

# Addressing Burnout in Healthcare Workers:

*A Self-Efficacy Occupational Therapy  
Perspective*

**JULIA GANBARG AND EMMA ROBINSON**

## Healthcare worker:

Any person working in a healthcare setting who treats patients and interacts with them on a regular basis

## Burnout

A condition that is characterized by high levels of emotional exhaustion and depersonalization and a low level of perceived personal accomplishment or efficacy (Maslach et al., 1997)



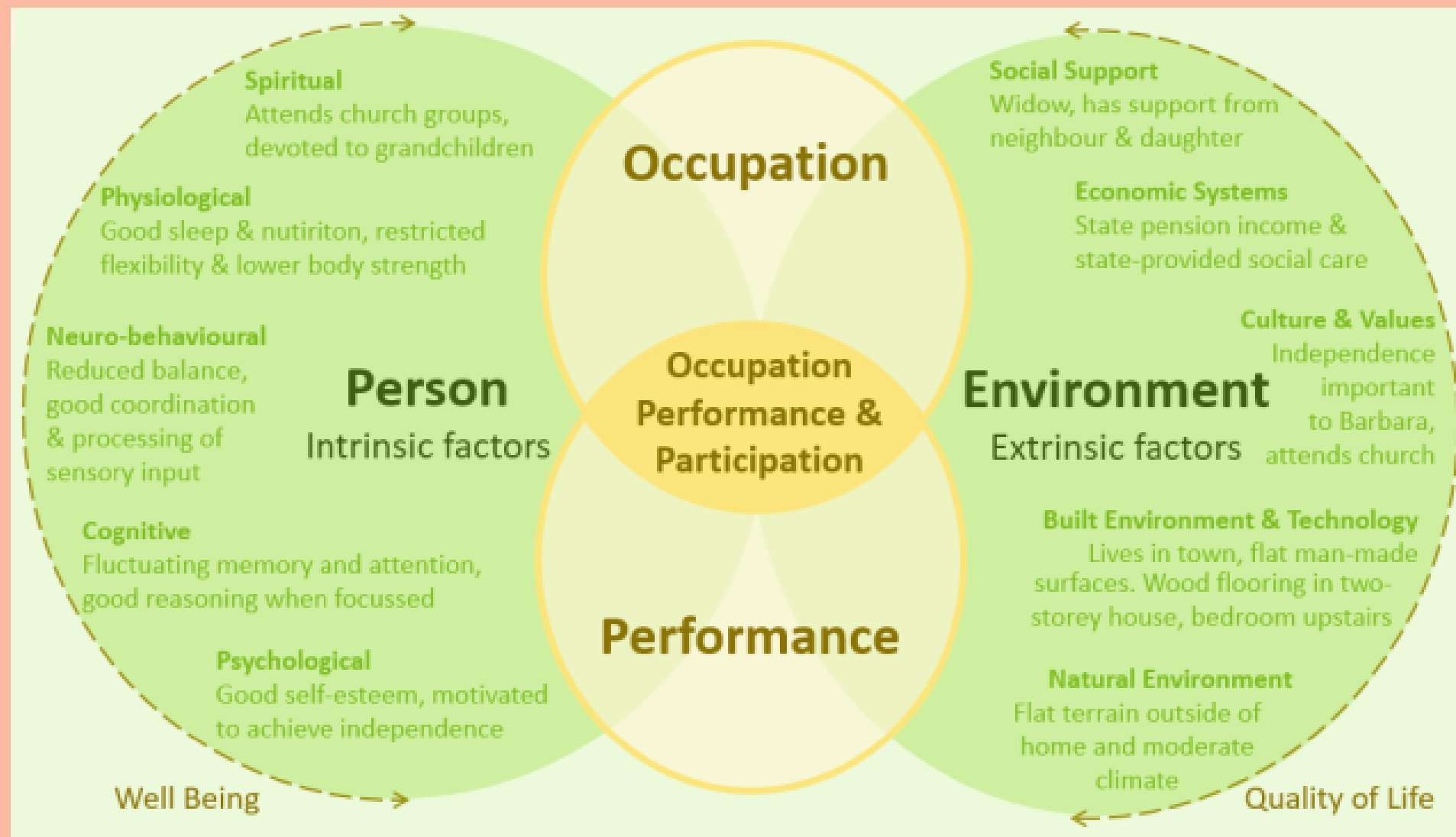
## Self-Efficacy

The sense that one's work is meaningful and that one is effective in their position (Ding et al., 2014)

## Occupational Therapy

1 OTT

A profession in which therapists are taught to create interventions and help discover actionable goals for and with their clients by looking at the whole person (AOTA, 2020).



PEOP

Self-Efficacy



# What the existing literature shows:

## Burnout Within Healthcare Workers<sup>1, 2, 3, 4</sup>

- All types of healthcare professionals are at increased risk of burnout due to specific job demands and the intersection of personal factors and environmental factors.
- Major factors in burnout include lack of professional leadership, bureaucratic oversight, chronic understaffing, and poor job satisfaction.
- Self-efficacy lies in the intersection of personal and environmental factors, putting it in a unique position to address the causes of burnout.

## Existing Wellness Programs and Interventions for Burnout<sup>5, 6, 7, 8</sup>

- There are many short-term wellness programs and interventions aimed at reducing burnout in the literature including spiritual (yoga, reiki, meditation), arts-based (music and crafts), and values based (identifying professional values).
- Very few OT specific interventions are seen throughout the literature
- Most interventions were not taking into consideration the long-term effects and benefits, except for the professional values intervention which can connect strongly to thinking about self-efficacy.

## The Advantageous Intersection of Occupational Therapy and Self-Efficacy<sup>9, 10, 11, 12</sup>

- Self-efficacy is largely implicated in the role of self-esteem in healthcare workers.
- Self-efficacy in OT interventions has been shown to provide the motivation to create beneficial changes in individuals who complete them.
- Self-efficacy can help to overcome the organizational factors that prevent effective work, thus restoring control, while also building belief in self to overcome negative personal factors.

# Research Problem and Purpose

Despite being researched extensively in past years, there exists a clear lack of current research concerning the effectiveness of self-efficacy interventions created by OTs aimed at reducing burnout in the healthcare worker population.



The purpose of this study is to identify how occupational therapy interventions aimed at increasing self-efficacy can help reduce burnout amongst healthcare workers.

# Rationale

Accelerating rates of burnout within healthcare workers is detrimental to the health and well-being of millions of people across the world.

High rates of burnout syndrome are also concerning when it comes to patient safety, allocation of hospitals' and institutional funds, the spread of unnecessary illnesses, and healthcare worker turnover rate and shortages.



# *Central Hypothesis:*

OT interventions aimed at improving self-efficacy will reduce burnout in healthcare workers.

Methodology



# Research Design

We will use an experimental, pretest-posttest, single factor, control group design.

# Participants

We will use healthcare workers at a hospital. They will be randomly assigned to either an OT intervention group or a control group.

# Measures

Demographic Form

Maslach Burnout Inventory

Minnesota Satisfaction Questionnaire

Bandura's General Self-Efficacy Scale

Karasek's Job Content Questionnaire



# Procedures

1. Obtain IRB approval
2. Participant recruitment - fill out demographic form
3. Randomly divide participants into control and experimental groups
4. Both groups will take pre-test consisting of the above measures
5. Control group will continue standard activities; the experimental group will attend intervention sessions two times a week (30 minutes per session) for eight weeks (16 sessions in total; 8 hours in total).
6. Each session will have: ~10 minutes meditation, ~10 minutes of reflection/cooperative group activity, ~10 minutes discussion
7. After conclusion of final intervention, both the experimental and control groups will take the post-test, consisting of the above measures



# Analysis



Participants will complete the demographic form and, if they meet inclusion criteria, they will be notified what group they are in. Participants in the experimental group will be given specific dates, times, and location(s) in order to participate in the intervention plan. Participants in both the experimental and control groups will complete four tools for both a pre-test and a post test.

Descriptive statistics will be used to analyze nominal data from the demographic form. Independent t-tests will be used to analyze potential differences between the experimental and control groups; paired t-tests will be used to analyze potential differences with the experimental group after the completion of the intervention.

# References

- American Occupational Therapy Association (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74. doi:10.5014/ajot.2020.74S2001
- Ding, Y., Qu, J., Yu, X., & Wang, S. (2014). The mediating effects of burnout on the relationship between anxiety symptoms and occupational stress among community healthcare workers in China: A cross-sectional study. *PLoS One* 9(9). doi:10.6084/m9.figshare.1136113
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1997). Maslach Burnout Inventory: Third edition. In C. P. Zalaquett & R. J. Wood (Eds.), *Evaluating stress: A book of resources* (p. 191- 218). Scarecrow Education.

# References

1. Fiabane, E., Dordoni, P., Setti, I., Cacciatori, A., Grossi, C., Pistarini, C., & Argentero, P. (2019). Emotional dissonance and exhaustion among healthcare professionals: The role of the perceived quality of care. *International Journal of Occupational Medicine and Environmental Health*, 32(6), 841-851. doi:10.13075/ijomeh.1896.01388
2. Evans, S., Huxley, P., Gately, C., Webber, M., Mears, A., Pajak, S., Medina, J., Kendall, T., & Katona, C. (2006). Mental health, burnout, and job satisfaction among mental health social workers in England and Wales. *British Journal of Psychiatry*, 188, 75-80. doi:10.1192/bjp.188.1.75
3. Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo Clinic Proceedings*, 90(12), 1600+. doi:10.1016/j.mayocp.2015.08.023
4. Klein, C. J., Dalstron, M., Lizer, S., Cooling, M., Pierce, L., & Weinzimmer, L. G. (2020). Advanced practice provider perspectives on organizational strategies for work stress reduction. *Western Journal of Nursing Research*, 42(9), 708-717. doi:10.1177/0193945919896606

# References

5. Adair, K. C., Kennedy, L. A., & Sexton, J.B. (2020). Three Good Tools: Positively reflecting backwards and forwards is associated with robust improvements in well-being across three distinct interventions. *Journal of Positive Psychology*, 15(5), 613-622. <https://doi-org.exproxy.ithaca.edu/10.1080/17439760.2020.1789707>
6. Deible, S., Fioravanti, M., Tarantino, B., & Cohen, S. (2015). Implementation of an integrative coping and resiliency program for nurses. *Global advances in health and medicine*, 4(1):28–33
7. Kaya, A., Celik, D., & Dalgic, A. I. (2020). Profession values and job satisfaction levels of pediatric nurses and influencing factors: A cross-sectional study. *Journal of Pediatric Research*, 7(1), 58–63. <https://doi-org.ezproxy.ithac.edu/10.4274/ipr.galenos.2019.68815>
8. Phillips, C. S., & Becker, H. (2019). Systematic Review: Expressive arts interventions to address psychosocial stress in healthcare workers. *Journal of Advanced Nursing (John Wiley & Sons, Inc.)*, 75(11), 2285-2298. <https://doi-org.ezproxy.ithaca.edu/10.1111/jan.14043>

# References

9. Pérez-Fuentes, M. D. C., Jurado, M. D. M. M., & Gázquez Linares, J. J. (2019). Explanatory value of general self-efficacy, empathy and emotional intelligence in overall self-esteem of healthcare professionals. *Social Work in Public Health*, 34(4), 318-329. doi:10.1080/19371918.2019.1606752
10. Schaubroeck, J. (1997). Divergent effects of job control on coping with work stressors: The key role of self-efficacy. *Academy of Management Journal*, 40(3), 738-754.
11. Soeker, M. S. (2016). The experiences of occupational therapists regarding the use of the Model of Occupational Self Efficacy. *Work*, 55(3), 689-701. doi: 10.3233/WOR-162440.
12. Wolf, T. J., Baum, C. M., Lee, D., & Hammel, J. (2016). The development of the improving after stroke self-management program (IPASS): An exploratory randomized clinical study. *Topics in Stroke Rehabilitation*, 23(4). doi:10.1080/10749357.2016.1155278