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Self-Care: An Occupational Therapy Student Perspective

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ABSTRACT

Health professional students, including occupational therapy students, report increasing rates of stress, anxiety, depression, and burnout while completing their academic programs of study. Self-care is one potential solution to this crisis, as engagement in evidence-based self-care practices has been found to improve the health and well-being of various student populations; however, the self-care practices of occupational therapy students have not been well studied. Therefore, this study explored how occupational therapy students understand and practice self-care, and how self-care correlates to perceived stress. Twenty participants engaged in a focus group and completed a 72-hour time diary. Focus group results indicated that participants highly valued their self-care practices, reporting that self-care improves their well-being, is a skill that must be developed, and plays a critical role in occupational therapy practice. Time diaries revealed that the most frequently recorded self-care occupations were sleeping/napping, meal preparation/eating, and watching television and other streaming services. Total time spent in self-care practices ranged from 9-55 hours, and duration of self-care was not found to correlate with perceived stress or demographic variables. Results demonstrate that the type of self-care activities in which students engage may be more beneficial than duration of self-care alone. Students may benefit from further skill development in self-care to improve their current and future well-being. Occupational therapy educators have the opportunity to assist in developing this skill through intentional programming.

Introduction

The demands of graduate school, particularly among health professional programs, place an enormous amount of stress on students. Psychosocial concerns such as depression, anxiety, and burnout have been the most reported health problems impacting academic learning among health professional graduate students (Kernan et al., 2011). While learning how to address patient health, students are simultaneously faced with numerous barriers that prevent them from achieving personal well-being; researchers have found these barriers to include time constraints, perceived stress, academic pressure, and feelings of guilt when taking time away from schoolwork (Burck et al., 2014; Govender et al., 2015; Jacob et al., 2013; Stark et al., 2005). In a sample of first year health professional students, 41% reported elevated depressive symptoms and 28% reported elevated anxiety (Melnik et al., 2016). Whether it takes the form of stress, depression, anxiety, or burnout, the poor mental health of graduate students in health professional programs is a serious concern that needs to be addressed (Dutta et al., 2005; Dyrbye et al., 2006; Freeburn & Sinclair, 2009; McConville et al., 2017; Ripp et al., 2017; Sanderson & Brewer, 2017; Slavin et al., 2014).

Studies of students in occupational therapy (OT) programs demonstrate they are not immune to the stressors of graduate school. The high levels of stress and poor mental health faced by this population are well-documented (Govender et al., 2015; Grab et al., 2021; Longfield et al., 2006; Pfeifer et al., 2008; Robins et al., 2018). In a sample of 47 students, almost half of whom were in OT programs, participants repeatedly reported that their social and physical activities had decreased since starting graduate school; consequently, their feelings of self-worth had changed since becoming graduate students (Longfield et al., 2006). In a large-scale study of OT students across the United States, the average stress level reported by students was 7 out of 10; students in this study reported they did not feel they had life-balance (Grab et al., 2021). In another study, 66% of OT students rated their stress levels as either above average or the highest in their lives (Pfeifer et al., 2008). Occupational therapy educators have also acknowledged that students experience high levels of stress; however, they reported taking minimal action to address student mental health (Grab et al., 2021). As a profession that supports health and well-being, OT should develop and implement interventions that improve its students' wellness.

Self-Care as One Solution

Researchers from various health disciplines, including nursing, medicine, and psychology, identify self-care as one solution to improve physical, mental, and social health. These professionals have found that individuals who engage in holistic self-care practices experience high levels of life satisfaction and overall wellness. Researchers have agreed that self-care activities include sleep, exercise, proper nutrition, social connectedness, leisure engagement and stress reduction, and they have reported that these practices improve both mental and physical health and well-being (Bono, 2018; Chatterjee, 2017; Cook-Cottone & Guyker, 2018; Lee & Miller, 2013; McCormack, 2003; McKinzie et al., 2006; Myers et al., 2012; Ornish & Ornish, 2019; Rath & Harter, 2010; Sherzai & Sherzai, 2017; Stark et al., 2012; Walker, 2017). This holistic understanding of self-care is consistent with the World Health Organization's definition of self-care as

“the activities individuals, families and communities take with the intention of enhancing health, preventing disease, limiting illness and restoring health” (WHO, 1983, p. 2). Many health disciplines acknowledge that regular engagement in holistic self-care practices can improve the overall well-being of many populations.

Students are one population who have been found to benefit from engagement in self-care practices. In a study of medical students, researchers concluded that self-reported engagement in self-care was related to lower stress levels and improved physical and psychological quality of life (Ayala et al., 2018). Nursing students who underwent a self-care intervention significantly improved overall health-promoting lifestyle, health responsibility, physical activity, nutrition, spiritual growth, and stress management (Stark et al., 2005). In a study among health professional students, sleep and self-compassion were found to mitigate the effects of stress (Kemper et al., 2015). Studies among psychology graduate programs have also found that self-care practices, including sleep, social support, and emotion regulation strategies are related to lower levels of perceived stress in students (McKinzie et al., 2006; Myers et al., 2012). Based on their findings, these researchers advocated to conceptualize self-care promotion in graduate school as “a ‘preventative model’ that creates a foundation for a career-long pursuit of professionalism” (Myers et al., 2012, p. 63). In the field of clinical psychology, researchers stated that self-care is not only an important component of wellness, but “an ethical imperative” for practitioners (Barnett et al., 2007, p. 2). Bamonti et al. (2014) asserted that among clinical psychology programs, a culture of self-care must be fostered to promote these practices in students prior to their becoming practitioners. While these disciplines and others have identified the benefits of self-care among students, the self-care practices of OT students have not been well studied.

Self-Care in OT

Self-care is a frequently mentioned topic in OT, as the term regularly appears in treatment notes, research articles, and textbooks. Traditionally in OT, self-care has referred to activities of daily living (ADL), or personal activities such as eating, grooming, and bathing (Christiansen & Matuska, 2011). However, the term is rarely explicitly defined. Previous research has established that among OT journal articles that include the term “self-care,” 54.9% of authors did not define self-care or specify to which occupations the term referred; among articles that clarified use of the term self-care, authors primarily applied the concept to basic ADL (Laposha & Smallfield, 2019). In these articles, the term was rarely applied to more holistic occupations, including sleep, socialization, exercise, or leisure (Laposha & Smallfield, 2019). For example, in one of the more recent versions of the *Occupational Therapy Practice Framework (the Framework)*, self-care was referenced five times, often in the context of completing ADL and ADL routines, but it was never defined (American Occupational Therapy Association [AOTA], 2014). Because OT lacks a holistic definition of self-care, the concept has been underutilized as an intervention, despite self-care’s potential to improve the health and well-being of many different populations, including graduate students.

Benefits to Practicing Self-Care

Engagement in holistic self-care practices has the potential to improve the health and well-being of students as they complete their OT programs. Furthermore, there are additional benefits to learning to prioritize self-care practices in graduate school. Firstly, stress and anxiety have been found to negatively impact academic learning among college-aged students (Hubbard & Blyler, 2016). Decreasing the stress levels of students and improving their coping strategies may improve the learning of students as they complete their professional degree programs. In addition, the habits developed by students in school carry over into their careers. Failure to develop strong self-care practices as a student may negatively affect one's role as a practitioner, including increased likelihood of burnout, work-related stress, and low work engagement. New OT graduates have reported feeling that the transition to clinical practice is overwhelming and stressful, as they face a variety of challenges as new practitioners, including adjusting to new workloads and expectations (Morley, 2006; Murray et al., 2015; Robertson & Griffiths, 2009; Turpin et al., 2021). Robins et al. (2018) examined levels of burnout experienced by health professional students and practitioners of various disciplines, including OT. In this study, students were found to experience higher rates of burnout than practitioners, and experiencing burnout as a student predicted practitioner burnout, particularly on the dimensions of cynicism and exhaustion. Additional researchers have found that OT practitioners experience burnout characteristics, including emotional exhaustion, depersonalization, cynicism, and low professional efficacy (Balogun et al., 2002; Bruschini et al., 2018; Gupta et al., 2012; Lloyd & King, 2004; Poulsen et al., 2014; Reis et al., 2018). While OT practitioners in these studies described using a variety of coping strategies, "physical self-care" was only mentioned once (Gupta et al., 2012, p. 92). There has been evidence that healthcare practitioners fail to prioritize their own self-care, and Poulsen et al. (2014) asserted that education regarding self-care is needed at all points of a healthcare professional's career. Learning to prioritize self-care practices as a graduate student could reduce negative consequences such as burnout and emotional exhaustion upon entering professional practice and throughout one's career.

Secondly, because OT promotes well-being as one of its core tenets, maintaining self-care would not only be beneficial to practitioners themselves, but it would also better address the well-being of clients. Ripp et al. (2017) advocated for an increased emphasis on well-being among medical practitioners, stating that improved feelings of wellness can increase patient satisfaction and practitioner productivity. In addition to these benefits, OT practitioners can serve as a model of well-being by following their own recommendations and leading their clients by example (Burck et al., 2014). Having a strong foundation for self-care allows a practitioner to be more credible with clients and better their ability to empathize and capitalize on therapeutic use of self. If practitioners have a strong personal understanding of the individualized nature of self-care and its importance in achieving high levels of well-being, they may be better equipped to educate and motivate clients to participate in these health promoting behaviors (McCormack, 2003; Stark et al., 2012). In a qualitative study among counseling students, participants reported that learning about self-care was one of the most important things they had learned in graduate school, as they felt that maintaining

wellness was critical to being effective when working with clients (Burck et al., 2014). Burck et al. (2014) stated, "To be an effective counselor, one must not only understand wellness conceptually, but also personally" (p. 48). Learning to prioritize self-care practices as a student has countless benefits that transcend into one's professional career, leading to better outcomes for both practitioners and clients.

Study Purpose

Self-care has been underutilized in OT, despite its potential to improve the mental health of many different populations, including graduate students. Other health professions have found that fostering self-care among students improves wellness; however, holistic self-care practices have yet to be fully embraced as an intervention among OT students, even though the overarching goal of OT is achieving health and well-being through engagement in occupations (AOTA, 2014). To align with the profession's core tenets, OT programs should consider their role in promoting holistic self-care among students to improve their well-being as emerging practitioners, and ultimately to improve client care. This call to action is echoed by Poulsen et al. (2014), who stated "there is an ongoing need to promote self-care, both to ensure optimal health and resiliency and to maintain high quality care for others" (p. 163). To foster a culture of self-care that promotes student well-being, OT educators must first understand how students currently perceive and practice self-care. Therefore, the purpose of this study was to: 1) explore how OT graduate students understand the concept of self-care; 2) determine how OT graduate students currently practice self-care; and 3) examine the correlation between self-care and perceived stress. Exploring how OT students understand and practice self-care can lead to the development of interventions to improve their health and well-being both in professional school and throughout their careers.

Method

Study Design

We used a mixed methods design in which participants completed two study phases: 1) attending a focus group; and 2) keeping a time diary. Focus group methodology was used to explore how OT graduate students understand the concept of self-care. Focus groups are a type of qualitative inquiry consisting of group interviews in which participants not only communicate with the researcher, but interact with each other to generate data (Kitzinger, 1995). Focus groups are used to learn more about a group of people's lived experiences, beliefs, or knowledge, exploring not only what people think, but why they think something. Following focus group participation, each participant completed a time diary, which they kept over a three day-period. Diary methods utilize self-report to capture events close to the time that they occur, and one benefit of time-diaries is that they reduce recall bias and allow events to occur in their natural contexts, increasing ecological validity (Bolger et al., 2003; Iida et al., 2012). The study received approval from the Institutional Review Board affiliated with the study site, and participants signed informed consents at the start of focus group sessions. Data collection occurred during October and November of 2018.

Participants

The sampling frame for this study included all students (approximately 215) enrolled in one Midwestern accredited OT program at the time of study recruitment. This included first, second and third-year students, as well as students working towards either master's or doctorate degrees. There was no additional inclusion or exclusion criteria because the goal was to create a comprehensive view of the OT program student body. Participants were self-selected through email invitation.

Procedure

A total of four focus groups were completed. One additional one to one interview was completed due to scheduling constraints. Each focus group lasted approximately one hour and included four to six participants. The first author facilitated the semi-structured discussion. Questions were developed based upon the research question: how do OT students understand the concept of self-care? Questions aimed to explore how students practice self-care and their attitudes and beliefs regarding self-care in their own lives, as well as how self-care fits into OT education, theory, and practice. Focus group questions are listed in Table 1.

Table 1

Focus Group Questions

-
1. How do you practice self-care? Please provide examples of this.
 2. How do you define self-care? For example, when you hear the term "self-care," what comes to mind?
 3. Tell me about ways or give an example of how you have learned about self-care in your life.
 4. How have your self-care practices changed as a result of being in graduate school? Do you have examples of this?
 5. How does the concept of self-care fit into occupational therapy?
 6. How do you think occupational therapy practitioners can use the concept of self-care in practice? Do you have examples of what this could look like?
-

To ensure accurate understanding, the focus group facilitator continuously asked follow-up questions to clarify participants' responses and gain further information. A second person was present to take notes during all focus groups.

At the end of each focus group, participants were provided with detailed instructions for completing time diaries. Participants electronically recorded all their activities over a 72-hour period. Time was separated into 30-minute blocks for ease of entry. After each activity entry, participants answered the question, "Was this a self-care practice?" with yes or no. To determine whether each activity was a self-care practice, participants were given the following self-care definition: "a process of purposeful engagement in practices that promote holistic health and well-being of the self" (Lee & Miller, 2013, p.

98). Participants were instructed that when engaged in two occupations (ex: studying while listening to music), they should record which occupation they felt was the more important, or primary, occupation at that time. At the conclusion of 72 hours, participants were emailed a survey in which they uploaded their finished time diaries, answered demographic questions, and completed the Perceived Stress Scale-10 (Cohen & Williamson, 1988). The survey also included the question: "Do you feel that the daily activities you reported over the last three days are consistent with your typical daily activities?" This question served to understand if students may have changed their behavior based upon awareness of being in a research study.

Instruments

Time Diary

The authors developed the time diary template based on other daily activity logs used by health professionals, namely the Occupational Questionnaire and the National Institute of Health Activity Record, as well as literature on time use diaries (Bolger, 2003; Gerber & Furst, 1992; Iida et al., 2012; Smith et al., 1986). Participants kept time diaries over a 72-hour period. This amount of time was chosen to limit participant burden, and weekdays were selected to observe how students practice self-care while allotting time for classes and coursework in a typical week.

Perceived Stress Scale-10 (PSS-10)

The PSS-10 was utilized to measure participants' perceived levels of stress. This self-report scale measures how stressful one perceives the events in his or her life (Cohen & Williamson, 1988). The PSS-10 has good internal consistency, test-retest reliability, structural validity, and criterion validity (Lee, 2012). Ten questions regarding an individual's perceived stress within the last month are measured on a 5-point Likert Scale. Scores can range from 0-40, with a higher total score indicating a higher level of perceived stress.

Data Analysis

Focus groups were audio recorded and transcribed by the first author. Transcripts were analyzed alongside field notes taken by the focus group facilitator and note-taker. To begin data analysis, all transcripts were read repeatedly to gain an initial understanding of recurring concepts across focus groups. Next, each transcription was reviewed independently, and each idea expressed by focus group participants was coded with a representative phrase. These codes were listed in a master codebook document. Each transcription was then reviewed two additional times to make sure no remaining ideas were omitted. Next, similar codes within the codebook were combined and labelled, resulting in fifty unique codes. Using this codebook, each transcription was then re-reviewed to ensure that the remaining codes were representative of the ideas expressed by participants. Lastly, codes were grouped together, and five main themes were identified. These main themes were divided into subthemes when appropriate. Representative quotations for each theme were also noted. To ensure accuracy, the

second author reviewed the first author's development of coding, themes and exemplar statements and came to agreement with the first author's results. Additionally, we consulted a third researcher with experience in qualitative research on the data analysis process; this researcher verified the accuracy of processes.

The time diaries yielded both qualitative and quantitative data. Qualitative data was gathered regarding the types of self-care occupations reported. A complete list of all occupations reported by participants was generated; next, each occupation was coded, and common occupations were identified and merged under a single occupation title. The second author reviewed and reached agreement with the first author's codes. Descriptive statistics regarding the frequencies of each occupation were determined. Each time diary was then independently analyzed to determine the amount of time students reported engaging in self-care activities. Descriptive statistics were determined for duration of self-care activities across participants. The duration in hours was correlated to an individual's PSS-10 score using Spearman's Rho. PSS-10 scores and number of hours spent engaging in self-care were also correlated to all demographic variable categories using Spearman's Rho. Lastly, participant characteristics were summarized using descriptive statistics.

Study Trustworthiness

Several strategies were used to increase trustworthiness of the study. Firstly, an audit trail of multiple documents was utilized to track decisions made during the process of identifying and consolidating codes from focus group and time diary data, developing themes, and choosing exemplar statements (Letts et al., 2007). The second author reviewed the audit trail, including all coding, completed by the first author and came to agreement with results from both study phases. Bringing two perspectives to data interpretation increases the rigor and trustworthiness of data analysis (Saldaña, 2013). We also consulted a third researcher with experience in qualitative research on the data analysis process; this researcher verified the accuracy of processes. Lastly, the collection of both qualitative and quantitative data aided study trustworthiness; quantitative data were consistent with the qualitative findings.

Results

A total of 21 students participated in this study. One student who participated in a focus group did not complete the second phase of the study, therefore this participant's time diary and demographic data were not included in data analysis. The mean age of study participants was 24.35 (± 2.76) years and ranged from 21-33 years. Most participants self-reported as female and Caucasian. Demographic characteristics are reported in Table 2.

Table 2*Participant Demographics*

Variable	Mean (SD)	Number	Percent
Age			
21-33	24.35 (2.76)		
Gender			
Male		3	15
Female		17	85
Race/Ethnicity			
Caucasian		18	90
African American		1	5
Other		1	5
Year in OT Program			
First Year		4	20
Second Year		11	55
Third Year		5	25
Degree			
MSOT		8	40
OTD		12	60

Focus Group Themes

Five main themes emerged from the data: 1) self-care practices of students; 2) self-care improves well-being; 3) intentional self-care; 4) maintaining occupational balance; and 5) student perceptions of self-care in OT practice. Three themes also contained subthemes, which are supported by participant statements. Themes, subthemes, and exemplar statements are included in Table 3. Participants also repeatedly agreed that self-care is different for everyone, and this idea is recurrent across themes.

Table 3*Themes, Subthemes and Thematic Exemplars*

Theme	Subtheme	Thematic Exemplars
Self-care practices of students	1) Self-care occupations	<p>“I also just love people and being around people, so that is my form of self-care a lot of times: spending quality time with the people in my life or doing fun things with them or doing nothing with them, like just sitting around together.”</p> <p>“I like singing in my car sometimes; it helps me a lot. I play my guitar or my other instruments in my room. Sometimes I’ll read before bed if I’m like, really stressed. I do some prayer or Bible reading, or journaling.”</p>
	2) Self-efficacy skills	<p>“If you have a better attitude or outlook, you feel better, which to me is the point of self-care: making yourself feel better and less stressed. So, saying yes to the things you’re passionate about is something enjoyable, or having positive self-talk.”</p> <p>“I think where I may free up time elsewhere, I really hold my exercise time pretty strict, like if there is a group project meeting or something and I know I already have a workout class booked, I will say that.”</p>
Self-care improves well-being		<p>“I think of it as like you’re a cup, and a lot of times, you’re giving emotionally to other people and intellectually thinking all the time at school and working on stuff and then like, self-care is anything that pours back into your cup so that you have more energy and love and kindness to give to people and not just all of it sucked away. It’s like giving back to yourself.”</p> <p>“Self-care to me is just anything that’s life-giving or relaxing. So like, for my physical health, exercising or eating healthy or cooking is like good self-care, I feel like at least for myself. And for mental or emotional health is anything that relaxes me or brings me joy. And emotional or social health is like hanging out with friends, which is also self-care for me.”</p>

Intentional self-care	1) Skill to develop	<p>“Last year, I was feeling pretty stressed out with the transition to grad school...so I sought out the student counseling here and that [self-care] was like something we really focused on in counseling. So, I think it’s one of those things, like you know it, but until someone really tells you like, this is what you’re deprived of and you need to make it happen.”</p> <p>“Going into grad school, I thought I could live the same life that I was living in undergrad as far as just I can work every weekend and then some nights, but still go out with friends and get such little sleep, like all this stuff. And then getting to grad school and understanding that’s not how it is, and how I wanted to take it way more seriously and how my emotional health is important here. I think I’m taking it a lot more seriously, but also reflecting on like, what is working and what’s maybe adding to my stress levels, and what I’m labeling as self-care but isn’t actually self-care and is actually stressing me out more.”</p>
	2) Evolving nature of self-care	<p>“Over the last couple of years, my self-care activities have changed just based on the environment. Between the first year of grad school and now, I’ve adopted a dog. Now, I like doing things with him, going on walks or taking him to the apple orchard. That to me is enjoyable and helps me relax, but that’s something I wasn’t able to do before.”</p> <p>“I really like watching TV, which is not always great, but it’s helpful...when I’ve had a busy day or I’ve been doing something else and I just need to turn my mind off, I’ll go to that. But on the opposite end of the spectrum, if I’ve been watching TV for too long, it’s no longer fulfilling or productive to me anymore. I feel lazy and unproductive, so I guess it’s always seeking that balance. Whatever I’ve got too much of, I’ll try something else.”</p>
Maintaining occupational balance		<p>“I think just like, especially with school, whenever things get super stressful, it can be difficult to focus on things like studying or just being productive. You kind of have to take a break sometimes and just let your mind and body relax and refresh before going back and being productive or getting the things done that you have to get done.”</p>

Student perceptions of self-care in occupational therapy practice		<p>“What I’ve had is a change of mindset. Like I just let things go which is really hard to do but I was just like, well does this really matter? And then comparing it to self-care. Does this perfect paper matter compared to my well-being? But doing something that makes me feel good, and so I can actually, going into the future, put forth the effort into something that is necessary and go the extra mile if need be.”</p>
	1) Practitioner mental health	<p>“If you’re not taking care of yourself, if you’re the OT and you’re going into a patient’s room and you’re burned out, you aren’t going to be the best OT. You aren’t going to be as client-centered. Are people going to want to engage in therapy with someone who is grumpy or doesn’t want to be there?”</p> <p>“Part of it for me is like, realizing when you’re happier and you come from this place of like, overflow, then you can overflow that joy and that whatever into your work instead of being drained and drained and drained and then trying to give the very last drop you have. It’s better practice to live an abundant life for yourself so that you can give people more of an overflow of what you have.”</p>
	2) Meaningful occupation is self-care	<p>“I’ve thought of this often, like if I had an injury that prevented me from doing crossword puzzles, what a big loss that would be for me...if I couldn’t read or write the words, it makes me want to cry what a big loss that would be. I try to think about those things for clients too: what those activities are that might not seem the most pressing in inpatient for example, but what’s going to be meaningful or make them so unhappy when they go home if they can’t do that.”</p> <p>“I think, well, occupational therapy is all about finding the meaningful occupations that are important to people and really valuing those. And for me, the things I do for self-care are the most valuable occupations that I do every day...I think that’s like the crux of occupational therapy. We want to find things that are valuable to people, and self-care activities seem to be pretty important.”</p>

Self-Care Practices of Students

This theme envelopes the wide variety of practices and occupations that participants regarded as self-care. Multiple participants noted that self-care includes the activities people do for their personal selves, and that self-care involves taking time for oneself. Several also noted that it is easier to practice their self-care occupations when they feel that they receive social support for engaging in self-care practices, such as when they exercise with a friend or family member. Two categories of self-care practices emerged from the data: 1) self-care occupations, and 2) self-efficacy skills.

1) Self-Care Occupations. Participants reported that self-care includes engagement in specific occupations. The most frequently mentioned occupation was exercise, including going on walks and attending exercise classes. They listed other occupations as self-care activities, including spending quality time with friends and family members, engaging in hobbies such as crafts or outdoor activities, sleeping/napping, watching television or online streaming services, creating schedules and to-do lists, and performing ADL such as bathing and grooming. Multiple participants also thought that participating in extracurricular activities and clubs outside of their OT program was a form of self-care.

2) Self-Efficacy Skills. In addition to participating in self-care occupations, students also mentioned utilizing self-efficacy skills to practice self-care successfully. These skills require metacognitive awareness of the importance of self-care, as well as knowledge of the components necessary to enable engagement in self-care occupations. Self-efficacy skills included schedule prioritization, such as deciding when to say yes or no to certain extracurricular or social activities and making time to participate in those activities that were most important to them. For example, several participants noted that prioritizing exercise and sleep is critical to their overall functioning and well-being. In addition to schedule prioritization, multiple participants mentioned emotion regulation strategies as a form of self-care; these strategies included maintaining positive internal self-talk, letting go of stressful situations, and recognizing that it is “okay to be human”. Two participants also valued “setting boundaries” with their friends and family; these participants describe the importance of self-advocacy as a necessary component to self-care practice. Lastly, two participants stated that avoiding negative energy among their cohort is an important self-care practice that decreases their stress levels.

Self-Care Improves Well-Being

Participants repeatedly acknowledged that self-care is an important part of their lives, and that engagement in self-care practices improves their overall well-being. They stated that participation in self-care activities is stress-relieving, and they used a variety of words and phrases to emphasize this point, describing self-care as “therapeutic,” “beneficial to my personal self,” “fulfilling,” “life-giving,” and “refreshing”, and that self-care “helps keep me afloat.” They also found participation in self-care to be centering and felt it provided opportunities to “re-charge [their] batteries.” A few participants highlighted that while some self-care activities may not be enjoyable during

engagement, these practices result in reduced stress. This idea is highlighted by a participant who reported, “I hate doing the dishes, so I try to stop them from being built up because it’s one of those things: if that crumbles then I know it’s harder to get back on top of stuff.”

Participants also felt that engaging in self-care enhanced their productivity and social interactions by increasing their energy and improving their attitude. One summarized this idea by stating that self-care:

...builds your confidence and identity through doing those things because these are things you enjoy and things that make up who you are, and I think it emphasizes who you are as a person and then you can more effectively work on schoolwork because you’re more fulfilled.

Many participants reported using self-care to take a break from schoolwork, which positively impacted their mental health. Participants also highlighted they used self-care as a means of “coping” with difficult situations in their personal lives, or during stressful periods of heavy academic coursework. Lastly, students mentioned they felt self-care prevents burnout and chronic health conditions, and that practices such as exercise, sleep, and eating nutritious foods improved their physical health.

Intentional Self-Care

The theme of intentional self-care emphasizes the belief that engagement in self-care requires a conscious effort. Self-care practices must regularly be evaluated and altered for success based on one’s circumstances. Two subthemes emerged from the data: 1) a skill to develop, and 2) the evolving nature of self-care.

1) A Skill to Develop. Participant comments repeatedly revealed that practicing self-care was a skill that must be developed. Their comments acknowledge that maintaining self-care requires self-awareness, reflection and evaluation regarding which practices are most effective for each individual. While some participants reported confidence in their self-care, other participants stated that they were still trying to find the self-care practices that managed their anxiety throughout the day. For example, one participant repeatedly emphasized that she did not think she was very good at self-care and wanted to get better at it, but she did not know how to go about this. Other participants replied with strategies they had discovered worked for them and then incorporated into their daily routines. Their comments reveal that it may take time and effort to develop new habits and engage in self-care in a way that maximizes well-being.

The idea that self-care is a skill to develop is also emphasized by the ways students reported learning about self-care in their lives. Some participants reported that self-care was modeled to them, with students reporting they learned both from parents, family members, and mentors who were “great at self-care” and others who did not prioritize self-care. Other participants learned about self-care organically, through participating in different extracurricular activities throughout their lives and prioritizing those occupations they enjoyed. In contrast, several participants noted specific experiences

through which they were forced to realize they needed to practice self-care to reduce harmful levels of stress. Four participants highlighted stories from their past in which a medical professional or counselor taught them about self-care as an intervention to address mental or physical health conditions; these individuals felt the practices they integrated as part of their self-care routines during those times were still important in maintaining their overall well-being. Other participants discussed learning about self-care through a process of trial and error. For example, one noted that she learned what self-care was through “failing,” describing a story in which she altered her mindset after realizing that “beating myself up over everything is not worth it.” A few participants noted that self-care was a new concept introduced to them in professional school. Participants also felt that the concept of self-care increased in importance when an authority figure, such as a medical professional or professor, discussed the topic with them.

2) Evolving Nature of Self-Care. Participants repeatedly reported that their self-care practices have evolved over the course of their lives. Self-care practices may change depending on one’s season of life or other environmental contexts. Immediate environmental features, such as weather, access to a gym or proximity to family, as well as broader influences, such as culture and stigma, may impact self-care practices. For example, almost all participants reported that their self-care practices have changed since entering graduate school due to changes in their daily schedules and the quantity of academic coursework. Several noted that the role of extracurricular activities, such as sports, as self-care has changed across their time in high school, undergraduate and professional school. Participants also stated that self-care practices may change day to day, depending on one’s current desires and circumstances. As one participant stated, “I think it [self-care] can switch from week to week from like, what you’re deprived of or what you need.” Another participant stated, “I feel like self-care is like, matching the occupation to your body’s needs at any given time.” For example, three participants stated that sometimes social interaction is a self-care practice, while other times, being around other people may contribute to their stress levels. Lastly, as described in the preceding subtheme, several participants reported that their self-care practices have changed as their awareness of the concept has changed, and that their self-care routines have grown and developed over the course of their lives as they figured out which occupations they felt most passionate about making time for in their schedules.

Maintaining Occupational Balance

Almost all participants stated they used self-care to “take a break from school,” but participants varied in the emphasis they placed on engaging in self-care versus completing academic coursework. Multiple participants reported that as their academic schedules became busier, making time for self-care became more difficult and they put self-care “on the backburner.” In contrast, one participant mentioned he prioritized practicing self-care to the point of not turning in assignments, stating, “I feel like I matter more than an assignment.” These participants illustrate a struggle with maintaining balance between completing schoolwork and practicing self-care in a way that maximizes both their academic success and mental health. Participants differed in their opinions upon whether they felt maintaining occupational balance had become easier or harder since entering professional school.

Across focus groups, participants reported an internal conflict in which they felt a need to “rationalize” or justify their participation in self-care practices. One mentioned that he used self-care as a reward and felt he must “earn it” by completing schoolwork. Others described feeling “lazy” when they engaged in self-care practices despite knowing they had schoolwork to complete. One participant described her experience this way: “I can think of situations where I’m trying to relax but there’s a nagging in my head: you should be doing this, you shouldn’t be watching TV, you should really be writing your paper.” These participants reported struggling with finding the line between self-care and self-indulgence, stating they must overcome feeling guilty when practicing self-care. They articulated a desire to improve their thought processes regarding these feelings to achieve greater occupational balance. As one participant stated:

I have to really tell myself if I’ve ditched studying to watch a movie with my boyfriend, you know what, that’s what...my personal self needed right now. My academic self can pick up this paper proposal tomorrow, but for right then and there, that’s what I needed as a person.

In contrast, other participants felt they had improved at maintaining balance between practicing self-care and completing schoolwork over time, and they reported a positive impact on their mental health. These participants reported experiences in high school, undergraduate school, or professional school in which they developed “a changed mindset,” realizing that engagement in self-care improved their productivity and work output, in addition to their quality of life, attitude, and mental health. One summarized her attitude by noting, “I can’t work 24/7 and that’s how it should be.”

Student Perceptions of Self-Care in OT Practice

All students acknowledged that self-care plays an important role in OT, with several students stating that the concept is “central” to the profession. Examples of how the concept of self-care fits into OT fell into two subthemes: 1) practitioner mental health; and 2) meaningful occupation is self-care.

1) Practitioner Mental Health. Across focus groups, participants repeatedly used versions of the phrase, “You have to take care of yourself before you can take care of others.” They stated they needed to successfully manage their own health and well-being to give the best possible care to their clients; as one participant stated, “You can really only give as much as you’re putting in yourself.” Participants particularly highlighted the benefits of practicing self-care on aspects of mental health, stating that addressing mental health is an important component of OT. Participants also felt that engaging in fulfilling self-care practices prevents practitioner burnout. Two participants described how caring for their friends and family is currently a self-care practice, and they feared a negative impact on their well-being once they begin caring for others daily as part of their career; they described a desire to ensure they have other forms of self-care in place prior to joining the workforce. In addition to the focus on practitioner mental health, multiple participants described the importance of acting as a self-care role model to clients. As one student stated, “If we’re preaching something, we should be addressing it in our daily lives, too.”

2) Meaningful Occupation is Self-Care. Participants repeatedly mentioned that self-care has a place in OT because self-care practices include meaningful occupations; as one participant stated, “Just having meaningful things to do in your life is what makes up occupational therapy.” Participants also noted that self-care engagement aligns with many OT core values. One student summarized this idea by stating, “self-care requires a lot of things occupational therapists want to foster, like self-efficacy, having control over choices, controlling your time to allot for self-care, self-management, advocacy, occupational balance, being client-centered and considering what the person specifically finds meaningful.” Participants felt that OT practitioners in all settings should discuss self-care with clients, and that using a client’s self-care activities in intervention could be very motivating and empowering. Furthermore, they commented on the loss people may feel if they are unable to perform self-care occupations due to an injury or health condition.

A few participants also noted that they recognize the term self-care from the *Framework* (AOTA, 2014), but they felt the *Framework* definition of self-care as ADL conflicted with their own understanding of self-care. One participant described the contrast this way: “the split between the OTPF [Occupational Therapy Practice Framework] type definition of self-care like basic ADLs like bathing, dressing and hygiene versus more of an overall wellness/what am I doing to make sure my wellness is taken care of.”

Time Diary Data

Over the 72-hour period, the mean number of hours participants spent engaging in self-care was 31.05 (± 14.11) hours, ranging from 9-55 hours. Participants listed a total of 318 occupations as self-care. Similar occupations were coded and grouped together under one representative occupation name, resulting in 31 categories of occupations. The occupation in which participants reported spending the greatest number of hours was sleeping (296.5 hours) followed by meal preparation/eating (47 hours). See Table 4 for the list of coded occupations, the total number of hours spent engaged in each occupation, the number of participants who reported engaging in each occupation, and the mean number of hours spent on each occupation as reported by participants. Three participants reported that their activities during the time diary period were not consistent with their typical daily activities.

The mean PSS-10 score was 16.5 (± 7.05), and scores ranged from 5-28. Results of the Spearman Rho correlation indicated there was not a significant association between PSS-10 scores and number of hours spent engaging in self-care ($r_s = -.140$, $p = .557$). In addition, there were no significant relationships among PSS-10 scores and demographic variables nor significant relationships among the number of hours spent engaging in self-care practices and demographic variables. See Table 5 for Spearman Rho correlation statistics.

Table 4*Occupations Included in Time Diaries*

Occupation	Total number of hours spent on occupation	Number of participants who reported engagement in occupation	Mean hours spent daily on occupation per participant who reported engagement
Sleeping	296.5	15	6.59±(2.56)
Meal preparation/eating	47	15	1.04±(0.60)
Watching TV/streaming services	42	16	0.88±(0.46)
Activities with friends	29	12	0.81±(0.63)
Working out/exercise	21	12	0.58±(0.25)
Socializing with friends	19.5	10	0.65±(0.44)
Talking via phone/online	15	6	0.83±(0.78)
Napping	12	10	0.40±(0.22)
Showering	12	11	0.36±(0.21)
Walking (dog, to/from class)	12	8	0.50±(0.27)
Pursuing hobbies/interests	11.5	5	0.77±(0.64)
Work	11	2	1.83±(1.18)
Reading	7.5	5	0.50±(0.57)
Service	7.5	2	1.25±(0.35)
Religious practices	7	2	1.17±(0.94)
Miscellaneous	7	7	0.33±(0.19)
Grooming/Dressing	6	4	0.50±(0.14)
Meditating/Relaxing/Sitting	6	7	0.29±(0.16)
Running errands	5	4	0.42±(0.22)
Playing sports	5	3	0.56±(0.25)
Attending conferences	5	2	0.83±(0.00)
Preparing for bed	5	6	0.24±(0.16)
Health appointments	4.5	2	0.75±(0.82)
Pet care	4.5	4	0.38±(0.16)
Social media	4.5	3	0.50±(0.44)
Time with significant other	4.5	4	0.38±(0.08)
Listening to music/podcasts	3	5	0.20±(0.07)
Cleaning/laundry	3	3	0.33±(0.29)
Talking/Visiting with parents	3	4	0.25±(0.10)
“Getting Ready”	2.5	4	0.21±(0.08)
Journaling	2	2	0.33±(0.24)

Table 5

Correlations among PSS-10 Score, Demographic Variables and Number of Hours Spent Engaging in Self-Care

Demographic variable	Number of hours spent engaging in self-care		PSS-10 scores	
	r_s	p	r_s	p
Gender	-.328	.158	.159	.504
Race/Ethnicity	.357	.123	.068	.775
Year in OT Program	-.293	.210	.064	.788
Degree	.257	.274	.080	.737

Note. p value is significant at <0.05 .

Discussion

This study explored how OT students understand and practice self-care, as well as how engagement in self-care may relate to perceived stress in this population. Firstly, we found that OT students experienced approximately moderate levels of stress. Self-reported perceived stress levels in this study were comparable to those reported by other health professional students in similar studies (Jacob et al., 2013; Kemper et al., 2015). Focus group comments further revealed that students experienced stress and anxiety, and that students looked to engagement in self-care as one means of stress relief. While several participants described their struggle to adopt healthful attitudes and practices related to self-care, others reported confidence in their self-care routines, and consequently they reported positive results on their well-being. These participants' experiences provide subjective data supporting self-care's potential impact as a stress management tool. In addition to decreased stress, participants described a variety of perceived benefits to practicing self-care; these benefits include improved physical and mental health, increased productivity, more positive attitude, and more meaningful social interactions.

Results demonstrate that while students vary in their implementation of self-care practices, they consistently reported that self-care played an important role in their lives. While participants subjectively felt that practicing self-care improved their well-being, quantitative data regarding time spent in self-care did not correlate with perceived stress. However, focus group comments revealed that perhaps more important than the amount of time spent engaging in self-care is how one perceives his or her self-care engagement. Some students reported feeling satisfied with their self-care routines, while others reported that although they practiced self-care, they still struggled to find the "right" self-care activities that managed their anxiety throughout the day. The most beneficial self-care practices reported by students in this study were exercise and sleep,

which is consistent with previous literature on the coping strategies of OT students (Grab et al., 2021). However, not every student identified sleep as self-care or reported engaging in exercise or other evidenced-based self-care practices; several of these students reported knowledge of these practices as beneficial, but they did not feel they implemented this knowledge successfully, resulting in feelings of dissonance and increased stress levels. Therefore, the *type* of self-care occupation appears to have a greater impact on well-being than *duration* of self-care alone.

This idea is consistent with the subtheme that self-care is a skill that must be developed. While several participants felt they had improved at self-care, others reported they had not developed this skill to a degree that was satisfactory or fulfilling to them. As student's comments reveal, it takes time and effort, trial and error, self-awareness, self-efficacy skills, regular evaluation, and the ability to alter self-care practices based on one's environment to develop the most beneficial self-care routines. So, even if students report spending large amounts of time engaging in self-care activities, they may not be engaging in those activities that provide occupational balance, restoration, or fulfillment. For example, while watching TV and streaming services was the third most reported self-care occupation in time diaries, participants repeatedly commented that screen time was not always helpful, as they reported that it made them feel "lazy" or "bad" about themselves. Students with higher levels of perceived stress may not have developed the skill of self-care yet, and they would benefit from support in developing this skill.

Implications for Occupational Therapy Education

Overwhelmingly, participants' comments revealed they wanted to learn the skill of self-care, and they believed it was an important component of wellness. However, they reported multiple barriers to practicing self-care. In this study, reported barriers included time constraints, academic coursework, feelings of guilt when taking time away from schoolwork, environmental barriers, and negative self-talk; these barriers are consistent with those found in other studies among health professional students (Burck et al., 2014; Govender et al., 2015; Jacob et al., 2013; Stark et al., 2005). While students work to overcome these barriers and practice self-care in their personal lives, OT programs have the opportunity to support students in developing the skill of self-care through curriculum and programming (Chin et al., 2021; Gutman et al., 2020). Occupational therapy educators can support students in developing the skill of self-care through modelling, curriculum development, student programming, student advisement, instructional design, and informal discussion. Several students commented that the importance of self-care increased when an authority figure discussed the concept with them. If OT educators promote this concept, the importance of engagement in self-care and its benefits may be instilled in students.

In addition, OT educators can explicitly teach students about evidence-based self-care practices. Across multiple disciplines, researchers agreed that the most beneficial self-care activities include sleep, exercise, proper nutrition, social connectedness, leisure engagement and stress reduction (Bono, 2018; Chatterjee, 2017; Cook-Cottone & Guyker, 2018; Lee & Miller, 2013; Ornish & Ornish, 2019; Rath & Harter, 2010; Sherzai

& Sherzai, 2017; Walker, 2017). Educators can encourage their students to adopt these health-promoting self-care practices and engage in self-reflection regarding their habits and routines. By aiding students in developing the skill of self-care prior to entering the work force, OT educators can improve the wellness practices of future practitioners, which practitioners can in turn teach to their clients.

Participants consistently reported they believed self-care aligns with core OT values, and that the concept has an important role in professional practice. Almost every participant articulated that OT practitioners should help their clients participate in self-care; they described using self-care occupations as motivating and client-centered intervention activities to empower clients. These beliefs reflect students' emerging understanding of the power of engagement in meaningful occupations. As a profession that promotes the influence of occupational engagement on health and well-being, OT educators can use learning experiences related to self-care practices and routines as an opportunity to enhance students' socialization to the profession and understanding of core OT values.

Researchers have repeatedly called for efforts to improve health professional student and practitioner wellness. Engagement in evidence-based self-care practices has been found to improve student well-being and may be linked to other benefits, including decreased practitioner burnout and improved client care. Learning to manage stress in professional school establishes health-promoting habits for the remainder of one's career, and OT programs should support students in developing this skill. Therefore, we propose that promoting the use of evidenced-based stress management tools, including self-care, is essential OT program content and should be included in the Accreditation Council for Occupational Therapy Education's (ACOTE) Program Standards (2018) as a professional value and responsibility. Managing one's well-being to provide effective, ethical, and client-centered care to clients is essential OT practice.

Limitations and Future Directions

Despite efforts to ensure rigor, this study is subject to limitations. Firstly, this sample only reflects participants from one OT program, which may not reflect the perspectives and practices of the general OT student population. Secondly, time diaries were only kept over a 72-hour period; time diaries kept over a longer period may result in enhanced data. This study also used self-report data, so perceived stress and experiences related to self-care were all the subjective views of participants. Lastly, participants were self-selected for this study, so this sample likely included students who contemplate self-care more frequently than their counterparts.

Future self-care research would benefit from sampling larger and more diverse OT student populations, as well as using a combination of subjective and objective instruments measuring a variety of wellness components, including mental, physical, social, and spiritual health. Questions explicitly designed to explore student satisfaction with their self-care practices would also clarify the impact of self-care on well-being. An enhanced understanding of the relationship among these variables could lead to the

development of interventions that use self-care practices and routines which best address student health. Ultimately, we hope to explore the long-term impact of student self-care interventions on their future well-being as OT practitioners, and the well-being of their clients.

Conclusion

The purpose of this study was to explore OT students' understanding and practice of self-care. Previous studies have called for action regarding the poor mental health of health professional students, including students in OT programs, and engagement in self-care activities is one tool that has been found effective in improving the well-being of students. Participants in this study overwhelmingly revealed that they value self-care, and they strive to become more effective at practicing self-care in a way that maximizes their well-being, stress management, and productivity. However, students vary in their feelings of effectiveness regarding their personal self-care practices, and they actively seek ways to enhance this skill. Students also want to improve their self-care practices because they feel self-care plays a critical role in OT. To help students achieve these goals, OT programs can support students' knowledge and practice of self-care in a variety of ways. Supporting students in developing health-promoting self-care practices can improve their well-being and improve their professional practice, ultimately enhancing the lives of clients they serve.

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