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Physical Therapy and Occupational Therapy Well-Being


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PHYSICAL THERAPIST AND OCCUPATIONAL THERAPIST WELL-BEING

Jenna Pilkington

HONORS PROJECT

Submitted to the Honors College
at Bowling Green State University in partial fulfillment of the
requirements for graduation with
UNIVERSITY HONORS

October 13, 2021

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Abstract

There is a lack of research in the professions of physical therapy and occupational therapy. To be more specific, the areas of stress and burnout have been topics of research within the healthcare field for medical physicians and nurses, but currently there is little research looking at stress and burnout for physical therapists and occupational therapists. (Anderson 2015; Berry 2019). The current study aims to look at the emotional connections between patients and professions, along with the related emotional stress experienced by these professionals. A survey was administered to 59 physical therapists and occupational therapists for the purpose to give data on the mental and physical stress experienced within these two professions. Major findings from this study revealed connections between the emotional and physical stress of bringing additional work home, connections between the years worked and desire to leave the profession, and the high emotional stress experienced within the profession. Therefore, establishing self-care plans and educational courses to better prepare graduate students within these two professions would be effective in reducing overall stress and burnout.

Introduction

Occupational therapists and physical therapists not only examine, diagnose, and create care plans for their patients, they also manage the emotional and physical hardships of their patients. These professionals are providing patient-centered care. Yet, there is a lack of current research that looks at how the emotional and physical hardships impact these professionals. (Donohoe et. all, 1993; Rogers & Dodson, 1988; Schlenz et. all, 1995; Schuster et. all, 1984) Anderson (2015) supports this lack of research in physical therapy and occupational therapy. He writes that research on quality of care, medical errors, and attrition have been done within client-centered professions, but not physical therapy and occupational therapy. Justin Berry (2019) also

supports this by stating that his analysis of current research showed minimal studies on stress within the profession of physical therapy. He noted occupational therapy was not included. Furthermore, the research that has been conducted is outdated. Berry (2019) continues by stating that these outdated studies represent a different time within health care and within these professions.

Professionals in the healthcare field experience emotional and physical stress, including physical therapists and occupational therapists. Bassett & Lloyd (2001) report that the emotional bonds made with patients, feeling of low achievement, and physical requirements within the profession are examples of stressors experienced by physical therapists and occupational therapists. The emotional bond experienced between a patient and the professional can often lead to what research defines as compassion fatigue (Sorenson et. al, 2016; Bride et. all, 2007, Potter et. all, 2010). Compassion fatigue (CF) is known as the caregiver's cost of caring. CF can be a result of several high-level empathetic engagements with distressed patients (Sorenson et. al, 2016; Bride et. all, 2007, Potter et. all, 2010). CF impacts physical therapists and occupational therapists daily. Sorenson et al. (2016) stated that CF leads to "an acute onset of physical, emotional, and work-related symptoms that affect patient care and relationships. CF is often conflated with burnout, secondary traumatic stress (STS), and compassion stress" (Sorenson et. al, 2016, 457).

Currently there is little research looking at stress and burnout for physical therapists and occupational therapists. Therefore, the purpose of this study is to gather data that will help establish an understanding of stress and compassion fatigue within the current landscape of these professions.

Methods

The methodology used in the present study was approved by the Bowling Green State University Human Subjects Review Board (See Appendix A)

Participants

The participants for this study were randomly selected physical therapists and occupational therapists, as well as physical therapist assistants and occupational therapist assistants. The participants were chosen from randomly selected Outpatient and Inpatient Rehabilitation Facilities. These facilities were randomly selected from twenty-five different states from a random number generator. The first three facilities within a Google search were picked within each state. Letters with a detailed description of the research study were sent to the facilities on February 5, 2021 (see Appendix B). The facilities that had email addresses and question forums publicly available also received an email with the letter attached as a file upload that included a detailed description of the study. The Rehabilitation Managers from the facilities were asked to provide the information about the research study to their employees. Another source of participant recruitment of social media, Facebook, Twitter, and Instagram were used to recruit participants, regardless of location or facility.

From these efforts of recruiting, 71 individuals consented to participating in the study. After reviewing the data from the study, 12 participants did not complete all parts of the study and were removed from the data analysis. Of the remaining participants, 39 were female, 20 were male, 63% were from Indiana, and 71% were physical therapists.

Materials

The materials for the study included a survey created by the researchers that was designed from a web-based platform called, Qualtrics. The survey started with an introduction

section, which introduced the researchers and the study. Following the introduction section was the consent form. The participants were asked to read and consent to the survey by selecting yes or no in the first question. (see Appendix C). One the participants consented; the survey began. The time frame for the survey was no more than ten minutes. Appendix D provides the full survey. Once the participants completed the survey, they were thanked and provided information on debriefing.

Results

The research study utilized a mixed methods approach to analyzing both quantitative and qualitative data.

See Appendix E for all tables and graphs.

Demographic Background

The demographics of this study included the participants' state, gender, profession, and years of experience (See Table 1). The demographics revealed that 23.72% of participants reported having worked within the profession for one or two years. When asked if their home life added stress, 49.15% of participants reported that home life did not add stress, but rather provided a place to de-stress and get away from the stress at work. The participants who reported that home life did add stress, mentioned kids, tantrums, illnesses, childcare, and lack of time spent with children as examples.

Questionnaire

The participants were also asked whether they had known someone who quit the profession due to physical or mental stress. According to the data, 42% of participants reported yes and 44% of participants reported no. They were then asked to elaborate on their answer.

Those who reported yes stated, the pay did not match the job demand and stress was too high, expectation of high productivity standards, and chronic joint pain made the job too difficult.

Those who reported no did not elaborate. Participants were also asked whether they had personally ever wanted to quit, with about half saying no (49.5%) and about half condoning yes (35.5%) or maybe (15%).

Furthermore, the participants were asked about how important an emotional connection is with patients: very important by many participants (49%), extremely important (24%), and moderately important (22%) (See Graph 1). The majority of individuals took their job home with them mentally (80%) with about a third taking work home physically (34%). Participants were also asked whether they had ever cried about any other aspect of the job, with over half indicating yes (46%) or maybe (10%) and the remaining participants saying no (44%). A scale of 1 to 10 was used to assess emotional and physical stressors of the job. Most of participants reported emotionally a rate of 5 (19%), other percentages detailed in Graph 2. Physically, most individuals rated stressors as a 6 out of 10 (20%). When asked how rewarding the job was, most of participants reported an 8 out of 10 (27%). Data found that participants most of the time feel proud of their work (68%).

Analysis

In comparing the desire to quit compared to taking work home mentally or physically (Graph 3), the data supported the hypothesis that the job of occupational and physical therapy can cause stress outside of the job and thus likely burnout. The graph details the number of participants that had taken their work home with them mentally or physically, while comparing whether they have wanted to quit. The participants that answered no to whether they took their work home with them mentally or physically were not included within this analysis, participants

who had answered yes or maybe were. Individuals who had answered yes or maybe to having the desire to quit were combined within this analysis. When analyzing the data, there was a significantly larger quantity of participants that wanted to quit (65.79%) over not quitting (34.21%) when they took their work home with them physically. Although, the data details that taking work home mentally (55.29%) was greater than physically (44.70%). The quantity of taking work home physically or mentally, while also having the desire to quit was equal. This data shows that in taking work home with them in any way, the participants were more likely to say they had a desire to quit.

The second analysis was taken from the data collected from the length of being in the profession and the desire to quit (Table 2). This is the analysis that had contradicted the hypothesis, that individuals would have a greater desire to quit when being in the profession for a longer period of time. Based on the finding, it seems that people in the profession for the shortest amount of time are most likely to want to quit (1-5 years), followed by people in the profession for the longest (10+ years), with people in the middle range (5-10 years) the least likely to want to quit. This comparison trend is the same in terms of professionals not wanting to quit at these times in their profession.

Finally, an analysis between the results of whether an individual found an emotional bond important and their ranking of emotional stress on a scale of 1 to 10 supported the hypothesis that occupational and physical therapists experience the same effects as other health care professions within compassion fatigue (Table 3). Most of participants had answered that an emotional bond was very important in order for their job to be done effectively (48.27%). Following each category from extremely important to not at all important, emotional bond had a greater proportion of participants answering a higher level of emotional stress within the job than

a lower level of emotional stress. The biggest difference was people who rated that the emotional bond was “very important”, with double the number of professions in that category rating higher emotional stress.

Discussion

The results of this study create an understanding that occupational therapists and physical therapists experience stress and compassion fatigue within their professions, just as other health care professionals. The findings from this research revealed that occupational therapists and physical therapists, who physically or mentally take work home with them, are more likely to consider quitting, especially those who reported having to physically take work home with them. The toll this can create on these professionals’ lives may cause a mental health impact affecting their overall wellbeing. Multiple professionals had detailed that their home life was a place for them to de-stress, their refuge, but if they are taking their work home with them physically or mentally, then they are not able to have that divide. This constant state of work creates emotional stress on these professionals. When the requirements of an occupation do not match the capabilities, resources, or needs of workers, their emotional stress is higher than others, leading to burnout (Anderson, 2015; Basset & Lloyd, 2001).

Data also showed that PT/OT burnout (i.e., thought of quitting) may be strongest in the early years of the job and fluctuate over time; although many individuals could be struggling throughout their profession, the longer they are within their profession does not necessarily contribute to their desire to quit. The contradiction of this hypothesis creates the belief that professionals are able to develop personal coping strategies or adapt to their job. This also may indicate that professionals beginning in this field struggle with their roles because they are not being provided the essential adaptations that are needed within their field.

Finally, person's rates of importance with emotional bonds with clients, participants tended to rate higher emotional stress levels, especially for those rating emotional bond as "very important." As we know from other research (Anderson, 2015; Bassest & Lloyd, 2001; Edwards & Durette, 2010) in order for their job to be effective, an emotional bond is essential. This cycle of creating an emotional bond with patients and feeling emotionally stressed due to this could be a large aspect as to why these professionals are experiencing burnout connected with compassion fatigue.

Conclusion

There is a lack of research on the emotional and physical stress experienced in the professions of physical therapy and occupational therapy. This research is also outdated and does not detail the understanding of compassion fatigue within these professions. (Anderson 2015; Berry 2019; Ries, 2019). Therefore, a research study was conducted to better understand the current impact of emotional and physical stress on physical therapists and occupational therapists in the US. The current data from this study provides evidence to help better understand compassion fatigue and burnout. It also looks at how these two factors impact the therapists' ability to perform their jobs effectively.

Future implications of this study may include considering variables such as the individual's day, location, daily stress, etc. to avoid bias in their answers to the questionnaire. It is important to further the knowledge of how creating an emotional bond with patients, in order to provide the best care, correlates to compassion fatigue that then may lead to burnout and/or the desire to leave the profession. Further research looking at ways to help physical therapists and occupational therapists manage stress while at work and after work is important. The research shows that physical therapists and occupational therapists with 1-5 years of experience

were more likely to leave the profession than others. Therefore, this data may warrant future research looking at reasons for why these professionals, who are beginning their careers, are more likely to leave the profession than those with more years of experience. Lastly, research with a more diverse data sample may provide a better understanding of how to best service diverse groups of professionals.

The results from this study could be used as a starting point toward creating self-care plans to help manage the stress experienced within these professions. The self-care plans should be catered to the individual and to help the individual learn how to best cope with the stress experienced. They should also highlight the benefits and self-worth of helping others, as reported by the participants who stated they were proud of their work. Graduate students who are pursuing their career path should be made aware of the stress that comes with the job and receive the appropriate training and education on how to manage this stress when it arises. By knowing how to manage the stress, there may be a decrease in burnout and compassion fatigue. Another way to help reduce burnout and compassion fatigue within the profession may be to provide mental checks and evaluations throughout the course of the graduate program to ensure that this profession is appropriate for the individual. All in all, graduate programs should start implementing ways to teach their students about these stressors and to also teach these students how to manage their stress for the future.

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APPENDIX A: IRB APPROVAL LETTER



DATE: January 25, 2021

TO: Jenna Pilkington
FROM: Bowling Green State University Institutional Review Board

PROJECT TITLE: [1683115-3] PT/OT Well-Being
SUBMISSION TYPE: Revision

ACTION: APPROVED
APPROVAL DATE: January 21, 2021
EXPIRATION DATE: November 30, 2021
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 7

Thank you for your submission of Revision materials for this project. The Bowling Green State University Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

The final approved version of the consent document(s) is available as a published Board Document in the Review Details page. You must use the approved version of the consent document when obtaining consent from participants. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that you are responsible to conduct the study as approved by the IRB. If you seek to make any changes in your project activities or procedures, those modifications must be approved by this committee prior to initiation. Please use the modification request form for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. All NON-COMPLIANCE issues or COMPLAINTS regarding this project must also be reported promptly to this office.

This approval expires on November 30, 2021. You will receive a continuing review notice before your project expires. If you wish to continue your work after the expiration date, your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date.

Good luck with your work. If you have any questions, please contact the Office of Research Compliance at 419-372-7716 or orc@bgsu.edu. Please include your project title and reference number in all correspondence regarding this project.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Bowling Green State University Institutional Review Board's records.

APPENDIX B: RECRUITMENT LETTER



Dear respected Rehabilitation Center,

My name is Jenna Pilkington. I am a student at Bowling Green State University (BGSU) within Bowling Green, Ohio. As an Honors student of this public university, I am asked to create a project that aims to further my education. I am a pre-occupational therapy student, and I have become interested in the atmosphere within the rehabilitation field, focusing mainly on physical therapists, occupational therapists, and PT and OT assistants. My project is a research survey on the environment and overall well-being of these different professionals. I am asking a multitude of hospitals across various regions in the US for the purpose of obtaining a diverse sample, and my project would greatly benefit from your participation in my study. If you are interested in your hospital participating, I just ask that you share this information with your rehabilitation staff. **In addition, if you would be willing to share this with other fellow professionals in other hospitals or settings, that would be appreciated, and you can simply forward on this information to them.**

The participation of your staff is completely voluntary, and the survey should take them less than ten minutes to complete. Please share with your staff the following step-by-step process to access the Qualtrics Survey which the questionnaire is on. I have emailed and mailed you the information provided. If you have any questions or concerns do not hesitate to email me personally at jenpilk@bgsu.edu.

1. This link will open up the Qualtrics Survey.
 - a. https://bgsu.az1.qualtrics.com/jfe/form/SV_8eIYY0ffkTclvtr
2. If this is a printed document, without the ability to easily access the link, scanning this QR code will take you to the form. If you go to the camera within your phone, it will pop up a website link.



- a.
3. To access the social media post to share, here is the link
 - a. Facebook
 - i. <https://www.facebook.com/photo?fbid=3481389248650249&set=a.2336330979822754>
 - b. Instagram
 - i. https://www.instagram.com/p/CKeSK_uhO-U/?utm_source=ig_web_button_share_sheet
 - c. Twitter
 - i. https://twitter.com/jjenna_06/status/1353729083230846977?s=20
4. At the beginning of the survey is a consent form. In order for your responses to be used in the research you must consent to participate.
5. **When sharing this survey, please ask that only physical therapists, occupational therapists, physical therapy assistants, and occupational therapy assistants fill it out.**
6. The deadline for answers will be April 30th, 2021

APPENDIX C: INFORMED CONSENT



PT/OT Well-Being

Participants: When you visit the online survey, this page will appear before you begin. If you agree to participate, you will be asked to click a checkbox indicating consent.

STATEMENT OF INFORMED CONSENT

I have been asked to participate in this research study on the wellbeing of physical therapists and occupational therapist, including physical therapist assistants and occupational therapy assistants. I have been informed that this study will help psychologists and other medical personal understand the strengths and weakness present in these fields. This study is recruiting adults (ages 18-64) within these professions who live in the United States of America. I agree that I fit into each of these categories.

I have been informed that I will be asked to answer a number of multiple-choice questions as well as some short response during this study, and I agree to answer all the questions truthfully and to the best of my ability. I have been informed that the data collected in this study will be collected anonymously and will only be viewed by the principle investigator and her research advisors. I am also aware that this study will last approximately 10 minutes and that risk of participation is no greater than that which is experience in daily life.

As a participant in this study, I understand that my contribution would allow for a greater range of research on the wellbeing of individuals within my own profession. Participation may also provide me with a better understanding of the health of those within my occupation.

My participation in this study is completely voluntary, and I have been informed that I can stop at any time. By clicking the yes answer below, I am giving consent to participate in this study. I have also been informed that some employees may use tracking software. I may want to complete the survey on a personal device. Deciding to participate or not will not impact my relationship with Bowling Green State University in any way.

If I have questions, comments, or concerns about the study, I may contact Jenna Pilkington at jenpilk@bgsu.edu or one of her advisors Elizabeth Emley at emlevey@bgsu.edu and Dr. Dara Musher-Eizenman at mushere@bgsu.edu. Additionally, I may contact the Chair of the Institutional Review Board, at (419) 372-7716 or orc@bgsu.edu, with questions about participant rights. Upon completion of the survey, I have been advised to clear my Internet browser and page history to protect my anonymity.

APPENDIX D: SURVEY

Section 1 - PT/OT Well-Being My name is Jenna Pilkington. I am a student at Bowling Green State University (BGSU) within Bowling Green, Ohio. As an Honors student of this public university, I am asked to create a project that aims to further my education. I am a pre-occupational therapy student, and I have become interested in the atmosphere within the rehabilitation field, focusing mainly on physical therapists, occupational therapists, and PT and OT assistants. My project is a research survey on the environment and overall well-being of these different professionals. I am asking a multitude of hospitals across various regions in the US for the purpose of obtaining a diverse sample, and my project would greatly benefit from your participation in my study.

There is not enough research in today's mainstream discussing the impacts of the work done by physical and occupational therapists, including assistants. The purpose of this questionnaire is to begin to show the strength and weaknesses present within these fields. The participation in this survey is completely voluntary and should take them less than ten minutes to complete. This questionnaire is also completely anonymous.

1. I consent to participate in this study.
 - a. Yes
 - b. No

Section 2- Background In order to evaluate the full impact of your work, there needs to be a certain amount of information on your home life as well. This information will help

to determine the contributions of both your life and your job to your overall well-being.

Please answer questions to the best of your ability and as truthfully as you can.

1. Where is your facility located?
2. What is your gender?
3. What is your age?
4. What is your job title?
5. How often do you find joy in your home life? (Always, Most of the Time, About half of the time, Sometimes, Rarely, Never)
6. What is your home life like? (Married, Single, Divorced, Dating, Have Kids, No Kids)
7. If you indicated you have children, how many do you have?
8. If you indicated you have kids, please answer the following question:
 - a. One or more of my kids are below the age of 10
 - b. One or more of my kids are above the age of 10
9. How long have you been in your profession? (1-2 years, 2-5 years, 5-10 years, 10-20 years, 20+)
10. Would you say that your home life adds extra stress?
11. Elaborate on your answer to the proviso question, why do you feel that your home life adds extra stress or why do you feel it does not?
12. What are the qualities of your home life that help your daily life?

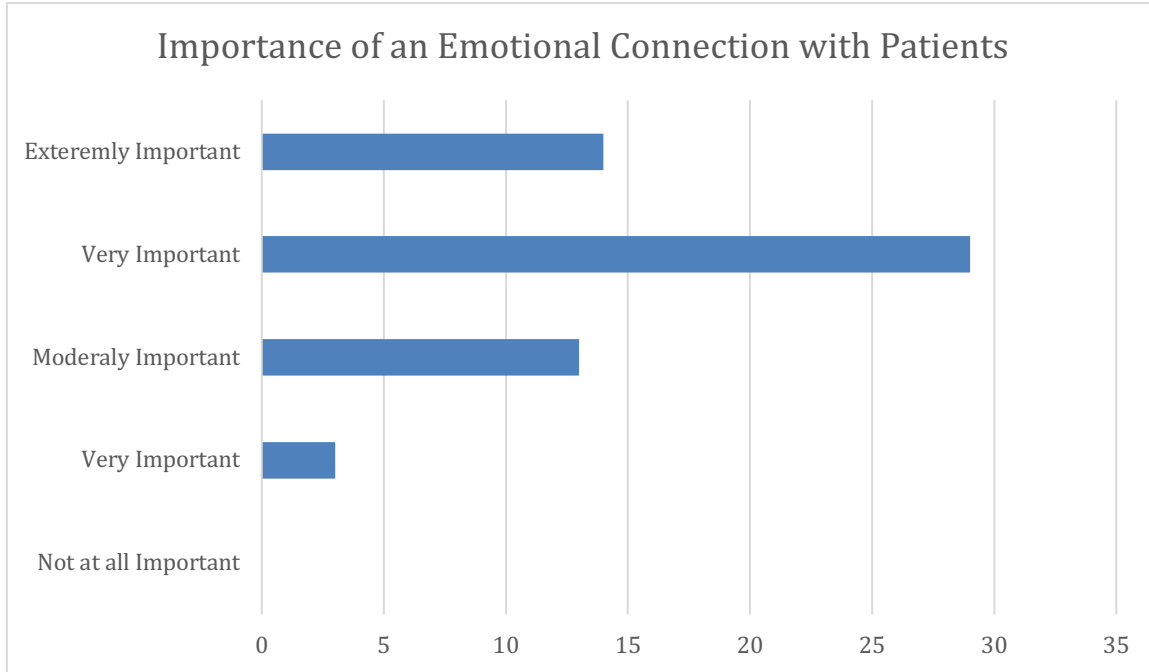
Section 3 - Questionnaire Questions *This is the beginning of the survey that will help create statistical research for the current state of PT and OT. Please answer the questions to the best of your ability and as truthfully as you can.*

13. Do you know anyone who has quit their job due to physical or mental stressors in your field?
14. If you answered yes to the previous question, please elaborate.
15. Have you personally ever wanted to quit?
16. How important do you feel it is to make an emotional connection with your patient? (Extremely important, very important, moderately important, slightly important, not at all important)
17. Do you tend to take your work home with you physically?
18. Do you tend to take your work home with you mentally?
19. Have you ever been injured due to an activity related to your work?
20. If you answered yes to the previous question, please elaborate.
21. How often do you cry about a patient? (Always, Most of the time, about half the time, sometimes, never)
22. Have you ever cried about any other aspect of the job?
23. How often do you have trouble determining the next steps in your plan of action? (Always, most of the time, about half the time, sometimes, never)
24. When do you feel the most reward from your work?
25. On a scale of 1 to 10 rate how emotionally stressful your job is.
26. On a scale of 1 to 10 rate how physically stressful your job is.
27. On a scale of 1 to 10 how rewarding is your job?
28. How often do you feel proud of your work? (Always, most of the time, about half the time, sometimes, never)

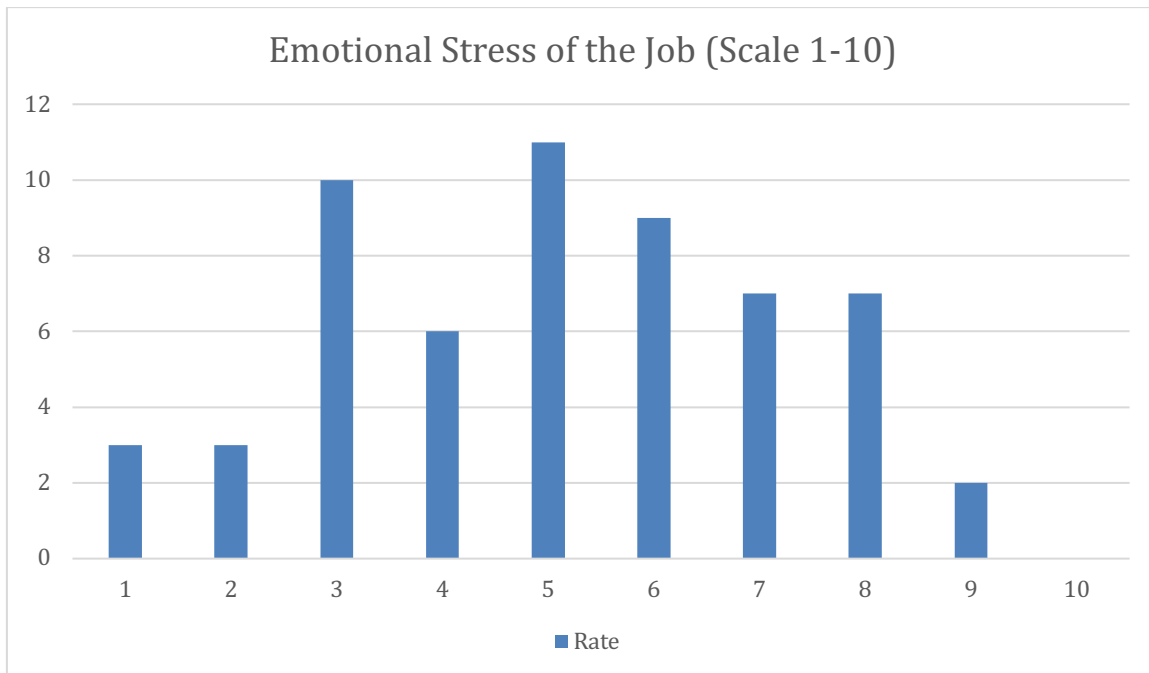
29. How often do you feel overwhelmed by your work? (Always, most of the time, about half the time, sometimes, never)

APPENDIX E: GRAPHS AND TABLES

Graph 1.



Graph 2.



Graph 3.

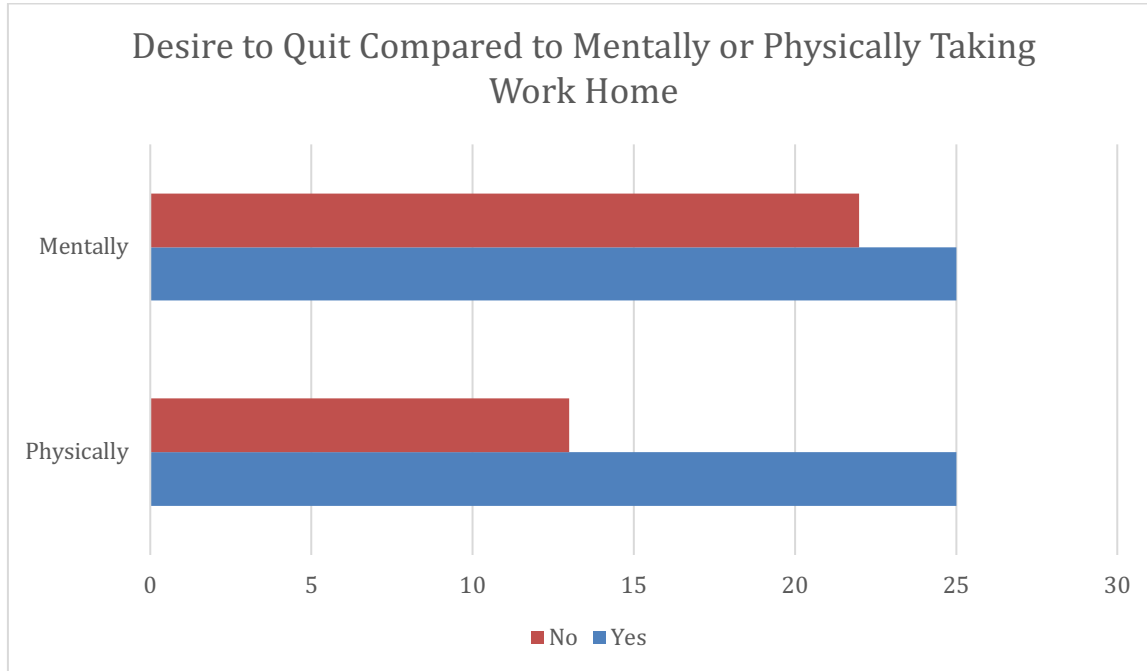


Table 1. Demographic data of participants.

Variable	n(%)
State	
Alaska	2(3.33)
Colorado	1(1.67)
Florida	1(1.67)
Hawaii	2(3.33)
Indiana	38(63.33)
Kansas	7(11.67)
Maine	2(3.33)
Ohio	2(3.33)
Rhode Island	2(3.33)
Wisconsin	3(5.00)
Gender	
Female	39(66.10)
Male	20(33.90)
Job Title	
Physical Therapist	42(71.18)
Occupational Therapist	8(13.56)
Physical Therapist Assistant (PTA)	7(11.86)
Occupational Therapist Assistant (OTA)	2(3.39)
Time in Profession	

1-2 years	14(23.72)
2-5 years	12(20.33)
5-10 years	13(22.03)
10-20 years	10(16.94)
20+	10(16.94)

Table 2. *Length in Profession Compared to Desire to Quit*

Length in Profession	Desire to Quit <i>n</i> (%)	No Desire to Quit <i>n</i> (%)
1-5	12 (20.34)	14 (23.72)
5-10	8 (13.56)	5 (8.47)
10-20+	10 (16.94)	10 (16.94)

Table 3. *Rate of Emotional Stress Compared to Importance of Emotional Bond*

	1-4 <i>n</i> (%)	5-10 <i>n</i> (%)
Extremely important	6 (10.34)	8 (13.79)
Very important	9 (15.52)	19 (32.76)
Moderately important	6 (10.34)	7 (12.07)
Slightly important	1 (1.72)	2 (3.45)
Not at all important	0	0

Note: This item's total n=58