2012). It was found that "short-term absenteeism among nurses is significantly correlated with quality of care in terms of patient satisfaction" (Moret et al., 2012, p. 4). Considering short-term absences less than 5-days, for medical or non-medical reasons, and that started on weekends, it was found that "a significant negative link between patient satisfaction and health-care staff absenteeism" was present (Duclay, Hardouin, Sebille, Anthoine, & Moret, 2014, p. 5). Specific to nursing, it was suggested that "to enhance the patient perception of care quality, nurse managers need to find a way to improve satisfaction among health-care professionals in the workplace, in order to reduce staff absenteeism" (Duclay et al., 2014, p. 8).

Absenteeism may precede turnover and may be an indication that employees are seeking employment elsewhere. Bailey (1990, as cited in Lloyd & King, 2001) conducted a study to discover what caused turnover, or attrition, in occupational therapy jobs. She discovered that "other professionals' lack of understanding of occupational therapy, stress and overload,

chronicity of clients, role conflict, professional isolation and lack of a career ladder," (Lloyd & King, 2001, p. 231) were some causes related to absenteeism. Of these causes, this study specifically inquired about stress levels and the social aspects at the workplace with coworkers and managers that may affect the delivery of occupational therapy services.

In healthcare settings, feelings of fairness and equity have been identified and found to be linked to absenteeism and turnover (Bischoff, DeTienne, & Quick, 1999; Dailey & Kirk, 1992; Foglia, Pearlman, Bottrell, Altemose, & Fox, 2009). In one study with clinical nurses, Unruh et al. (2007) found that absenteeism was not a strong predictor of low quality of care, incident reports, or death alone, but when combined with other factors such as high patient load, absenteeism was a concern. Gamble, Lincoln, and Adamson (2009) conducted an exploratory study with occupational therapy managers and identified sources of job satisfaction and links to staff conflict, poor performance, recruitment, and staff retention. Another study (Moore et al., 2006) identified a link between job dissatisfaction related to funding. Limited funds resulted in delays in replacing occupational therapy staff and contributed to the number of patient treatment expectations for those remaining. As for occupational therapy practitioners, workplace factors related to pressures in healthcare settings to do more with less (i.e., less time, less resources, less staff, etc.) may begin to show more similar trends.

Productivity and Performance Expectations

Hinojosa (2007) recognized that "therapists are under incredible pressure to increase productivity with fewer resources" (p. 634). High productivity, or those who see more clients within a set amount of time and with more variation in clients may contribute to not only physical, but also emotional exhaustion (Maslach, Jackson, & Leiter, 1996). Productivity as an expected workplace behavior measure may be known or unknown by OT practitioners.

Productivity expectations also may be stressed, or enforced, or not enforced at all. If a measure of daily productivity, however, is used as a measure of work-related performance, it is with hope that the therapists and assistants are well aware of these expectations as factors such as career advancement, pay, or even employment may rely on them.

Whether or not particular productivity percentages are known by the occupational therapy practitioner, other external factors, such as widespread budget cuts or bureaucratic changes may influence performance expectations (Gamble et al., 2009). Limitations in available funds may not only affect the ability to purchase necessary supplies or equipment, but may also affect other supports such as aides and therapists. When absenteeism occurs, cuts in funds may present at the expense of those occupational therapy practitioners still present and may result in "delayed replacement of staff, increased workloads during times of staff shortages, long client waiting lists, and compromised standards of care because of heavy caseloads" (Moore et al., 2006, p. 25).

With occupational therapy student fieldwork being a concern related to productivity, Ozelie, Janow, Kreutz, Mulry, and Penkala (2015) conducted a study to determine predictors related to how supervising Level-II fieldwork students affects productivity. It was found that the predictive factors were based on the years of experience of the supervising clinician, the standard expected productivity requirement (without supervising a student), and the setting or area of practice of the clinician. Overall, there was no significant difference found to be influential on productivity for occupational therapy practitioners who supervised Level-II fieldwork students versus those who did not. This may be, in part, due to an influence of choice in taking a student, whereas those more confident and less stressed may have been more open to accepting additional

responsibilities. With a variety of practice settings being considered for this particular study, student supervision was not a consideration or interview question at the time.

Working with clients, building trust and rapport, and maintaining motivation are factors that may contribute to self-efficacy. "Efficacy of our practice," as per Hinojosa (2012) "is grounded in our interactions with our clients and colleagues. In the work environments of today, however, both our relationships and our interactions are often of short duration" (p. e36). These vary by work setting, yet expected workplace behaviors is not a topic to be overlooked when considering the environmental component of the People-Environment-Occupation Model of occupational performance. In an editorial by Baptiste (2005), it was identified that "the pressure and expectations upon us for being independent, autonomous practitioners who are consistently aware of the potential impact of our involvement with clients and systems are constant and compelling" (p. 179). She went on to exclaim how "at times, these external expectations become overwhelming, sapping our energy and commitment" (p. 179). This is precisely where the significance lies with collecting the perspectives of OT practitioners within their environments and in assessment of the occupation of delivering occupational therapy services.

In the American Occupational Therapy Association's (AOTA) Vision 2025 Statement, it is indicated that "Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday life" (2016). With consideration of this statement, the insight as to what the expected workplace behaviors really are at the ground level is worth investigation.

In a Presidential Address of the AOTA, the concepts and power of attitude, authenticity, and action in regards to building capacity were discussed in detail (Stoffel, 2014). This capacity building proposition may provide another set of tools that could be used to achieve the Vision

2025 and offset negative, or negatively perceived, workplace stressors and challenges faced by OT practitioners in healthcare settings. With an occupation-based focus and a focus on the transactions, or transformations, in action related to the occupational therapy practitioners in healthcare settings delivering occupational therapy services to clients, progress towards this Vision is achievable.

Work-stress

Stress at work is becoming a more prevalent and recognized issue (Chiesa & Serretti, 2009; Craik, 1988; Gibbons, Barnett, Hickling, Herbig-Wall & Watts, 2012; Manotas, Segura, Eraso, Oggins, & McGovern, 2014; Wilkins, 2007). It is an issue that may have the potential to negatively affect the quality of care and the delivery of occupational therapy services. In light of doing more with less, Hinojosa (2012) stated "we [occupational therapists] have overlapping demands, more deadlines, fewer breaks, and more to remember. Some of us are beginning to realize that we cannot do it all. We feel overwhelmed" (p. e36). Wilkins (2007) reported that 47% of Canadian occupational therapists reported high (quite or extremely stressful) work stress levels. In the same study, work factors determined to contribute to high stress included income, shift, hours worked, age, and life dissatisfaction (outside of work). Those with incomes higher than $40,000 annually, those 25 years of age or older (peaking from 35-54), and 75% of those dissatisfied with their lives were among those who reported high stress levels at work (Wilkins, 2007, p. 35).

Britton et al., (2015) conducted a study focused on occupational therapists in the acute care settings and described the "fast paced, dynamic and stressful environment" to be "ever-changing and complex" (p. 370). The themes identified in the literature reviewed entailed the experience of occupational therapists, the discharge planning process, the role of occupational

therapy, and personal skills needed in the acute care setting were work-related factors worth noting (Britton et al., 2015). There was the indication that lesser experienced and newer graduates, more complicated paperwork, and the lack of clarity (role ambiguity) in the role of occupational therapy in the acute care settings may contribute to higher stress levels at work.

Literature on burnout, or "psychological exhaustion and diminished efficiency resulting from overworked or prolonged exposure to stress" (Rooney, 1999, p. 250) is in diverse disciplines. Prevention of burnout, specifically for healthcare professionals, and even more specifically for occupational therapy practitioners, is limited. Certain factors have been identified within occupational therapy practice. Craik (1988) identified what can be considered red-flags for risk of being stressed at work for occupational therapists (i.e., role ambiguity, acuity levels of clients and frequency of interactions, and absenteeism). The concepts of role ambiguity and role conflict, or employer and worker expectations, is related to work or role stress and burnout (Brief, Van Sell, Aldag, & Melone, 1979; Thomas & Lankau, 2009). Workplace issues applied in hospital settings related to role ambiguity and role conflict include "In a hospital environment, role conflict can arise when workers are charged with improving patient care while striving to cut costs, when competing demands restrict their ability to provide high-quality care, or when they are assigned to multiple care units and face opposing expectations in those units" (Thomas & Lankau, 2009, p. 422). Occupational therapy practitioners working to cover other therapists in multiple cost-centers, such as in acute care, outpatient, and an in-patient rehabilitation unit during periods of co-worker absence may experience similar stressors.

Lloyd and King (2001) noted in their study on work related stress, specifically for occupational therapists, links to the work-related factors of stress, burnout, low morale, impaired performance, and absenteeism to work performance.

> *"Chronic stress can be emotionally draining and can lead to burnout. The person who burns out is unable to deal successfully with the chronic emotional stress of the job, and this failure to cope can be manifested in a number of ways, including low morale, impaired performance, absenteeism, and high turnover" (p 228).*

Efforts to alleviate work related stressors include leader-member exchange and mentoring initiatives (Thomas & Lankau, 2009), coaching (Kessler & Graham, 2015), and mindfulness practices (Luken & Sammons, 2016; Chiesa & Serretti, 2009). One particular study yielded lower reported perceived work stress levels, lower depression, and reduced anxiety amongst healthcare professionals as a result of mindfulness training (Manotas et al., 2014). What works best specifically for OT certain healthcare settings is not yet certain and may be as varied as the leadership styles and clients involved.

The pilot study conducted on 25 physical therapists and physical therapist assistants by Mullaney (2011) in the state of Florida was of qualitative, transcendental phenomenology methodology. Participants were selected using criterion-purposeful and convenience sampling and were from clinical sites including hospitals, out-patient rehabilitation centers, and skilled nursing facilities. The aim of the study was to determine what work-related factors impacted the delivery of physical therapy services. The findings of the study indicated the need for further research in the areas of change, absenteeism, productivity, work-stress and the complex relationships between these, and other possible factors affecting client care. These four factors were used as the a priori factors for the current study on occupational therapy and occupational therapy assistant healthcare workers.

Summary

This literature review highlighted pre-determined work-related factors faced by OT practitioners in healthcare settings that may affect the delivery of occupational therapy services, however, it is not exhaustive of all possible factors. It is understood that in certain businesses that employ OT practitioners and in regions of the United States, client populations vary, and availability of occupational therapy practitioners and the services they provide varies. The purpose of this research was to understand the meanings of the perspectives of occupational therapists and occupational therapy assistants regarding the work-related factors of change, absenteeism, productivity / performance expectations, and work stress. This literature review has provided the reader with some context in which to better understand and synthesize the results in the next section.

SECTION THREE: METHODS

Project Design and Rationale

This research was conducted using a collective case-study approach and analysis. Qualitative research aims to help the researcher explore and understand, by use of words and open-ended questions, the lived experiences of people and situations and to determine the meaning of those experiences (Creswell, 2014). The case study approach "is when the researcher develops an in-depth analysis of a case, often a program, event, activity, process, or one or more individuals" (Creswell, 2014, p. 14). Data for cases were collected on more than one individual, hence, the collective case approach (Leedy & Ormrod, 2005). The case in this study was OT practitioners working in healthcare settings. Triangulation occurred by converging the data sources of the multiple participants (Creswell, 2014). In addition to this, the emotional attributes of participants were also noted to inform as to the significance or impact of statements or responses to interview questions.

The overall design of the project was intended to capture rich, meaningful perspectives of work-related factors OT practitioners experience in healthcare work settings in a deductive manner. It is indicated that "deductive approaches involve using a structure or predetermined framework to analyze data" (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008, p. 429). Furthermore, the deductive, versus an inductive approach, permits that the "researcher imposes their own structure or theories on the data and then uses these to analyze the interview transcripts" (Burnard et al., 2008, p. 429). Considering this study was a replication study on OT practitioners, rather than on PT practitioners as previously conducted by Mullaney (2011), and predetermined work-related factors (a priori factors: change, absenteeism, productivity, work-stress) have been identified for further study, the deductive approach was most fitting. Using a

modified, semi-structured interview protocol based on a priori work-related factors specifically designed for OT practitioners, the theme of the questions inquired about work-related factors that have the potential to impact the delivery of OT services. Approval for the project was obtained by the Eastern Kentucky University Institutional Review Board.

Data Collection Methods

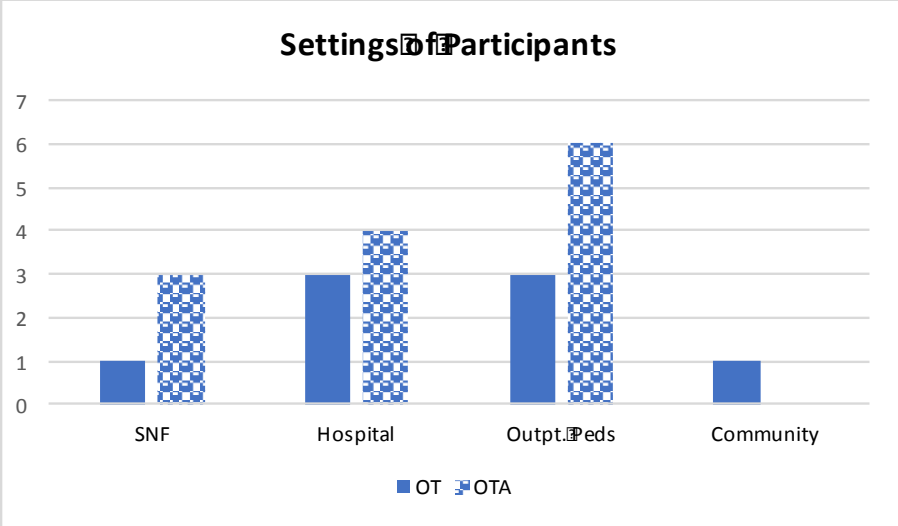
The data collection process entailed digitally audio recording the interviews of 23 qualified (as per inclusion and exclusion criteria below) participants who provided consent to participate, transcribing the interviews, entering interview data into NVIVO-10 Qualitative Analysis Software, deriving the themes, and determining the perceived meanings of the data collected. Interview questions were replicated from a previous and similar study on physical therapists and physical therapist assistants (Mullaney, 2011). This was done to be able to compare the findings between OT practitioners and PT practitioners in future studies. All collected data was stored in a passcode protected program, within a passcode protected laptop in a locked and secured office. Initially, 25 pre-qualified participants were scheduled for interviews. Of the 25 scheduled, 23 participants were interviewed one time, and 21 participants yielded usable interviews with indicators of saturation occurring at the 18th interview. All interviews were conducted face to face except for 1 phone interview that was digitally audio-recorded. Participant interviews occurred over a 7-week period from May 15th to July 2nd, 2016. Member checking of the transcribed interviews of the participants did not occur and is listed as a limitation of this study.

Description of Settings

The settings selected were those that employed occupational therapists and occupational therapy assistants. The Academic Fieldwork Coordinator of an Occupational Therapy

Department at a regional university was contacted regarding obtaining a site list for potential advertisements to recruit participants. A list was obtained and sites were selected to be contacted for permission to advertise for potential participants. Based off the responses from potential participants at the settings where advertisements were posted, and convenience, interviews were scheduled. Setting locations included two in south Florida and six throughout the state of Kentucky. The settings included hospital-based, private clinic, skilled nursing facilities, and community-based occupational therapy programs. Hospital-based settings included hospitals that offered in-patient rehabilitation and acute care services. Private clinic settings included free-standing clinics where pediatric and upper extremity/orthopedic services were offered. Nursing settings offered skilled nursing services to the elderly and those in need of short-term rehabilitation. All settings offered occupational therapy services by certified and currently licensed occupational therapists and occupational therapy assistants. Interviews were conducted and audio recorded in private rooms during lunch time or off hours. All interviewees were informed as to the confidential nature of the research, provided with the consent notifications, and were provided with a choice to continue to interview or abort.

Figure 1: Settings of OT practitioner participants



Description of Inclusion/Exclusion Criteria and Recruitment Procedures

Inclusion criteria. Participants must:

- Possess educational credentials as an occupational therapist or occupational therapy assistant.
- Possess initial certification by the National Board for Certification in Occupational Therapy.
- Possess current licensure as an occupational therapy assistant or occupational therapist in the study states.
- Have at least 1 year of work experience as an OT practitioner.
- Work part-time or full-time as an OT practitioner as defined by the employer.
- Work in a healthcare setting (i.e., hospital, long-term care, private clinic, community-based); Target population was OT practitioners who work in medical settings (i.e., healthcare).

Exclusion criteria. Participants must not:

- Be considered per-diem or less than part-time occupational therapist or occupational therapy assistant staff, as defined by the employer.
- Have work experience as an occupational therapist or occupational therapy assistant of less than 1 year.
- Be workers who are not licensed occupational therapists or occupational therapy assistants.
- Work in school based practice as part of their job assignment.

Recruitment procedures. Letters were sent to the supervisors and/or managers of OT practitioners working at various facilities. Facilities located throughout the state of Kentucky

included hospitals, private clinics, and skilled nursing facilities. Facilities were also identified in the south Florida areas of Miami-Dade and Broward counties and included private clinics known by personal knowledge. A total of eight facilities were selected based on convenience of being able to travel for face to face interviews, with two in south Florida and six throughout central and western Kentucky. Facilities were not equally matched between states. The initial letters briefly described the study and requested permission to advertise for volunteers for the study. Once permission was granted by the managers via e-mail notification or phone call, advertisements for the study were posted at the facilities by the corresponding managers. Electronic-mails and letters were sent to the OT practitioners working at the facilities. Follow-up phone calls to interested participants were made 1-week following the initial advertisements to provide the opportunity to answer any questions, obtain consent, and schedule in-person interviews. Prior to the interviews, consent notifications were reviewed by the participants, and participants were provided with a Frequently Asked Questions form and the opportunity to ask additional questions. Consent notification was signed before interviews began. Interviews began and were audio-recorded using a digital audio recorder, where they were then transferred into a secure laptop for transcription purposes.

Project Procedures

The following steps were followed to obtain data and analyze the data:

1) Obtained a list of Fieldwork Sites and Contact Information from the Academic Fieldwork Coordinator and considered other sites based on personal knowledge.
2) IRB approved by Eastern Kentucky University on 9/21/2015.
3) Disseminated brief description of study and requested permission of supervisors and/or managers to advertise to potential OT practitioner participants within a 200-mile radius of

Richmond, KY for reasonable driving distance; Florida sites were selected within a 50-mile radius of Miami, Florida.

4) Disseminated advertisement details via e-mail, as granted, to potential OT practitioner participants. On some instances, supervisor and/or managers forwarded advertisement details to potential participants.
5) Follow-up post 1-week after the dissemination of advertisements, which was June 1 – June 6, 2016 via scripted phone call was completed. This follow-up phone call provided the opportunity to potential participants to obtain further clarification of study or ask any questions prior to scheduling of interviews.
6) Scheduled interviews with 25 potential participants across the state of Kentucky and in south Florida in 30-minute time slots over the span of 6 weeks.
7) Proceeded with digital, audio-recorded interviews using the interview protocol.
8) Once all interviews were complete, transcription of interviews took place over the next several months by a graduate assistant, and validated by the Principle Investigator.
9) Utilized NVIVO-10 Qualitative Data Analysis Software for data analysis.
10) Completed coding, analysis of themes, and deduction of meanings.
11) Developed manuscript for sharing and publishing results.

Outcomes of Study

Considering what is called the Outcomes Triangle (Bonnel & Smith, 2014), there must be alignment between the purpose of the project, the methods enacted, and the outcomes expected. The purpose of this research was to discover if and how the identified work-related factors of change, absenteeism, productivity / performance expectations, and work-stress help or hinder the optimal delivery of occupational therapy services provided by occupational therapists and

occupational therapy assistants in healthcare settings. The method by which this was discovered was by qualitative, collective case-study research.

The outcomes expected of this project entailed obtaining the perspectives from the project participants to inform the themes, common threads, and overall meanings related to the work-related factors of which the questions were developed to explore. The outcomes pertain to answering to and discovering new concepts related to the project's stated objectives. The objectives of this research, guided by the theoretical framework of Person-Environment-Occupation Model, were:

- To assess if and how the identified work-related factors impact service delivery within a different population (OT practitioners).
- To help occupational therapy practitioners deliver OT services to clients optimally and to identify the essence of occupational therapy practitioners' perceptions in the workplace related to the work-related factors of change, absenteeism, productivity / performance expectations and work-stress.

It was expected, as an outcome of this project, to be able to decipher what work-related factors in the daily transactions of the delivery of occupational therapy services help or hinder such service delivery in a medical model (or healthcare setting). What was discovered of the participants' perspectives based off their interview responses were coded as helpers or hinderers. Therefore, the impact expected as a result of this research was a greater understanding of these daily work-related factors from the perspectives of those working on the front-lines in every day occupational therapy practice in healthcare settings. With this greater understanding, the guiding theoretical framework of Person-Environment-Occupation Model of occupation was overlapped

for comparison, followed by discussion, practical implications, and further research recommendations on the topics.

Ethical Considerations

Issues that the principle investigator was aware of and considered while in the data collection phase of this research had to do with, "siding with participants, disclosing only positive results, and respecting the privacy and anonymity of participant" (Creswell, 2014, p. 94). As this project progressed through the final stages of project reporting, sharing, and storing collected data, other concerns arose that the principle investigator remained cognizant of. These other concerns, as per Creswell (2014) entailed "falsification of authorship or related data and evidence, plagiarism, disclosure of harmful participant information, appropriate communication, sharing of data, duplication or piece-mealing publications, and data ownership issues" (p. 94). Further, the principle investigator was aware of any bias that would be possible as an occupational therapist. No other ethical concerns were raised during this research project.

Summary

The methods used for this research were consistent with a qualitative, collective case-study approach and entailed semi-structured interviews to gather the perspectives of OT practitioners about work-related factors. With analysis of the answers provided by participants, it became evident that emergent themes and non-emergent themes were present. Of these themes, the meanings of the experiences, as reflected by the OT practitioners, were derived. The results section delves into the details of the perspectives collected and link why these perspectives are important when it comes to delivering occupational therapy services.

SECTION FOUR: RESULTS AND DISCUSSION

Introduction

In order to enhance the delivery of occupational therapy services, the work-related factors involved in the process must be examined. Occupational therapy practitioners from a variety of healthcare settings were interviewed to gather their perspectives on predetermined work-related factors. In this section, the project objectives and findings were shared. This was followed by a discussion of the meanings derived from the responses of the interviewees expanding the literature focusing on occupational therapy practitioners and the delivery of the services provided in healthcare settings. The final section discussed the strengths and limitations of this project and recommendations for further research.

Project Objectives

The objectives of this project included: (1) assessing if and how the identified work-related factors impact service delivery with a different population (OT practitioners) and (2) helping occupational therapy practitioners deliver OT services to clients optimally and to identify the essence of occupational therapy practitioners' perceptions in the workplace related to the work-related factors of change, absenteeism, productivity / performance expectations, and work-stress.

Description and Interpretation of Responses

Demographics and settings. Occupational therapists and occupational therapy assistants were interviewed for this study. Of the 23 interviews conducted, 21 met the criteria of having worked at least 1 year in the healthcare setting. The interviews captured 168.5 years of combined occupational therapy experience (see Figure 2) and consisted of 90% female, 10% male (see Figure 3) and a relatively equal distribution of occupational therapy assistants (53%) and

occupational therapists (47%) (see Figure 4). The age range was 22-59 years (Figure 3), with an average age of practitioner being 37 with 8 years of experience average. Education levels were reflective of the level of occupational therapy practiced, which was 11 (52.4%) associate degree occupational therapy assistants, 5 (23.8%) bachelor's degree and 5 (23.8%) master's degree occupational therapists.

Figure 2: Participants' years of healthcare experience.

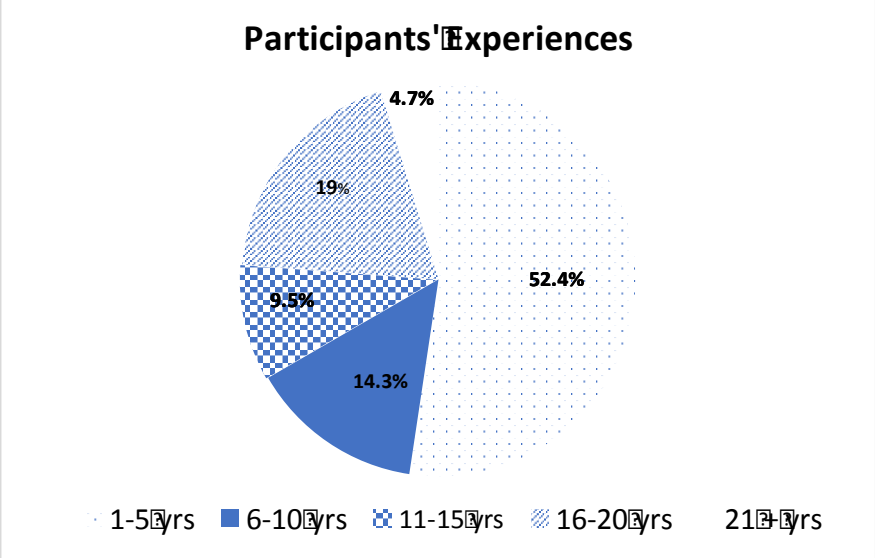


Figure 3: Participants' gender and age.

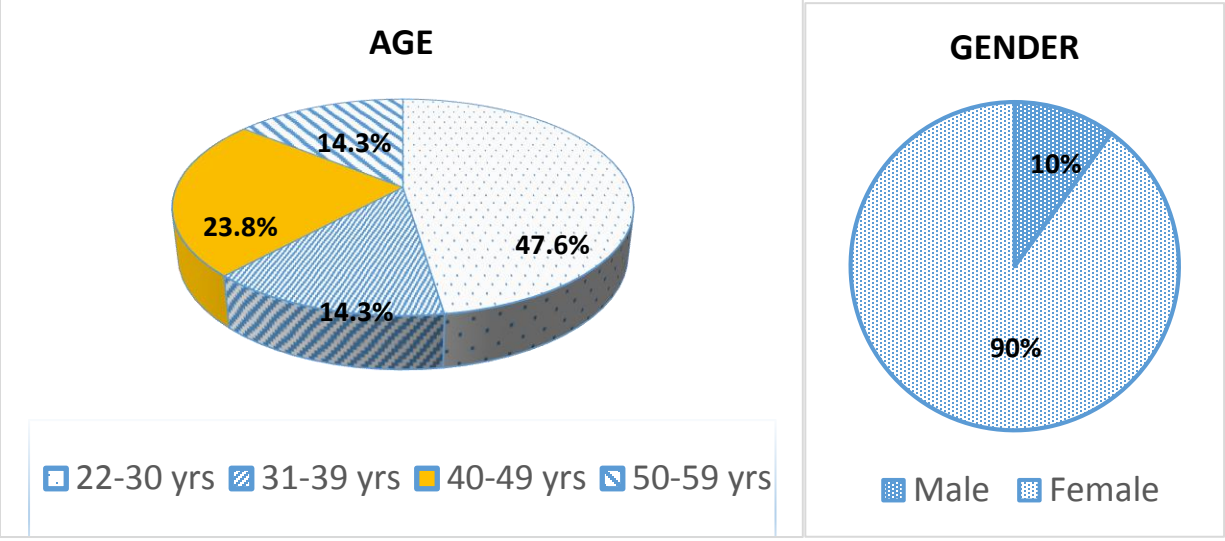
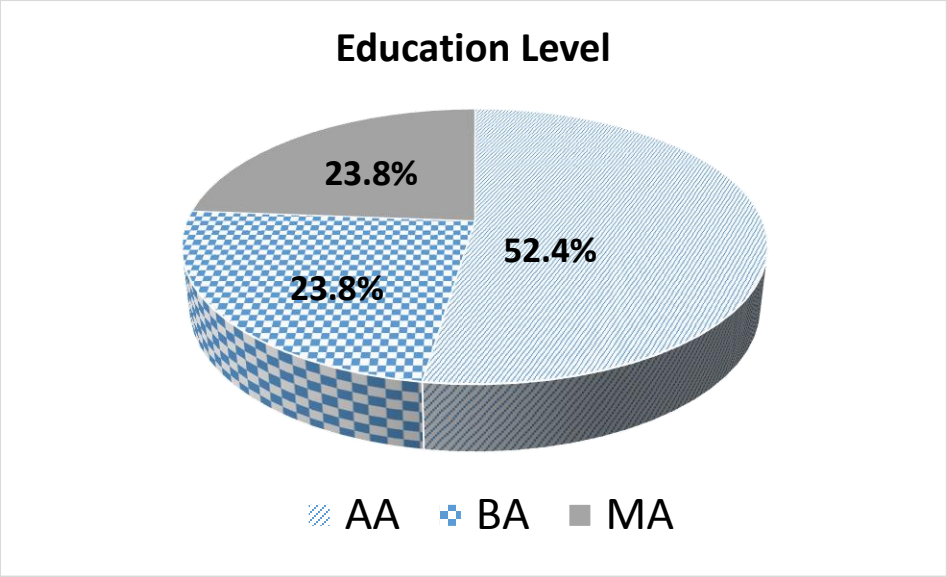


Figure 4: Participants' education levels.



The healthcare settings represented throughout the interviews included private practice pediatrics and adults, in-patient acute care, in-patient rehabilitation, long-term care, and skilled nursing. It was noted that a small number of outpatient pediatric OT practitioners worked a few hours per week in school-based therapy, which was not considered for the current study yet was indicated as a need for further research specific to school-based practice. Therapists and therapy assistants were interviewed from across the state of Kentucky and the south Florida regions of Miami-Dade and Broward counties. All participants were respondents to the study's advertisements and provided consent to participate. All interviews, with the exception of 1, were conducted in-person and were audio-recorded. A scheduling conflict impacted a 1:1 in-person interview, for which an accommodation was made via audio-recorded telephone interview after an electronic transmission of the signed consent form.

Analysis of what a typical day entails. To gain a firm understanding of the context in which the therapists and therapy assistants worked, they were all asked to describe their typical

day at work. This typical day question provided an opportunity to identify items of concern within the work environment and related to routines that may not have been asked about or included in the interview. Common daily functions of those interviewed were typical and as expected. Routines involving checking the daily schedules, working an 8-hour day, providing treatments to a variety of clients (familiar and unfamiliar to them), and documenting were shared responses. There was some indication of concerns for workload, census, and the possibility of being sent home. These concerns were mostly from therapists working in the non-private, hospital or long-term care settings where flexing staff according to the needs of the facility was a common practice.

Documentation was not always reviewed prior to treatment, especially if clients were familiar to the therapist. This was cited as a way to speed up the flow of the day.

> *"If we've had them before then we really don't have to look at the computer for goals and their history...if I've never seen them before I'll do that or I have a binder that has the evals in it, you kind of do a quick scan of who they are…"*

Treatments ranged from 30 minutes to 60 minutes, with some private practice therapists stating that they treat for exactly 53 minutes and document for 7 minutes. Many of the long-term care and private pediatrics-based practitioners shared that they have a very busy and split schedule. Caseload variations were more common in the in-patient acute, in-patient, and outpatient settings, where more in-depth chart reviews were needed.

Lunch breaks ranged from 30 minutes to 60 minutes as reported. Two therapists indicated that they worked straight through lunchtime to be able to get the necessary work completed. A few others indicated that lunchtime was an ideal time to catch up on any outstanding documentation or chart reviews for afternoon clients. In a few instances, it was reported that

lunchtime was used to confirm afternoon appointments for outpatient settings where client cancellations were a possibility. One particular occupational therapy assistant reported that she does much more than provide treatment and document as an occupational therapy assistant. She stated, *"And it's not that I have to do it, but if I don't do it, it don't get done."* Some of the other tasks mentioned included filing, scheduling, additional documentation, and working with equipment regarding storage and cleaning. On three instances, occupational therapy assistants were referred to as picking up extra *"housekeeping tasks,"* filing, and doing duties related to a rehabilitation aide or technician (unskilled job functions).

The use of technology was evident by the trend in the outpatient settings by OT practitioners to text the parents of their clients (children) to confirm they will be arriving for treatment. Phone calls were often reserved for cancellations if necessary. No reference to the use of social media as a form of communication to clients was indicated in any of the interviews. Arriving for scheduled appointments and patient cancellations have been areas of interest by many researchers (Cubillas, Ramos, Feito, & Ureña, 2014; Hostick & Newell, 2004; LaGanga & Lawrence, 2012; Lampe, 2016; Liu, Ziya, & Kulkarni, 2010;). It was mentioned on one occasion that although there was no productivity requirement for the therapists and therapy assistants, there was an attendance requirement for clients.

In a comparison of two similar, privately owned pediatric outpatient clinics in two geographically different regions of the U.S., the differences in pace and (perhaps) quality of care were evident. For example, considering the Kentucky-based clinics which were located in more rural areas, therapists and therapy assistants were more laid back, took more time with clients, and functioned at what was reported as a slower, calmer pace. The comparable Florida-based clinics, located in more urban areas, expressed more of a fast-paced, rushed approach. An OT

practitioner from a Florida clinic reported that *"children would start trickling in around 2:00 pm, and then from 3:00 to 5:00 pm its everybody grab a kid, grab a room, or grab a hallway, grab a space, if there's no room then do what you can…"*

The following results are categorized according to the a priori results from the Mullaney (2011) study. Occupational and physical therapists are healthcare professionals that would experience similar workplace factors impacting delivery of services and thus, it was expected that they would have similar experiences. The a priori factors were selected to enable an "apples to apples" type of comparison. There existed complex interactions that occurred as a result by the variety of settings, workers, etc. and that is why these categories are somewhat "blended." New perspectives of OT practitioners are added to the existing physical therapy themes.

Change at the workplace affecting OT service delivery

Most challenging work-related factors. This question was posed independently when only considering performing work as occupational therapy practitioners. Following this question were inquiries regarding what they felt about unexpected change in the workplace, how they felt their managers handled unexpected change, and then the concept of what was most challenging when there was coworker absenteeism. Circling back around to this concept, practitioners were asked what was most challenging for them when there was not coworker absence; which is essentially asking what was most challenging as initially asked.

Work-related factors having to do with the types of clients being seen for occupational therapy services, scheduling issues, and insurance were the most common themes noted in response to the question about what was most challenging at the workplace. Also mentioned, but not to the extent to emerge as a theme, were factors related to time management, parenting styles and caregiver suggestions, internal politics and change, and other non-clinical types of work

demands or factors. With the majority of challenges being related to the clients, or recipients of occupational therapy services, it appeared that the other non-emergent themes mentioned may also influence these client factors.

Occupational therapists and occupational therapy assistants reported that issues related to client behaviors and motivation was a challenge for them. Reference to how the *"caseload was not always receptive to therapy,"* was noted in long-term care settings. Those in hospital or long-term care facilities alluded to clients being very *"particular"* at times regarding who, what, and when therapy was to be provided. *"Catering to what everybody needs and just, you know, trying to individualize,"* was expressed in a somewhat frustrated fashion by one practitioner. Being able to manage the needs of all assigned clients with consideration of somewhat non-compliant parenting styles (in pediatric settings) or caregiver suggestions (in hospital-based or long-term care facilities) for specific treatment interventions was also mentioned. It was stated that not always being aware of client's and co-worker's skill levels and personalities was something that was found to be a challenge to the delivery of the most appropriate occupational therapy services to some clients as well.

In pediatric settings, coordinating schedules with parents for their children's therapies was cited as challenging. Scheduling related issues, in all settings considered in this study, was revisited in more detail as an emergent theme when discussing absenteeism of coworkers and was also a theme with what was most challenging. Insurance issues such as documentation requirements, verifications, and visit limitations were tied to some scheduling changes too. During busy times of transition between clients in pediatric settings, it was said that the traffic and perceived chaos can be challenging; especially for the clients (children) being seen for occupational therapy services.

Other, non-thematic phenomena reported as most challenging included work duties not related to healthcare occupational therapy intervention or skilled services, time management, and internal politics. One occupational therapy practitioner reported that getting pulled in different directions at work was a challenge. This was in reference to being asked for help by other staff (i.e., nursing staff, office staff, etc.) and took away from the time needed to deliver occupational therapy services and did not help with daily productivity. Time management was mentioned, as was the internal politics and change within the workplace setting. One mentioned, *"Perhaps umm, it's not politics but things are always changing and you know you have to, this is the way we do this now, we're going to do it this way kind of stuff."*

Unexpected change and altered routines. Change occurs sometimes at such a rapid pace, as alluded to by Hinojosa (2007). When participants were asked about how they felt about unexpected change in the workplace, themes related to how they felt about it personally, how they've adapted to it, what it was, and what it meant in the context of the workplace emerged. Some noted specifically what their most common experiences with unexpected change entailed, such as with documentation or changes in documentation requirements by insurance companies, differences in personalities, how managers handle or direct change, and a few even offered recommendations as to how to deal with unexpected change.

Unexpected change was reported by the majority of the participants to be stressful, challenging, hard, uncomfortable, chaotic, and a phenomenon that caused anxiety, frustration, and the realization that some things are beyond control. For others, it did not cause stress, they were not bothered by it, and some even welcomed it and noted the positive components of unexpected change. Others indicated that it depended on a multitude of factors, such as whether or not there was sufficient warning for change (or the possibility of change), what the nature of

the change was (negative or positive), or the personalities of those involved with the change. Unexpected change was described as a constant, a part of the job that should be expected, frequent, and normal.

Most participants offered recommendations and techniques on how to deal with unexpected change. “Keep organized and document during downtimes,” “go with the flow,” “be flexible,” “expect it,” and “don’t let yourself get bombarded and stressed out about it,” were a few. Some reported that unexpected change had been so longstanding that they’ve gotten used to it and have adapted to it. One therapist suggested to understand *“It’s going to be there. I feel like it’s going to be there and you have to adapt to it and you have to problem solve to see how you can make it better.”*

To gain a better sense of the meaning of their feelings towards unexpected change, participants were asked specifically how they felt when their daily work routine was altered due to unexpected change or absence of a coworker. The themes that emerged in response to this inquiry were somewhat similar to the themes that emerged previously, such as a dependency on the frequency of the occurrences and legitimacy of the reasons for coworkers being absent, increased stress in regards to coverage of unfamiliar clients, increased preparation time, increased paperwork, compassion, concern, and willingness to help out.

Feelings expressed varied depending on settings and organizational supporting structure of change due to the absence of coworkers. One occupational therapy assistant reported that she *“would look at her schedule ahead of time to know what I need to prepare for, or if there is something I need to bring in for a kid I’m going to see.”* This mental and physical preparation for client treatment, particularly with pediatrics or brain injury, may be a coping mechanism that helps to offset undue stress. Factors related more specifically to client intervention were

mentioned with co-treatments with other disciplines when planned out and coordinated. More time was needed to plan for activities to fill time that was initially planned to be somewhat divided; more time for paperwork in this case was also mentioned. One occupational therapy assistant mentioned that it was *"annoying"* when coworkers were absent unexpectedly, indicating that it *"throws her entire day off because maybe like I need to go somewhere during my hour break."*

For inpatient settings, such as in long-term care or hospital, shortened treatment times were mentioned. For some private-practice pediatric settings where occupational therapists and occupational therapy assistants were paid by the client, coworker absence was welcomed as this resulted in *"more money"* for the treating, present practitioner. Dependent on the frequency of occurrences of absence, expressions of compassion, concern, and willingness to help out were shared. *"I put myself in their situation,"* one respondent said. Those who reported to have worked closely and for a longer period of time appeared to be more understanding of their coworkers' absences, or reported that they were fortunate enough to not have had to deal with absences and did not take absence personally.

OT practitioners' perceptions of how managers handle change. How managers handled change was a reflective concept for most occupational therapists and occupational therapy assistants interviewed. This appeared to be a work-related factor that did, or had the potential to positively (or negatively) influence the impact of unexpected change on occupational therapy practitioners and the delivery of occupational therapy services to clients. The overwhelming responses by the respondents were positive. Only 2 of the 21 respondents indicated some negative issues with how their managers handled unexpected change, such as becoming very stressed or making client scheduling mistakes. Most reported that they "*felt like their managers*

handled it very well," "*do a good job at letting them know what's coming*," and "*do whatever needs to be done*." Feelings of positivity and content about most managers exuded.

Most challenging when all coworkers were present. Reassessing what was most challenging after having introduced the concept and work-related factor of co-worker absenteeism yielded an interesting phenomenon. Just under half of the respondents identified work-related factors that were different when asked what was most challenging at the workplace when all coworkers were present, as opposed to their answers to the initial question regarding what was just most challenging at the workplace. The differences shared in the expressed work-related challenges somewhat varied depending on the angle of the question and whether it was introduced from a broad perspective or in reference to a narrow, specified, and situational scenario.

Occupational therapists and occupational therapy assistants were asked about what their biggest workplace challenge was for them in their respective healthcare settings when all coworkers were present. Of the themes that emerged as most challenging, issues related to clients, coworkers, and space, were most reported, while issues with productivity, insurance limitations, and not getting enough hours were reported, but not as consistent themes. This general, open-ended question captured a wide variety of challenges as reported by the occupational therapists and occupational therapy assistants, and other spontaneous challenges arose in response to questions not intended to identify challenges. There were noted inconsistencies in the responses from some participants.

Challenges related to clients included patient case-load mix and bouncing back and forth between different types of clients (with related feelings of needing more education about conditions), motivation factors, aggressiveness and agitation, and unwillingness to cooperate or

receive therapy. Other related factors, such as client cancellations, or more specifically, last minute cancellations, and the inability to rework client schedules for improved efficiency of operations were more of a trend in the outpatient and pediatric clinics. Occupational therapists and occupational therapy assistants also reported that transitioning between clients, which led to busy and disruptive hallways and waiting rooms, was a challenge in the outpatient pediatric settings. This was also closely related to space issues and overcrowding during peak treatment times. One therapist reported that *"it can get loud and rowdy and difficult to work with kids when it gets that way."*

Working with coworkers who were other than occupational therapists and occupational therapy assistants was a theme when discussing what was most challenging at the workplace, but more so in the long-term care and in-patient hospital settings. These other workers were referred to on one occasion as *"you know, workers that aren't doing their job and aren't taking care of their patients."* Another emotionally charged participant responded with a specific identification, indicating that,

> *"CNA involvement with the patients and the ability for us to have better educated and better supported CNA staff…sometimes you feel like its therapy against nursing staff, and that's not how it's supposed to be in a building, but somedays you're darned if you do and darned if you don't."*

The challenge related to being sent home early was expressed and presented as a theme amongst participants. Particularly, the challenge was described as those who were not willing to shift or cut hours for the overall good of the department as a whole. Those participants who also had some management responsibilities found it difficult to direct time off when there were no clients to treat.

Although not necessarily themes, other honorable mentions regarding what was reported as most challenging by the participants were productivity requirements, insurance limitations and the time allotted for client treatment, and coworkers of the same discipline and gender. Coworkers of the same discipline was an outlier, but possibly because of how the statement was perceived by the person who stated it and the cultural context in which the clinic existed within (south Florida). One female occupational therapist genuinely expressed how she felt;

> *"I feel that this, and I hate to be stereotypical, but I feel as a lot of women do, and when you get a lot of women together in a room, there's some, you know, umm, there's rivalry, almost like sibling rivalry. You know, and there is a lot of that and who does something better and who is a better therapist…"*

Considering that 90% of the participants were female, and the field of occupational therapy is primarily female dominated, there may be components of such a concern that may impact the delivery of occupational therapy services. Such a study may be of value when considering cultural implications, gender studies, and service delivery in healthcare professions.

Absenteeism at the workplace impacting OT service delivery.

Absenteeism and procedures for absences. Occupational therapists and occupational therapy assistants were asked what the procedures for absences were at their particular work settings. Three main themes emerged in response to this question. The first was that either there was no set policy or procedure, or they were unaware of it or whether or not one even existed. The second theme entailed communication. This emerged as communication between therapy practitioners and managers, therapy practitioners to families or parents (if children), and therapy practitioners to therapy practitioners in preparation for client coverage. Communication by text message and phone calls were those most commonly cited. The third theme had to do with some

sort of formal verbal or written, progressive warning system. After accrual of so many points for being absent, formal warnings or plans of action were written for employees using a point-system.

Procedures mentioned for absences that were somewhat emergent as common themes included utilization of per-diem staff for coverage, requesting time-off in advance (not including call-outs for being sick), rescheduling caseloads (if outpatient), and disseminating caseloads. For disseminating caseloads, either clients would be *"divvied out,"* or *"they'll just add on more time to the other disciplines,"* which seemed counterproductive for efforts to deliver occupational therapy services.

OT practitioners' perceptions of how absenteeism was managed. Inquiring deeper to fully understand the essence of absenteeism, interviews progressed to capturing the perceptions of how absenteeism was managed. Three most common themes emerged. The first most common theme was that occupational therapists and occupational therapy assistants perceived that absenteeism was managed either *"well," "good," "fine," "great,"* or overall positive in nature. A couple stated that *"it's managed in a professional manner here,"* and *"I think it's managed probably the only way it can be."* The second theme indicated that absenteeism wasn't a problem that really needed to be managed. Responses to this included *"we don't really have a problem," "I don't know," "no opinion,"* and *"we handle our own schedules here."* The third theme was of more discontent with how absenteeism was managed. Statements like *"here, there is no structure,"* or *"it's not good,"* were made. One particular response reflected feelings of unfairness due to the existing policies in place (which were reported to be, at times, taken advantage of).

> *"Some people leave early a lot. And then, there's the people that never call in…And those people [that do call out or leave early] are never treated any differently. So, I would say, in a sense, it's pretty unfair. However, I think at the same time, it's made clear up front that we have a certain amount of time and we can use it as we wish and we're not required to bring a doctor's note or anything like that, we just let, you know, we just call in and if we have time, it's accepted."*

One practitioner shared, as a reflection of her work at a previous employer, that *"when I worked in skilled nursing you did not call off, I mean calling off was a terrible thing."*

Absenteeism-related challenges at the workplace. The concept of what was most challenging at the workplace was revisited with the occupational therapist and occupational therapy assistant interviewees. This time, however, they were specifically asked to reflect on what was most challenging when coworker absenteeism occurred. Some respondents volunteered this information in previous questions, such as when asked about change or what was challenging at work. Themes that emerged in response to this question had to do with scheduling, doing extra work, and client care.

Readjusting schedules during periods of unexpected absences was reported to be a challenge, and one that occasionally affected the delivery of occupational therapy services. Some of the common responses were in reference to *"readjusting the schedule," "making sure everybody gets seen," "cancelling treatments or cutting treatments short," "picking up the slack,"* and *"getting everything done (absorbing extra work)."* Another example of a work-related factor referencing increased workload was *"So that will put us at working more than we had originally expected to, umm, so you know, I mean I try not to resent anybody for anything but it just makes my day harder."*

There appeared to be a genuine care for the quality of the client care provided. One respondent stated *"So, it's always trying to manage that and make sure everybody's seen, you know, for giving the good care you want to give them."* Another noted,

> *"Coworkers that don't come in and that don't pull their part, then you have to pick up the slack so you want to still try to give like a good, quality treatment session but if you know you have to kind of cut it short to be able to see everybody it makes it hard so you feel like you didn't really give everything you could give to that patient."*

It was apparent that with scheduling issues as one theme and the concern for taking on extra workload or extra clients, client care and/or the quality of occupational therapy intervention was also a concern.

Not all therapists and therapy assistants reported to have been routinely effected by unexpected coworker absences. In fact, a couple indicated that it had no effect on them at all, while another clarified that per-diem therapy staff was called in to help with the caseload if needed, or that absences occurred very infrequently. It was also noted that per-diem therapy staff, however, was somewhat unpredictable as far as availability.

Productivity and performance expectations impacting OT service delivery.

Productivity expectations. Work-related factors linked to human performance expectations and productivity are not only concerns for the business and financial managers, but also the healthcare employees providing services. Occupational therapists and occupational therapy assistants were asked about what their expected productivity requirements were, and how they felt about the reasonableness of these expectations. Surprisingly, most of the therapists reported to not know what their requirements were, or could not recall being told a specific

number or expectation for it; such as how much time of their day must be spent in direct patient care. As a first theme that emerged, not knowing was a common response.

It is understood that a variety of factors go in to determining productivity requirements, such as setting type, organizational structure, compensation method, insurance mandates, and so on. This may account for the variety of answers when asked about productivity. Of those participants who were aware of their productivity requirements, the ranges were in between 80% to 95%. One participant, in answering this question, responded that productivity was expected to be *"at least 90%,"* and commented that *"basically, you have to, you know, not screw up more than 30-45 minutes of the day."*

Perceptions of the reasonableness of productivity expectations. Perceptions of the reasonableness of productivity expectations seemed to vary dramatically depending on the type of setting. The themes that emerged were almost evenly split between being reasonable and being unreasonable, with poignant arguments for each. As an important work-related factor for occupational therapists and occupational therapy assistants, it was also noted that client care could be affected if productivity expectations were considered unreasonable.

For those who reported that the productivity requirements were reasonable, many were the same as those who indicated that they did not know what the productivity requirement was, or indicated that it was really not an issue or ever really enforced. Comments made were that expectations were *"pretty fair, but needed to be flexible,"* and *"incredibly reasonable."* Others noted the productivity requirement to be 80%, and responded that it was *"no problem,"* and *"pretty reasonable."*

Where the productivity expectations appeared to be unreasonable, it was found that the responses were more emotionally driven and hinted at being borderline unethical with potential implications affecting quality of client care. One participant stated that,

> *"a lot of times you know people would catch up on paperwork at lunch or you stay late in which, if you're salary, you know you're paid, you just stay late and do it, you're not paid for your time if you're hourly."*

Another stated *"I think it is pretty unreasonable to expect people to be, to have these really high productivity standards which could probably affect stress or something."* It was noted that it could affect quality of care for clients if treatments are cut shorter in order to see more clients due to coverage. It was indicated that treatment was spread thinner to enable all clients to get some treatment, rather than no treatment. Others commented how they felt and described it as *"just unrealistic," "ridiculous at times," "95% is impossible, unethical I would say," "it hindered patient care,"* and *"it's not always highly realistic or achievable."* A last, very emotionally driven concern was shared by a participant who happened to work at a long-term care facility. She stated,

> *"I'd do my notes through lunch, umm, clock out and do it. We were strongly encouraged to do line of sight documentation, which is right in front of the patient. We were actually told well, just give them a pegboard and do their note and then you can bill it. I'm like, that's not skilled therapy. It's kind of on the border line of very unethical."*

Positive perceptions towards coworkers. The occupational therapists and occupational therapy assistants were asked about what would, or has, positively influenced their perceptions towards coworkers during periods of change or co-worker absence in the healthcare setting; factors that may positively influence productivity. Emergent themes in the responses for this

inquiry were willingness to help out, attitude, communication, and professionalism. These themes had additional work-related factors which provided a richer description of what the essence was of the participants.

If coworkers *"pitched in," "helped out," "expressed positive attitudes"* and *"didn't complain*," then positive perceptions towards coworkers, both absent and present, were formed. For those present, pulling together and working as a team towards resolution was stated to be an important factor. For those absent and present, coworkers who were *"overly helpful,"* and made sure fellow coworkers were *"not overwhelmed"* or had too many cases on their caseload were also reported as contributing positive factors. One participant said that she liked it when *"people come back or they say whenever they're not going to be here that they are willing to volunteer and say well, I'll do it for you on the next holiday, or the next Saturday or Sunday…"*

Communication, again, was a common theme that emerged when asked about the formation of positive perceptions towards coworkers. This time, concerns about a *"heads-up,"* or *"more advanced notice,"* and *"making sure everything's in line for whoever is going to cover,"* were shared when client coverage was a concern. Also, if coworkers were to go out of their way to attempt to cover their own caseloads, contact patients or parents, and communicated the situation while helping out the managers and coworkers were work-related factors that positively contributed to co-worker perceptions. Related to communication and the style in which it was delivered, professionalism and expressed work ethics was mentioned on many occasions related to the formation of positive perceptions of coworkers.

Other factors mentioned that were not emergent themes had to do with reasons and procedures. If the co-worker was one where calling out sick, or not being present for work was infrequent or those who were present were aware that he or she was absent for a legitimate

reason, then no negative perceptions were formed towards that co-worker. If coworkers appropriately followed any established procedures that are called in action due to being absent, such as appropriately adjusting schedules, communicating, or the like, then that too was mentioned to not be a factor contributing to negative perceptions. However, if frequency of absences was high, yet the established procedures were followed, then negative perceptions were formed, which could negatively affect meeting productivity and performance expectations.

Positive perceptions towards managers. What work-related factors contributed to the formation of positive perceptions towards managers during periods of change or co-worker absences was the next question posed to the occupational therapists and occupational therapy assistants. These were also factors that may positively influence productivity. The themes that emerged were found to be related to willingness to help out, how they handled coworkers and the situation, efficiency, and communication. Another related factor was recognition.

Willingness to temporarily suspend management duties and pitch in and help out was the most cited factor contributing to the formation of positive perceptions towards managers. This willingness to help out included assisting with rearrangement of client schedules, communication with clients, or parents, treatment of clients, and being available as a resource to those coworkers who are present. It was important *"if they kicked in, if they saw the problem, got in, and started working."* Teamwork was also included here as an important factor.

How managers handled coworkers and the situation was another theme that emerged as a work-related factor that contributed to forming positive perceptions towards managers. One participant shared that *"if you did have a co-worker who was not willing to share the excess that was made then the manger should have a talk to them,"* which was regarding those present coworkers who were seemingly unwilling to provide the extra help needed. Handling of the

situation and of coworkers in an understandable and sensitive fashion with fairness was expressed to be important too.

The efficiency in which the manager handled the situation was alluded to on many occasions. It was important that the manager had the necessary skills and was good about certain tasks like finding coverage and being resourceful. Consideration as to not *"overloading"* and *"overstressing"* those who were present was expressed. Whether or not the manager had or utilized an established policy or procedure, and followed it, was also mentioned in light of manager efficiency when handling co-worker situations.

Effective communication by the manager to the coworkers who were present was a contributing factor towards the development of positive perceptions. Communication was a theme that the above-mentioned themes appeared to be somewhat dependent on. Communicating willingness to help out in times of need, communication regarding what is said and done with coworkers (absent and present), and the efficiency in which the message is passed on and received or interpreted were all related contributing factors to co-worker perceptions of managers.

Not a common theme, but an emergent factor that was expressed was whether or not coworkers received recognition for their efforts in helping out in times of need. This concept was referenced by only one participant, but may be worthy of further exploration as an influence to positive or negative perceptions towards managers. In this case, perceptions may not necessarily be related to the handling of a co-worker or situation, but rather, more generally in terms of change, handling change, and the like.

Productivity as affected by co-worker absence. How productivity was affected by co-worker absence was found to be a topic that either the occupational therapists and occupational

therapy assistants knew about in a split-perspective fashion, or did not know at all. The first common theme that emerged was that knowledge of how being absent affected individual and departmental productivity was unknown and more of a suitable question for management. The second theme indicated that some therapists believed that absenteeism increased individual productivity, while others believed that it decreased individual productivity. The last theme was that absenteeism decreased the department's overall productivity, while others believed that it actually increased the department's overall productivity.

Individual productivity was said to increase when unexpected coworker absence occurred. The rationale behind this thought process was expressed in such a way that the worker who was present *"would take on a greater caseload and have less down time,"* hence, increasing his or her productivity. Another statement indicated that *"if you're that person making that up [caseload], you're going to exceed it so you don't really have to worry about it [productivity]."* On the contrary, one who believed that productivity decreased with unexpected coworker absence indicated that,

> *"Umm, it decreases productivity because, like I said, sometimes you have to re-prioritize your day so if you've been going and you've been doing good, you have to stop what you're doing, you get new patients that you were not familiar with before so now you have to do chart reviews on those patients and that slows you down. For those you've already done chart reviews on, you're probably not going to get to see because now you have to see priority patients first."*

Departmental productivity was said to increase due to perspectives reflecting what is in the department's budget and what the staffing needs would be as compared to actual census. It was shared that *"unexpected absences do actually help productivity because it doesn't count if*

they're not clocked into the time for productivity…so if they use PTO [paid time off] or if they use sick time it's not into your bank of hours for productivity." Essentially, the belief here is that if census was lower than expected and the caseload for occupational therapy services was low, then the worker who was unexpectedly absent was not needed anyway. Comments towards the departmental productivity being lower, rather than higher, were described as being because less occupational therapy practitioners were treating clients overall, therefore, the department was less productive.

Work-stress impacting OT service delivery. Following the gathering of perceptions reflected by the occupational therapists and occupational therapy assistants regarding change, absenteeism, and productivity, the topics of stress and stress levels were discussed. On a scale from 0-10, with 0 being non-existent and 10 being extremely high, participants rated their daily stress levels at an average of 6. It was explained that stress levels varied day-to-day depending on a variety of factors, including types of clients and caseload, level of perceived preparedness for client treatment, and the settings, amongst many others.

Negative perceptions towards coworkers. Negative perceptions towards coworkers may negatively influence work-related stress. The work-related factors that arose and showed themes when asked about what would negatively influence OT practitioners' perceptions of coworkers included not effectively communicating, frequency of coverage needs, and unwillingness to help out. Not effectively communicating an absence was indicated most frequently and depended on additional various factors, such as the manner in which the communication was delivered, professionalism about the communication, coverage needs or client information, timeliness, and attitude about it. Attitude about communication of coworker needs referred to gratefulness versus just *"expecting"* others to be okay with it.

Increased frequency of occurrences of absences was perceived to be negative, especially if things like various sources of social media were to *"give it away."* One participant shared a story about a co-worker who would call in sick, but wasn't aware that her daily activities were being observed through Facebook. Another shared a story about calling out for snow days, where two employees lived in the same neighborhood and street and one called out due to snow, while the other had no problem getting to work.

From the perspective of those coworkers present at work, they too were judged in relation to contributing to work-related stress. When coworkers who remained present were unwilling to *"pitch in," "stay late,"* or if there was *"a lot of grumbling, or fussing, or someone was not willing to step up and help,"* then negative perceptions by coworkers were also formed. Other comments emerged in response to this question regarding how a coworker or situation was managed, which was reflected in the next section about the formation of negative perceptions towards managers.

Negative perceptions towards managers. Negative perceptions towards managers may negatively affect work-related stress. As the interviews progressed, the occupational therapists and occupational therapy assistants were asked about what would contribute to forming negative perceptions towards their managers. The following themes emerged: not willing to help out, management of caseloads, fairness and equity, and communication. Other work-related factors were also mentioned that were related to these themes.

Unwillingness to step in or help out was one of the main themes that emerged in response to this inquiry. This theme related to comments about the demands or expectations managers had of the coworkers who were present, such as being overworked, providing a manageable caseload,

and not willing to adjust their own schedules as coworkers were expected to. Level of *"helpfulness"* and being *"inflexible"* were also cited in relation to this theme.

Fairness and equity as far as how managers handled coworkers was another emergent theme. If managers *"catered to one person,"* more than others, showed *"favoritism,"* and *"didn't hold all to the same standard*," then negative perceptions were formed. Also, if general efforts at being fair and distributing what would be considered fair amounts of extra work between occupational therapists and occupational therapy assistants was not done, then negative perceptions were formed. One participant shared *"like, if they express that they were annoyed by it I would kind of feel like they would be annoyed if I was gone too,"* in response to how she would feel based on how the manager reacted or talked about absent coworkers. If managers didn't take action or follow established procedures with certain coworkers, such as was expressed by one participant, *"if they don't discipline them and if they allow it to continue to happen,"* negative perceptions towards managers were formed.

General communication by the manager was mentioned on many occasions. Communication about what the current needs were within the department, such as client coverage needs, schedule adjustments, and other details were work-related factors that, if ignored, contributed to negative perceptions towards managers. Previously mentioned comments regarding the approach managers took to accommodate changes in schedules regarding automatically assigning additional caseload versus asking about taking on additional caseload related to this theme. Overall, the manager's general ability to work towards resolutions and the ability to communicate what was needed in those resolutions were important factors in the formation of negative perceptions towards managers; which may have negative effects on work-related stress.

Discussion of Findings

It was with hope that the findings of this project would help to enhance the OT practitioners' delivery of occupational therapy services to the level of optimal performance. This project was a check-up on the work-related factors influencing the delivery of services to clients by occupational therapists and occupational therapy assistants. The gaps identified in the literature regarding what work-related factors help or hinder the optimal delivery of occupational therapy services has begun to be filled by this collective case-study research.

The purpose of this research initiative was to determine if and how the identified predetermined work-related factors of change, absenteeism, productivity / performance expectations, and work stress help or hinder (or both) the delivery of occupational therapy services. This project has identified the meanings of healthcare workers' perceptions at the workplace related to these factors.

Change. The following findings for each category described above may serve as a new starting point for further research and validation studies. Work-related factors concerning change at the workplace also included things perceived to be challenging. Those in hospital or long-term care facilities alluded to clients being very *"particular"* at times regarding who, what, and when therapy was to be provided. *"Catering to what everybody needs and just, you know, trying to individualize,* was expressed as a challenge by one practitioner. One occupational therapy assistant reported that she *"would look at her schedule ahead of time to know what I need to prepare for, or if there is something I need to bring in for a kid I'm going to see."* It was noted overall, that there appeared to be less emotional responses attributed to those OT practitioners who had more experience or were older; which may be due to having adapted to change over the years.

Overall, challenges at the workplace had to do with changes in: a) attitudes and acuity levels of clients, b) scheduling / insurance issues, and c) coverage. This is consistent with the literature indicating that change results from various forces within and outside of organizations (Kinicki & Fugate, 2012) and also the absenteeism-related literature regarding coverage (Higgins et al., 2015; Kisakye et al., 2016; Unruh et at., 2007). Meanwhile, change was found to be a) stressful, b) challenging, c) hard or uncomfortable, d) chaotic, e) anxiety provoking, f) frustrating, e) constant, and f) dependent on type of change, which is consistent with literature indicating that changes as a result of absenteeism causes increased feelings of stress and overload (Bailey, 1990) and OT being in a flux of constant hyperchange, (Hinojosa, 2012). Considering these themes related to change, it was therefore interpreted that:

- Change related to negative client behaviors and attitudes makes the delivery of occupational therapy services more challenging; negatively impacting occupational therapy service delivery.
- Unresolved scheduling and insurance issues negatively impact OT practitioners' time-management and physical and mental preparation for occupational therapy service delivery.
- If change is present, combined with issues related to client coverage and scheduling, insurance limitations, and non-healthcare work-demands, then occupational therapy service delivery will be negatively impacted.

Absenteeism. Absenteeism was viewed from varying angles, such as perspectives of how coworkers felt towards other coworkers during periods of absence and how coworkers felt towards their managers during periods of absence. Overall themes related to absenteeism entailed absence related policies, whereas it was noted that OT practitioners were either aware of

such a policy, or unaware of one. The next theme related to communication about issues stemming from absenteeism, and included perspectives of feelings towards fellow coworkers and managers. Issues previously mentioned, such as willingness to help out, attitude, frequency of absences, and the perception of fairness or equity were common towards both coworkers and managers. Considering the themes related to absenteeism in general, it was interpreted that:

- Absenteeism that causes extra workload and schedule changes results in more of a concern for the delivery of occupational therapy services.
- When there are no absenteeism-related issues, then client-related factors, non-occupational therapy coworkers, cutting of staff hours, and space limitations were challenges affecting the delivery of occupational therapy services.
- Whether or not there are established procedures for when absences occur, and if they are appropriately followed, can impact the delivery of occupational therapy services.

Specifically related to absenteeism and interviewee perceptions towards management, it was interpreted that:

- If absenteeism is not a concern, and there are no procedures for handling absenteeism, then the delivery of occupational therapy services is not impacted.
- Perceived unfair actions by management towards unexpected change (such as unexpected absences) can negatively impact the delivery of occupational therapy services.

Specifically related to absenteeism and interviewee perceptions towards coworkers, it was interpreted that:

- Coworkers who are frequently absent, ineffectively communicate about their absence and needs, and are not willing to attempt to help resolve scheduling or related issues to their

absence results in negative perceptions by coworkers who are present and may negatively impact the delivery of occupational therapy services.

The findings of this research add to the literature regarding the impact of policies and procedures used during absenteeism, the appropriate handling of such occurrences by managers, and communication effectiveness, as indicated by Higgins et al., (2015) and Kisakye at al., (2016). Further, Higgins' et al., (2015) findings alluding to the perceptions between coworkers' (and managers') intentions were consistent as influential work-related factors resulting from absenteeism that could impact OT service delivery.

Productivity and performance expectations. Productivity and performance expectations yielded the themes that indicated that OT practitioners were either not aware, and therefore were not really impacted by performance or productivity mandates, or they were aware of specific performance and productivity mandates. If they were aware, then it was either enforced, and possibly an added stressor, or not enforced and considered a non-issue. Considering the themes that emerged based on the responses of the interviewees, it was interpreted that:

- When productivity expectations are increased due to taking on extra caseload, *and* clients are unfamiliar to the practitioner, occupational therapy service delivery is negatively impacted.
- If productivity expectations are unknown or not enforced, there is limited impact on the delivery of occupational therapy services.
- Coworkers and managers who are frequently present, effectively communicate about their needs, and are willing to attempt to help resolve scheduling or related issues to

change results in positive perceptions by coworkers and may positively impact productivity and the delivery of occupational therapy services.

Related to the perceptions of the reasonableness of productivity or performance expectations, it was interpreted that:

- Practitioners who perceived productivity expectations to be *reasonable* were less likely to view such requirements as unethical and did not negatively impact occupational therapy service delivery.
- Practitioners who perceived productivity expectations to be *unreasonable* were more likely to view such requirements as unethical and negatively impacted occupational therapy service delivery.

Literature specific to OT practitioners not being aware of, or effected by, productivity expectations was limited and not supportive. However, literature on the effects of increased workload or high patient load as a result of other changes, such as absenteeism and coverage needs of a department or other limited resources, were consistent (Bailey, 1990; Kisakye et al., 2016; Maslach at al., 1996; Moore et al., 2006; Unruh et al., 2007).

Work-stress. Stress at the workplace yielded a main theme that it really depended on the day at work. The day, with consideration of occurrences of unexpected change, such as co-worker absence, difficulty levels of clients, interactions with non-OT practitioner coworkers, and many others did not offer any substantial or definitive cause other than the "it depends on the day" indication. With consideration of this, it was interpreted that:

- Practitioners who perceived unreasonable work-related expectations, high levels of change of daily routine, inadequate handling of change by managers, and feelings of

unpreparedness for client intervention reported higher stress levels, which negatively impacts the delivery of occupational therapy services.

- Unexpected change leads to increased stress and anxiety and is a hindrance to occupational therapy service delivery.
- Coworkers who are present who do not pitch in and help out during periods of change or co-worker absence results in negative perceptions by coworkers who are present and may add stress and negatively impact the delivery of occupational therapy services.
- Managers who are unable to fairly distribute extra caseload, are not willing to help out, do not effectively communicate and assign (rather than ask) extra responsibilities, add stress and may negatively impact the delivery of occupational therapy services.

Considering the discussion of findings, the results found herein may guide OT practitioners towards greater levels of care and enhanced occupational therapy service delivery. For example, consider the finding that communication from management regarding change and/or absenteeism can impact occupational therapy service delivery, which is consistent with the findings of Higgins et al., (2015) and the hindrances of ineffective communication. Participant responses to what would cause them to have positive perceptions towards their managers indicated that: if it is suspected that there may be a possibility of change, such that managers or supervisors anticipate future possibilities, options, or actions, and provide forewarning and more efficient communication to OT practitioners, then the impact of the unexpected change may have less of an impact on occupational therapy service delivery. This is also consistent with what organizational behavior literature described as internal forces of change, and that "internal forces of change come from both human resource problems and managerial behavior/decisions" (Kinicki & Fugate, 2012, p. 423). This may indicate that

management training includes factors of anticipatory communication or alternative strategic plans in the event of change, as similarly suggested by Duclay et al., (2014) regarding tasking healthcare managers with working to improve workplace satisfaction.

Consider the next example related to the finding that: absenteeism that caused extra workload and schedule changes resulted in more of a concern for quality of care and the delivery of occupational therapy services. Considering the literature that indicated that absenteeism has been said to negatively affect the workplace, such as in the form of staff instability and employee morale (Taunton et al., 1989), effectiveness of the provision of services and service interruption (Kisakye at al., 2016), and overall work climate (Caricati et al., 2013), this finding may prompt OT practitioners to monitor the care provided to their clients, specifically during periods of absences, to identify any potential negative effects on occupational therapy service delivery. If found, programming may be developed to offset any found negative effects; providing a safety-net against occupational therapy services being negatively affected.

Craik's (1988) finds related to client acuity levels, frequency of interactions, and absenteeism were consistent with what some OT practitioners shared as challenges or changes (as in schedules) that contributed to daily stress. Further, the constant nature and dynamics of change, mentioned by Britton et al., (2015) and Hinojosa (2007; 2012) appeared to still be a concern in healthcare settings today. Questioning as to the impact of the many factors on occupational therapy service delivery may better inform as to how to manage stress and maintain or enhance the quality of care.

Strengths and Limitations of the Study

In general, the OT practitioners who volunteered to be interviewed for this study were cooperative and delighted to share their perspectives; and also, appeared to be happy to have

their perspectives heard and considered for a study. Strengths of this study include the discovery and consideration of OT practitioners' perspectives about work-related issues, the almost equal representation of occupational therapists and occupational therapy assistants interviewed, the selection of relevant and real-world work-related topics for inquiry, and the establishment of a contemporary baseline of which to measure OT practitioner perspectives regarding the selected work-related factors.

Limitations of this study include the limited geographical representation due to use of a convenience sample in site selection. Another limitation was that this study was not a site or setting specific study, which would be advisable for future studies of similar nature. As mentioned previously, transcripts were not brought back to the interviewees for member checking, hence, this was a limitation of this study. Researcher bias, considering prior knowledge of work-related factors, was another identified limitation.

Practical Implications in Healthcare

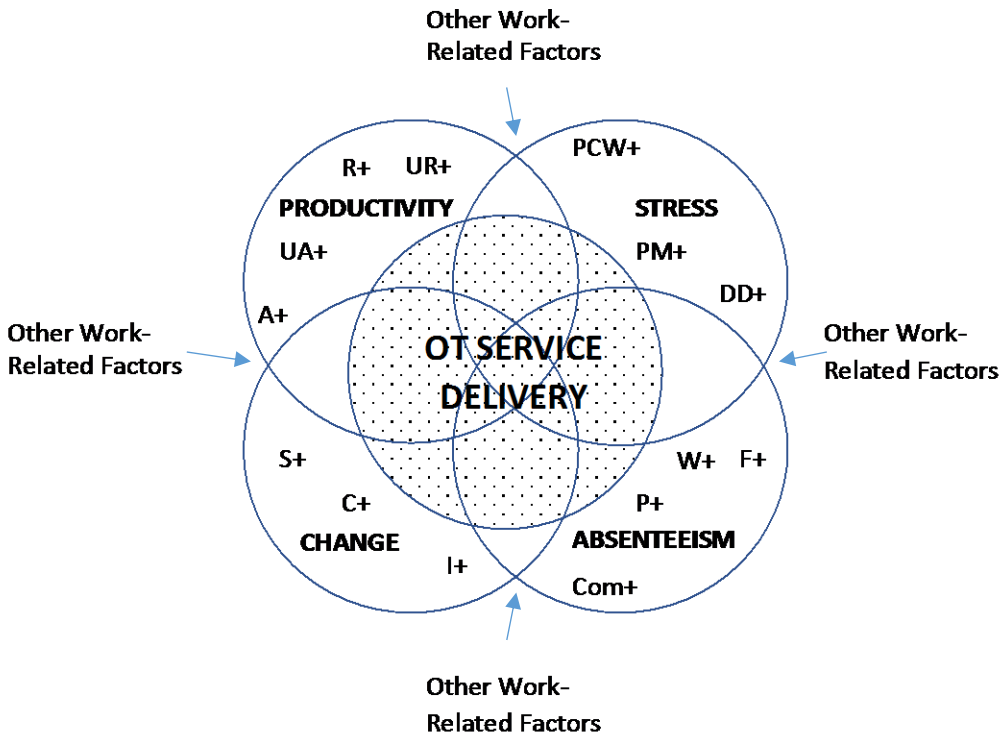
The findings of this project provide an excellent source for managers to use within occupational therapy settings to foster communication and educate staff about work-force factors impacting service delivery. Considering foundational research, such as the indicators of OT practitioner stress levels found by Wilkins (2007, as cited in Gupta et al., 2012), hyper-changing conditions (Hinojosa, 2007, and 2012), and the Affordable Care Act (or changes that may occur) (Yuen et al., 2017), managers could foster discussions about expectations for a typical work day, challenges and changes in the workplace setting, altered routines, absenteeism, productivity, stress, and on-the-job training. Each of these areas was found to impact OT practitioners' performance in their respective environments. Using these results to enhance professional

development programming will help identify workplace trends and opportunities for quality improvement in OT service delivery.

A renewed approach at assessing occupation was presented and was based off the tenets of the Person-Environment-Occupation Model proposed by Law et al. (1996). This revised approach is meant for the healthcare practitioner and used a transformational approach to occupational performance with an occupation-based theoretical foundation. With a transformational approach, rather than a transactional approach to the Person-Environment-Occupation Model, there appears to be a focus that is more on change, rather than merely the exchange of information.

Figure 5, below, illustrates the central concept of the findings of this research and the complexity in the interrelationships of concepts. When all the studied work-related factors equally influence the delivery of occupational therapy services, they are depicted as illustrated. However, with further exploration in future research, findings may be noted to vary by setting and service delivery area.

Figure 5: Work-related factors around the central concept of OT service delivery.



[PCW+ Perceptions towards Coworkers, PM+ Perceptions towards Managers, DD+ Depends on Day, F+ Frequency, W+ Willing to help out, P+ Policies, Com+ Communication, I+ Insurance and coverage, C+ Client factors, S+ Scheduling issues, A+ Aware, UA+ Unaware, R+ Reasonable, UR+ Unreasonable]

Future Research

In future research initiatives, or in continuation of this study, it was recommended that setting-specific surveys be developed for more appropriate and generalizable findings. This was especially needed when considering the study of productivity requirements as there was a wide variation in expectations depending on setting types, structure of organizations, and even ownership (privately owned versus public facilities). Setting-specific survey questions, such as those designed specifically and more appropriately for school-based OT practitioners rather than

those in the medical model or healthcare settings, may also yield different findings in regards to absenteeism, how it is handled, and how it affects other factors, such as productivity.

Other future research ideas may include replication of this current study, or replication of this study with other healthcare disciplines, such as nursing, respiratory therapy, or speech-language pathology. Comparative studies, such as with this current study on OT practitioners and the previous study on PT practitioners (Mullaney, 2011) may be informative. Also, additional considerations such as factors related to taking students, student supervisory responsibilities, and the like, may be included in future studies.

Considering that *change* is an underlying theme that is occurring in healthcare, this transformational concept mentioned previously is worth revisiting in future studies when considering using the PEO Model to inform research about OT practitioners. Environmental supports, applications, or adaptations for OT practitioners currently used in healthcare settings may also be a point of interest for further research and may be found to be influential to work-related performance. Finally, the specific findings based off the interpretive statements of this study may be tested and validated in a broader or more specific study of a similar nature.

This research highlighted some of the main concerns at the workplace regarding the delivery of occupational therapy services that are worthy of further research. The essence of the perspectives of occupational therapists and occupational therapy assistants have set a foundation for the enhancement of the delivery of occupational therapy services in today's ever changing healthcare environment.

Summary

Work-related factors involved in the process of delivering occupational therapy services have been examined. The project objectives were shared and findings of the 21 occupational

therapists' and occupational therapy assistants' interviews have been collected, analyzed, and discussed in detail. Emergent themes and the overall meanings of the interview responses have been presented. Testable and practical interpretations have been posited to stimulate further research efforts to enhance the delivery of occupational therapy services to those in need. Finally, the strengths and limitations of this project, along with recommendations for further research were provided.

The findings of this research, as viewed through the AOTA's Vision 2025 (AOTA, 2016), can help guide OT practitioners and managers towards not only the realization of the Vision 2025 for the recipients of OT services, but also for those providing their care. Therefore, the "maximizing health, well-being, and quality of life for all people, populations, and communities" (AOTA, 2016) can now explicitly include OT practitioners working in healthcare settings.

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Appendix A: Interview Protocol Form

(Note: Initial Pilot interviews conducted 10/17/2008; Protocol adapted from the works of Mullaney (2011) for consistency to permit comparative analysis).

Protocol Form adopted from Creswell, 2007, p.136.

Interview Protocol Project: Occupational Therapist and Occupational Therapy Assistant Perceptions
Time of interview:
Date:
Place:
Interviewer:
Interviewee: Occupational Therapist / Occupational Therapy Assistant (names not disclosed)
Position of Interviewee: Staff Occupational Therapist or Occupational Therapy Assistant
Brief Description of the project: This project is intended to provide an insight into the perceptions of occupational therapists and occupational therapy assistants about daily work routines, and when coworkers are unexpectedly absent and additional pressures to perform productively become apparent-affecting job performance and productivity.

Questions: Demographic

- Position and title
- Years of experience
- Years at current facility
- Level of education
- Age / seniority
- Male/ Female

Questions: Perceptions

What are the perceptions of occupational therapists and occupational therapy assistants that lead them to their levels of performance daily, and during periods of absenteeism at the workplace?

- Tell me about what a regular day is like in your work setting.
- In this setting, relative to the organizational culture and requirements, what is most challenging for you?
- How do you feel about unexpected change in your work setting?
- How do you feel your manager handles it? Why?
- What is most challenging in your particular work setting when there is coworker absence?

- What would negatively influence your perceptions of your a) coworkers and b) manager during times of (coworker) absence?
- What would positively influence your perceptions of your a) coworkers b) managers during times of (coworker) absence?
- What is most challenging in your particular work setting when there is not coworker absence?
- How do you feel about your coworker(s) when your routine is altered because of their unexpected absence?
- What is the procedure that the department follows when there is an unexpected absence?
- How do you feel about the way absenteeism is managed?
- What is the productivity requirement for you in your work setting?
- What is your perception of the reasonableness of this expectation?
- How is an unexpected absence handled from a productivity perspective?
- How does your routine change if one coworker is absent? Two coworkers? Three or more coworkers?
- In your work setting, how much paid time off or allotted sick time off do you get?
- What are your thoughts about the on the job training you are provided within your particular work setting? Why?
- How knowledgeable are you about your manager's on the job training? Is it adequate?

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Appendix B: Dominant Themes of each Work-Related Factor

Change

Challenges at the workplace related to change

- Clients (diagnoses, behaviors, motivation to participate)
- Scheduling issues
- Insurance and coverage

Views of unexpected change and altered routines

- Stressful
- Challenging
- Anxiety Provoking
- Constant

How managers handle change

- Positively

Absenteeism

Absenteeism-related issues at the workplace (management and coworkers)

- Policies and handling of absenteeism
- Communication when absenteeism occurs
- Frequency
- Willingness to help out

Productivity and Performance

- Awareness and enforcement of expectations
- Reasonable/Unreasonable perception of expectations

Stress

- Depends on the day

Appendix C: Non-Dominant Themes of each Work-Related Factor

Change

- Welcomed
- Productivity
- Insurance
- Getting enough hours

Absenteeism

- Recognition (for helping out)

Productivity and Performance

- Borderline unethical (if perceived to be unreasonable)

Stress

- None noted

Appendix D: IRB Approval

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NOTICE OF IRB APPROVAL

Protocol Number: 16-042

Institutional Review Board IRB00002836, DHHS FWA00003332

Review Type: ☐Full ☒Expedited

Approval Type: ☒New ☐Extension of Time ☐Revision ☐Continuing Review

Principal Investigator: **Dr. Robert J. Mullaney**

Project Title: **A Study on the Daily Perceptions of Healthcare Workers Considering Factors Related to Absenteeism, Motivation and Self-Efficacy, Work-Stress, Productivity and Expected Workplace Behaviors in the Clinical Setting**

Approval Date: **9/21/2015** Expiration Date: **9/1/16**

Approved by: **Dr. Jonathan Gore, IRB Member**

This document confirms that the Institutional Review Board (IRB) has approved the above referenced research project as outlined in the application submitted for IRB review with an immediate effective date.

Principal Investigator Responsibilities: It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations.

Consent Forms: All subjects must receive a copy of the consent form as approved with the EKU IRB approval stamp. Copies of the signed consent forms must be kept on file unless a waiver has been granted by the IRB.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.

Research Records: Accurate and detailed research records must be maintained for a minimum of three years following the completion of the research and are subject to audit.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a description of those changes must be submitted for IRB review and approval prior to implementation. Some changes may be approved by expedited review while others may require full IRB review. Changes include, but are not limited to, those involving study personnel, consent forms, subjects, and procedures.

Annual IRB Continuing Review: This approval is valid through the expiration date noted above and is subject to continuing IRB review on an annual basis for as long as the study is active. It is the responsibility of the principal investigator to submit the annual continuing review request and receive approval prior to the anniversary date of the approval. Continuing reviews may be used to continue a project for up to three years from the original approval date, after which time a new application must be filed for IRB review and approval.

Final Report: Within 30 days from the expiration of the project, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If copies of significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report.

Other Provisions of Approval, if applicable: None

Please contact Sponsored Programs at 859-622-3636 or send email to tiffany.hamblin@eku.edu or lisa.royalty@eku.edu with questions about this approval or reporting requirements.