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Experiences of Balance Among Novice Occupational Therapists

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EXPERIENCES OF BALANCE AMONG NOVICE OCCUPATIONAL THERAPISTS

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ABSTRACT

For new occupational therapists, finding balance between the demands of work and their personal lives is challenging. The transition from student to practitioner is filled with uncertainty as new therapists try to meet the demands of working in a continuously changing environment. Research describing how new therapists define and experience balance in their own daily lives is currently missing in the literature. The purpose of this phenomenological study was to describe the experiences of novice occupational therapists in creating occupational balance while working in the healthcare system. Six novice therapists in their first year of practice were recruited for this study via convenience sampling. Participants took part in semi-structured interviews that were audio-recorded and lasted between 20-30 minutes. Recorded data was transcribed and emergent coding was completed. Eighteen codes were identified and narrowed into two overall themes: achieving occupational balance and developing as an occupational therapist. The implications of this research could be useful in providing better support for novice therapists to promote health, quality of life, and occupational balance.

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CHAPTER 1

Introduction

Currently in the United States, work is a significant source of stress with 58% of American adults reporting work as somewhat or very stressful (American Psychological Association, 2017). For individuals who work in healthcare, high stress levels are a hallmark of the industry. A nationwide survey conducted by Career Builder in 2014 found that healthcare workers experienced the most stress when compared to other industries, with 69% of healthcare workers reporting feeling stressed in their current positions and 17% of healthcare workers feeling highly stressed in their positions (Ricker, 2014). Sources of stress for healthcare professionals vary widely, but commonly stem from the volume of work, strict deadlines, and a lack of necessary personnel in the workplace to complete required job duties (Saha, Sinha, & Bhavsar, 2011).

A unique source of stress for those working in healthcare is compassion fatigue which develops over time from clients who require high levels of emotional support. Sorenson, Bolick, Wright, and Hamilton (2016) contend that compassion fatigue can have "physical, emotional, and work-related symptoms that affect patient care" (p. 457). For the healthcare practitioner, physical signs of compassion fatigue can include headache, gastrointestinal problems, and disrupted sleep while emotional symptoms include mood swings, depression, irritability, and difficulty concentrating. Lee and Bang (2015) found that as the intensity of emotional regulation increased, occupational therapists experienced

higher burnout scores and decreased job attitudes. Client care can be affected as practitioners experiencing compassion fatigue may lack empathy for clients and have been found to avoid specific patients. Despite the consequences to both therapists and clients, compassion fatigue has not been well studied in fields such as physical therapy and occupational therapy (Sorenson, Bolick, Wright, & Hamilton, 2016). The unique stress common to healthcare practitioners remains a serious concern as workers experience significant stress across multiple settings which can result in reduced client safety (Welp, Meier, & Manser, 2015). For occupational therapists, this type of stress threatens the close, trusting relationships therapists have with clients due to their extended and frequent contact (Palmadottir, 2006). Maintaining a therapeutic relationship that meets clients' needs is just one of the work demands therapists experience. Along with juggling work demands, therapists must also manage personal lives and an inability to do so can create occupational imbalance with resulting negative health impacts.

The purpose of this phenomenological study is to explore the experiences of novice occupational therapists as they balance their work and personal lives. The results of this research could be used to provide better support for novice therapists to promote health, quality of life, and occupational balance. Supporting the mental and physical health of occupational therapists can result in better outcomes for clients who receive their services.

Literature Review

Challenges to practice. Occupational therapists work with individuals across the lifespan to allow them to participate in necessary and valued activities of everyday life (World Federation of Occupational Therapists, 2017). Job duties of occupational therapists typically include evaluating clients' occupational performance, performing standardized and non-standardized assessments, providing client-centered interventions, educating clients and caregivers, providing recommendations and training for use of adaptive equipment, and completing evaluations of home and job sites (American Occupational Therapy Association, 2014; American Occupational Therapy Association, 2017). As members of the healthcare industry, occupational therapists face similar work related challenges to those experienced by other healthcare professionals.

In a survey of Swedish occupational therapists, a lack of time and high job demands were found to be the main stressors among practitioners (Wressle & Samuelsson, 2014). In addition to heavy workloads and long hours, meeting productivity standards is a common concern for occupational therapists. Productivity standards are quantifiable measures to which occupational therapy services are held that also determine reimbursement based on billable units of time. To control costs, occupational therapists carry high caseloads with limited time for subsequent documentation, while maintaining efficiency and quality standards of care. As a result, therapists face both legal and ethical challenges when trying to meet productivity standards (Winistorfer, Scheirton, & Slater,

2016). Over time these challenges to practice can result in high levels of emotional exhaustion, cynicism, and lower levels of coping skills used by therapists (Gupta, Paterson, Lysaght, & von Zweck, 2012).

When emotional exhaustion and cynicism are paired with an individual's lack of or low levels of accomplishment, burnout occurs. Maslach (1978) described burnout as involving a lack of concern for coworkers and clients. Burnout is composed of three stages: emotional exhaustion, depersonalization or detachment from the field, and decreased personal achievements. Emotional exhaustion occurs when a therapist lacks positive feelings or respect for a client which alters a therapist's view of that client. When this occurs, the quality of care provided to a client may decline, and the therapist may demonstrate an inability to cope through lowered morale, decreased work performance, absenteeism, or exiting the profession.

Painter, Akroyd, Elliot, and Adams (2003) surveyed 521 occupational therapists using Maslach's Burnout Inventory (MBI) and found that occupational therapists demonstrated higher levels of emotional exhaustion when compared to the normed values of adult participants from health and other service occupations that had a high propensity for burnout (Maslach, Jackson, & Leiter, 1996). Further, therapists who worked in long term care such as rehabilitation or psychiatric settings demonstrated the highest levels of burnout across all three stages compared to those in hospital or community based settings (Painter, Akroyd, Elliot, & Adams, 2003). All therapists in the study worked full time,

making it plausible that lacking balance between work and personal lives could contribute to their experiences of burnout. Also using the MBI tool, Edwards and Dirette (2010) studied the relationship between burnout and professional identity of therapists and found a negative relationship between burnout scores and responses on a professional identity questionnaire. As burnout increased, professional identity decreased. This finding suggests that lacking a firm sense of professional identity can be a result of experiencing burnout because of the additional stress placed on practitioners.

In addition to reducing professional identity, exhaustion, stress, and burnout puts practitioners at risk for physical and mental health consequences as well as increasing the likelihood of attrition from the profession (Poulsen et al., 2014). In a study of Swedish healthcare workers, an association was found between burnout and several poor health outcomes including impaired memory, neck and back pain, along with depression and anxiety (Peterson et al., 2007). In the field of occupational therapy, the daily physical demands of being an occupational therapist makes work-related musculoskeletal disorders (WMSDs) common because of heavy lifting, repetitive motions, and poor posture while working with patients (Park & Park, 2017). In a study of South Korean occupational therapists, Park and Park (2017) found that experiencing WMSDs was correlated with increased reporting of job stress and a negative job attitude. Beyond the physical demands of the job, healthcare workers are at a higher risk of experiencing mental health problems (Moll, 2014). According to Moll (2014),

stress at work can cause absenteeism as well as higher number of healthcare workers who continue to work despite experiencing mental health problems. In a qualitative study of 83 healthcare workers, Moll found that individuals often remain silent and do not take action to address mental health problems due to stigma, work demands and deadlines, confidentiality concerns, and the expectation that healthcare workers as care providers should not have mental health issues of their own.

Additionally, burnout among healthcare professionals also impacts patients and their safety. Reduced wellbeing such as depression, anxiety, and job stress has been generally associated with poor patient safety including increased medical errors (Hall, Johnson, Watt, Tsipa, & O'Conner, 2016). In a study of Swiss ICU nurses and physicians, those healthcare professionals with higher burnout scores were associated with lower overall safety grades (Welp, Meier, & Manser, 2015). Researchers argue that burnout can impair overall cognition, attention, and memory, which puts clinicians at higher risk for errors when working with patients (Welp et al., 2015). Promoting balance among therapists remains a critical concern to ensure the safety of both clients and healthcare providers.

Occupational balance. Occupational therapy is an allied health profession that focuses on the therapeutic use of occupations to help enable and enhance individuals' participation in daily life in the presence of disease, disability, or chronic illness (American Occupational Therapy Association, 2014).

The American Occupational Therapy Association presents eight categories of occupation: activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, education, play, leisure, social participation, and sleep. Maintaining balance among all these occupations can be difficult and has become an increased focus for the occupational therapy profession. Occupational balance has been defined as "an individual's subjective experience of having the right amount of occupations and the right variation between occupations and his/her occupational pattern" (Wagman, Håkansson, & Björklund, 2012, p. 326). Occupational balance is further described as transient state that occurs on a spectrum (Christiansen & Townsend, 2010). The idea of relative balance between all occupations is thought to contribute to an individual's health and wellbeing, and is applied to interventions with clients across settings. Conversely a lack of occupational balance can be the result of the collision between mandatory occupations and valued occupations (Backman, 2004). Lacking occupational balance has been connected to stress related disorders (Håkansson & Ahlborg, 2017). While occupational therapy is a field that considers how balance between occupations impacts a client's health and well-being, research on how occupational therapists themselves find balance between their personal lives and working in highly productive environments has not been studied previously.

Job satisfaction. A contributing factor to a therapist's experience of balance or imbalance may be related to the presence or absence of job

satisfaction. Bhatnagar and Srivastava (2012) argued that job satisfaction can be an indication of the psychological health of an employee. While an exact definition of job satisfaction remains elusive, it can be described as how individuals feel about different aspects of their jobs and the degree of satisfaction or dissatisfaction they feel in relation to their job (Bhatnagar & Srivastava, 2012). Job satisfaction is composed of intrinsic job factors, such as how an individual reacts to the work, and extrinsic factors such as pay. Job satisfaction is significant because workers who are dissatisfied may be more inclined to provide mediocre care to their clients, and the physical and mental functions of workers can also be negatively impacted (Bhatnagar & Srivastava, 2012).

Among healthcare workers, balancing work and family has been found to be predictors of overall job satisfaction (Prizmić & Burušićf, 2009). Moore, Curickshank and Haas (2006) examined job satisfaction among occupational therapists and found that feeling a sense of achievement from an intervention that was successful for clients was a source of satisfaction. Along with client improvement, having a sense that the therapist was making a difference in the life of a client proved to be another significant source of satisfaction. Other sources of satisfaction secondary to client improvement and outcomes have shown to be autonomy and diversity in work roles as well as within a caseload (Moore, Curickshank, & Haas, 2006). Research has shown that both male and female therapists experience similar levels of satisfaction with the profession.

However, female therapists were more dissatisfied than males when considering opportunities for promotion (Meade, Brown, & Trevan-Hawke, 2005). When considering the role of intrinsic or extrinsic job satisfaction elements, a study of occupational therapists, physical therapists, and speech language pathologists found that intrinsic factors including professional growth and a match between one's values and work environment were more significant when predicting a therapist's work satisfaction (Randolph, 2005). Conversely, sources of dissatisfaction among therapists stems from other disciplines and clients lacking an understanding about the field of occupational therapy along with feelings of not being accepted as part of a healthcare team (Moore, Curickshank, & Haas, 2006).

Novice occupational therapists. As Seah, Mackenzie, and Gamble (2011) noted, entry level graduate programs prepare students to enter practice, but the experience of transitioning to being a new practitioner remains ambiguous. In their study of graduates who were transitioning to practice, Seah, Mackenzie, and Gamble found that all participants reported feelings of shock when beginning work because of perceived lack of knowledge about their expectations as therapists and meeting administrative requirements. Further, a common theme among respondents was feelings of uncertainty at work about future challenges, and an awareness of needing more skills as they tried to meet the demands of continuously changing work environments. Obstacles to a smooth transition into practice were reported to be caused by a variety of factors

including limited or lack of access to a mentor, difficulty with time management, and low confidence both professionally and personally (McCombie & Antanavage, 2017). Lacking confidence has previously been identified as a barrier for new therapists. In a study of occupational therapy students and recent graduates, Hodgetts et al. (2007) found that the students and graduates did not feel competent due to perceived deficits in technical skills and interventions. More significantly, participants did not report feeling competent until between 6 months and 2 years after graduation.

Knowing that new therapists can struggle adjusting to practice and that it takes time for them to feel competent in their role, experiencing occupational balance is even more difficult for novice occupational therapists than more experienced practitioners. Tryssenaar and Perkins (2011) found that the final year of school and first year of practice encompassed continuous stress as participants evolved into professional therapists. Another source of stress for new graduates may stem from mistakes made while working with clients. In a study of 228 new graduates, Clark, Gray and Mooey (2013) found that one-fifth of the respondents had experienced a situation where they put a client at risk due to a "near miss" (p. 568). Respondents reported making mistakes that put a client, family member, colleague, or the therapist themselves at risk of injury and included incidents such as client falls, unsafe client behavior, and miscommunication.

In addition to client interactions, a study of recently graduated occupational therapists and physiotherapists found that participants had high over-commitment scores related to work and a fourth of participants experienced job dissatisfaction (Birgit, Catharina, & Ohman, 2010). McCombie and Antanavage (2017) argued that younger therapists with less experience spend their time adapting to the requirements of their agency or employer. As a result, these new therapists may be more likely than their more seasoned counterparts to experience a higher intensity workload, report higher burnout levels, and ultimately have more negative feelings towards their job. Finding balance during the first few years of practice is necessary to promote the health and well-being of new therapists as they manage work responsibilities and the demands of their personal lives. Seah, Mackenzie, and Gamble (2011) suggested that new graduates can successfully transition into their new therapist roles when a partnership between employers, therapists, and educators is developed. This suggested partnership involved meeting needs for alternative supervision as well as continuing education in practice settings and providing more hands-on experience in the academic curriculum.

Limitations of Current Research

Current research on how occupational therapists balance both work demands and personal lives is limited. A significant limitation is the lack of consensus on what constitutes balance. In the literature, Wagman, Håkansson, and Björklund (2012) noted that occupational balance has been used

synonymously with life balance, lifestyle balance, and work/life balance. Additionally, research that demonstrates a lack of balance such as burnout or stress experiences among healthcare providers lacks currency. Qualitative data that describes the experiences of practicing occupational therapists in general is absent in the literature. Limited research studying the population of novice therapists that is available comes predominantly from European and Asian countries. Research is needed to describe the practice experiences of new therapists within the United States as well as to explore therapists' practice experiences from Western cultures in general (Meade, Brown, & Trevan-Hawke, 2005; Moore, Cruickshank, & Haas, 2006; Seah, Mackenzie, & Gamble, 2011). Finally, research examining novice occupational therapists and their experiences is limited and literature regarding occupational balance in this population is nonexistent.

CHAPTER 2

JOURNAL ARTICLE MANUSCRIPT

Introduction

Currently in the United States, work is a significant source of stress with 58% of American adults reporting work as somewhat or very stressful (American Psychological Association, 2017). For individuals who work in healthcare, high stress levels are a hallmark of the industry. A nationwide survey found that healthcare workers experienced the most stress when compared to other industries, with 69% of healthcare workers reporting feeling stressed in their current positions (Ricker, 2014). Sources of stress for healthcare professionals vary widely, but commonly stem from the volume of work, strict deadlines, and a lack of necessary personnel in the workplace to complete required job duties (Saha, Sinha, & Bhavsar, 2011).

A unique source of stress for those working in healthcare is compassion fatigue which develops over time from clients who require high levels of emotional support. Sorenson, Bolick, Wright, and Hamilton (2016) contend that compassion fatigue can have "physical, emotional, and work-related symptoms that affect patient care" (p. 457). For the healthcare practitioner, physical signs of compassion fatigue can include headache, gastrointestinal problems, and disrupted sleep while emotional symptoms include mood swings, depression, irritability, and difficulty concentrating. Client care can be affected as practitioners experiencing compassion fatigue may lack empathy for clients and

have been found to avoid specific patients. This remains a serious concern as workers experience significant stress across multiple settings which can result in reduced client safety (Welp, Meier, & Manser, 2015). For occupational therapists, this type of stress threatens the close, trusting relationships therapists have with clients due to their extended and frequent contact (Palmadottir, 2006). In addition to maintaining a therapeutic relationship that meets clients' needs, therapists must also manage personal lives and an inability to do so can create occupational imbalance and associated negative health impacts.

Literature Review

Occupational therapy is an allied health profession that focuses on the therapeutic use of occupations to help enable and enhance individuals' participation in daily life in the presence of disease, disability, or chronic illness (American Occupational Therapy Association, 2014). The American Occupational Therapy Association (AOTA) presents eight categories of occupation: activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, education, play, leisure, social participation, and sleep. Maintaining balance among all these occupations can be difficult and has become an increased focus for the occupational therapy profession. Occupational balance has been defined as "an individual's subjective experience of having the right amount of occupations and the right variation between occupations and his/her occupational pattern" (Wagman, Håkansson, & Björklund, 2012, p. 326). Balance between all occupations is thought to contribute to an individual's health and wellbeing, and

is applied to interventions with clients across settings. Conversely, lack of occupational balance has been connected with increased risk for stress related disorders (Håkansson & Ahlborg, 2017).

As members of the healthcare industry, occupational therapists face similar work-related challenges to those experienced by other healthcare professionals. In a survey of Swedish occupational therapists, a lack of time and high job demands were found to be the main stressors among practitioners (Wressle & Samuelsson, 2014). Further, a common concern for therapists is meeting productivity standards which are quantifiable measures to which occupational therapy services are held that determine reimbursement based on billable units of time. To control costs, occupational therapists carry high caseloads with limited time for documentation, while maintaining efficiency and quality standards of care. Consequently, therapists face both legal and ethical challenges when trying to meet productivity standards (Winistorfer, Scheirton, & Slater, 2016). Over time these challenges to practice can result in high levels of emotional exhaustion, cynicism, and lower levels of coping skills used by therapists (Gupta, Paterson, Lysaght, & von Zweck, 2012).

When emotional exhaustion and cynicism are combined with low accomplishment, burnout occurs. Maslach (1978) described burnout as involving a lack of concern for coworkers and clients that involves three stages: emotional exhaustion, detachment from the field, and decreased personal achievements. Emotional exhaustion occurs when a therapist lacks positive feelings or respect

for a client which alters a therapist's view of that client. When this occurs, the quality of care provided to a client may decline. Therapists may demonstrate their inability to cope through lowered morale, decreased work performance, absenteeism, or exiting the profession.

In addition, burnout puts practitioners at risk for physical and mental health consequences as well as increasing the likelihood of attrition from the profession (Poulsen et al., 2014). Researchers have found an association between burnout and several poor health outcomes including impaired memory, neck and back pain, along with depression and anxiety (Peterson et al., 2007). The daily physical demands of being an occupational therapist makes work-related musculoskeletal disorders (WMSDs) common because of heavy lifting, repetitive motions, and poor posture while working with patients (Park & Park, 2017). Research shows that experiencing WMSDs was correlated with increased reporting of job stress and a negative job attitude (Park & Park, 2017). Beyond the physical demands of the job, healthcare workers are at a higher risk of experiencing mental health problems (Moll, 2014). Moll found that individuals often remain silent and do not take action to address mental health problems due to stigma, work demands and deadlines, confidentiality concerns, as well as the expectation that healthcare workers as care providers should not have mental health issues of their own.

Most importantly, burnout among healthcare professionals also impacts patients and their safety. Reduced wellbeing such as depression, anxiety, and job

stress has been generally associated with poor patient safety including increased medical errors (Hall, Johnson, Watt, Tsipa, & O'Conner, 2016). In a study of Swiss Intensive Care Unit (ICU) nurses and physicians, those healthcare professionals with higher burnout scores were associated with lower overall safety grades (Welp, Meier, & Manser, 2015). Researchers argue that burnout can impair overall cognition, attention, and memory, which puts clinicians at higher risk for errors when working with patients (Welp et al., 2015). Promoting balance among therapists remains a critical concern to ensure the safety of both clients and healthcare providers.

As Seah, Mackenzie, and Gamble (2011) note, the experience of transitioning to being a new practitioner remains ambiguous. Obstacles to a smooth transition into practice have been reported to include limited or lack of access to a mentor, difficulty with time management, mistakes related to safety, and low confidence both professionally and personally (Clark, Gray, & Mooney, 2013; McCombie & Antanavage, 2017). Because new therapists can struggle adjusting to practice and it takes time for them to feel competent in their role, experiencing occupational balance is even more imperative as the final year of school and first year of practice encompass continuous stress while students evolve into professional therapists (Tryssenaar & Perkins, 2011). McCombie and Antanavage (2017) argue that younger therapists with less experience spend their time adapting to the requirements of their agency or employer. As a result, these new therapists may be more likely than experienced therapists to

encounter a higher intensity workload, report higher burnout levels, and ultimately have more negative feelings towards their job. Finding balance during the first few years of practice is necessary to promote the health and well-being of new therapists as they manage work responsibilities and the demands of their personal lives.

Methods

Research design. Phenomenology is a research methodology commonly employed in fields such as education, psychology, and nursing in order to understand the meaning of individuals' experiences and discover the essence of those experiences that cannot be gained through mere observation (Lin, 2013). Phenomenological research has become common in occupational therapy scholarship, as it aligns with the profession's focus on holistically understanding the person within their context (Wilding & Whiteford, 2005). As dicussed by Creswell (2013), transcendental phenomenology was the selected methodology for this qualitative study. This research design minimizes the interpretations of the researcher and instead focuses on the experiences of the study participants. In order to do so, the researcher completes bracketing to fully examine their own experiences with the phenomenon being studied in order to concentrate on the participants' perceptions. Bracketing is a critical and distinguishing feature of this methodology as it allows the researcher to view data with a sense of newness when examining the phenomenon (Creswell, 2013). Consistent with this approach, the primary researcher maintained a reflexive journal to examine

sources of potential biases that may have arisen throughout the research process.

Recruitment. The sample for this study was acquired by utilizing a non-probability sampling method**.** Specifically, purposive sampling was used to identify six novice occupational therapists in their first year of practice who were graduates of an occupational therapy program at a midsized public university in the United States. Potential participants were identified through alumni contact information for the class of 2016, maintained by the fieldwork office of the occupational therapy department. Potential participants were contacted via email with an attached recruitment letter inviting them to participate in the study. A month following the initial email, only two individuals had expressed interest in participation. Consequently, the research advisor for the study individually contacted potential participants and the primary researcher followed up via email with those who were interested in participating in the study. To be included in the study, individuals were required to be licensed in their respective state of practice, be novice occupational therapists (novice being defined as therapists who are in their first year of practice), and employed full time per Internal Revenue Service guidelines (average of 30 hours per week or 130 hours per month or more) (Internal Revenue Service, 2017). Unlicensed therapists, and those with experience beyond 12 months of practice were excluded. Additionally, those participants who had not worked in the past 2 months or did not have a primarily clinical role were also prohibited from participation.

Procedure. Approval to conduct this study was provided by a University Institutional Review Board (IRB) at the study setting through an expedited review process (see Appendix A). Study participants were provided with an informed consent letter to review and sign (see Appendix B). All participants consented to participating verbally and in writing. Each participant completed a semi-structured interview that lasted between 20 and 30 minutes. A standard interview guide containing open ended questions about occupational balance, time use at work and outside of work, and experiences related to stress was used with all participants (see Appendix C). All interviews were conducted by the primary researcher and took place over the phone. Interviews were audio-recorded and then transcribed verbatim to ensure the credibility of the data. Sampling and data collection ceased when data saturation was reached with the sixth participant.

Data analysis. After all interviews had been completed, the primary researcher transcribed the audio data verbatim using HyperTranscribe software. Moustakas' (1994) approach to transcendental phenomenological analysis as described by Creswell (2013) was followed to complete data analysis. Transcripts were reviewed and horizontalization of the data took place by compiling significant statements from the data into a non-hierarchical list that reflected the diversity of participants' experiences with the study's phenomenon. The significant statements were then grouped into 140 "meaning units" that described the content of these statements, before being reduced into 2 final

themes and 4 subthemes. The identified themes were the foundation for creating textural descriptions (what occurred using verbatim data) and structural descriptions (how the experience occurred). Finally, the essence of the phenomenon was identified to describe participants' overall experiences related to occupational balance in their first year of practice as occupational therapists.

Rigor was established using four methods to ensure credibility and reliability of the data. To establish credibility, member checking with participants and peer review of data analysis with the primary faculty advisor were conducted. Member checking was conducted with 2 participants from which no new themes emerged. To establish reliability, a full description of the methods used in the study were provided. To maintain objectivity, the primary researcher kept a reflexive journal throughout the research process to address sources of potential bias, maintain a record of research decisions, and to track progress.

Participants. There were six study participants: two were males and four were females. The age range of participants was between mid twenties to mid thirties. In phenomenological research, sample sizes commonly involve no more than 10 participants (Creswell, 2013). Settings participants worked in included inpatient rehabilitation, acute care, skilled nursing facilities, and outpatient therapy. Only two participants worked in pediatrics, and the remaining four worked with adult populations. Two participants worked as PRN therapists in addition to their primary position. All participants were interviewed over the phone in the evening after getting off work (See Table 1).

Table 1: Participants

Pseudonym	Gender	Primary Practice Setting	Relationship Status
Alex	Male	Inpatient Rehabilitation	Single
Julie	Female	Outpatient	Married with children
Natalie	Female	Outpatient	Married with children
Erica	Female	Outpatient	Married, no children
Colin	Male	Skilled Nursing Facility/Long Term Care	Single
Leah	Female	Inpatient Rehabilitation	Single

Results

From the data analysis, two themes emerged, which are further divided into subthemes. Quotations are presented verbatim from participants who were given pseudonyms to protect anonymity. The essence of participants' experiences emerged as "settling into practice, everything comes with experience". This described participants' experiences of being new to practice, developing professionally over time, and learning from trial and error which impacted their experiences of occupational balance in a variety of contexts and environments (See Table 2).

Table 2: Qualitative Themes

Essence: "settling into practice, everything comes with experience"	
Themes	**Sub-Themes**
Achieving Occupational Balance	Supporting work and personal life Encountering barriers to balance
Developing as an Occupational Therapist	Learning is an ongoing process Experiencing stress in practice

Theme 1: Achieving occupational balance. In discussing occupational balance, participants provided a variety of definitions that represented their experiences. Participants conveyed that balance was something that was contingent on the demands from their work or personal life. Upon member checking, Erica described her experience with balance as,

> "I've definitely had some ups and downs with my balance. You know I've had nights when I come home and have an hour of documentation left to do after work, or Saturday mornings I'm finishing my documentation from Friday. But then other weeks are great and I don't do anything at home. It all goes in waves."

Others described an awareness that they lacked balanced and that it was something they were currently working towards achieving. One participant held a unique perspective on occupational balance. He remembered and understood the term from what he had learned in school, but felt that it did not exist in the real

world. In contrast to this view, two participants explained occupational balance as an act of prioritizing self-care. Julie characterized it as,

> "I have to be able to take care of myself physically, mentally, and then my family and work."

Other participants described balance in terms of feeling satisfaction with how one spends their time and as a measure of quality of life, with or without having balance in quantifiable units of time. Colin shared that,

> "In my life, I don't know, it's about feeling fulfilled and not having regret with how you spend your time"

Alex shared a similar view on defining occupational balance summarizing it as,

> "That I'm able to have a good quality of life and enjoy myself outside of work"

While each participant defined their experience differently, several participants described occupational balance in relation to their job. While job satisfaction did not emerge as a theme, all participants expressed satisfaction with working as an occupational therapist for a variety of reasons including receiving support from coworkers, participating in team treatment, and enjoying both the challenge and fun that each client provided. For one participant, her experience of occupational balance was based on her satisfaction at work. Feeling content with her work gave her peace of mind when at home and allowed her to spend time on non-work related tasks. Additionally, participants who were single, unmarried, and without children noted the perception that they

had an easier time balancing work and personal life compared to those who were married and those who were married with children. Participants communicated a sense of freedom that came with not having a family and having more control over how they spend their time.

Supporting work and personal life. Prior to discussing strategies and obstacles to balance, participants detailed their daily responsibilities. Therapists outlined their workday providing information on their schedule, how many patients they saw daily, and meetings they routinely attended. Additionally, they described an assortment of tasks that they actively managed during the day. Some tasks related to direct patient care, such as coordinating and co-treating patients, as well as making decisions during treatment sessions. Natalie revealed:

> "…thinking on my feet quote, un quote, that you learn in school, is something I'm, that I think I'm constantly still working on."

Other tasks related to what therapists did outside of treatment sessions with clients included making a schedule of clients to be seen, planning treatment sessions, and using clinical reasoning to make recommendations for therapy services. Several therapists described learning to document during lunch rather than at home and taking notes frequently during sessions to help speed up the process. Two participants indicated they frequently completed point of service documentation, depending on the functional ability of the client and the type of documentation they were completing. One therapist relied on gaps within their

daily schedule to finish evaluations or progress notes that they had not yet finished. Most participants conveyed a desire to finish documentation at work and not take it home with them.

Outside of the workplace, participants allocated their time in a variety of ways. A common way most participants described time outside of work was taking part in relationships with friends and family. Leah mentioned the roles she fulfills outside of work:

> "Yeah, I think how I spend my time incorporating a lot the roles I have right now. Just being a friend, being a homeowner and dog owner, spending time with family. "

Alex described his time use in terms of responsibilities saying:

> "So after work, I pretty much can do as I please, because I don't really have any other responsibilities."

Additionally, a few participants spent time outside of work preparing for work or finishing work tasks such as going to Lowe's to buy supplies to make an adaptive device, buying toys for the clinic, and finishing documentation. In contrast, two participants described having a routine for time after work that included relaxation and rest.

In order to attempt to achieve a relative balance between work and personal life, therapists described a variety of tangible tools they used to help them remember and carry out tasks. In both the workplace and outside of work, several participants named tools such as flow sheets, to-do lists in bullet format

as well as calendars to stay organized and keep track of important tasks, along with note taking during client sessions. Alex indicated that use of lists was important to his occupational balance saying,

"I'm huge on to do lists…It literally lists out my routine. I'm so organized."

Instead of tools, some participants listed spouses, extended family, or coworkers as providing assistance when necessary. Other participants recounted more abstract methods that help support their work and personal life such as having finances that support daycare, and maintaining strict routines. Erica conveyed a reliance on her routines:

"…definitely have a routine down…definitely that routine is very helpful and kinda making everything happen."

Several therapists described their personality as an asset in helping them maintain or work towards occupational balance. Participants described their personalities using words such as "not very serious, easy-going, positive and relaxed", and felt that they were less stressed as a result of their temperament. Leah described her personality as having a helping nature and that this helped her to stay satisfied with her job:

"…I wanna do extra, and so I think that helps me with staying happy with my job. I try to do extra to be helpful, and I like to be helpful. And so the more satisfied I am with my job, I think the more satisfied I am overall."

Three therapists mentioned more creative methods they used to help establish balance, including some that were healthy but others that were

potentially unhealthy. These strategies included documenting patient care in nontraditional places such as on the treadmill, modifying the home environment to be more organized, and sending emails from work to a personal email to review at a later time.

Encountering barriers to balance. When explaining what barriers therapists encountered to experiencing occupational balance, several mentioned personal factors about themselves including age and personality while others listed work and family or being new to the profession. Age was considered a barrier because therapists felt their young age made them more inclined to have an active social life. Alex reported that,

> "I'm young. I'm only 26. I just graduated. On my weekends, I like to have a pretty fun social life."

For Alex, having an active social life impaired his feeling of balance, because it resulted in spending weekends sleeping in later and "wasting" half of the day. For this participant, spending time in productive activities both at work and in his personal life is what he valued. One participant characterized himself as a "home body" and content to spend leisure time at home watching Netflix, while another said being a night owl made it difficult to get up early in the morning for work. A unique barrier that Erica listed related to being new and wanting her clients to have the best care possible:

> "I'm a little conscious of the fact that I'm in my first year out of school. I never want my patient to not get the best. And so I guess that drive for

always wanting to give them the best, makes me spend additional time outside of work and kind of impacting that balance."

When describing how time was spent at work and outside of work, several participants alluded to conflicts between work and their personal life that impacted their decisions as well as when they there able to complete tasks at home, like painting a new house. When the participants were asked to describe how they spent their time, there was a clear division between how time was spent during the work day and how all other time was used outside of the workplace. Time use between work and personal life depended on what participants valued or what they considered to be their priorities. Some participants reported having enough time for everything through finding creative solutions, sticking to routines, or prioritizing their time. In contrast, a few therapists felt that despite having the best intentions, they could be their own worst enemy in how they used their time. Natalie felt that she spent too much time on tasks that were not important and allowed them to take precedence over more relevant and necessary tasks. Julie felt that she had to be more creative with the time that she did have due to conflicts in her work and personal life:

"…Becoming more creative with a way to get stuff done, so that I have more time…I learned how to write notes in traffic (laugh). Like at stop lights, and I'll literally whip out my iPad and get a few more words down…"

In deciding how to spend their time, participants discussed how their values related back to conflicts they had with division of time in their daily lives. What participants valued ranged from participation in their state's professional association, spending time in leisure reading or watching TV, or engaging in relationships with others. Leah indicated that she felt it boiled down to better prioritization. Across participants, barriers encountered occurred throughout personal, physical, and virtual contexts. Regardless of where participants experienced barriers to occupational balance, several identified barriers that may not be easily changed such as their personality and age.

Theme 2: Developing as an occupational therapist. Across participants, describing their experiences with occupational balance was tied to the journey of developing into occupational therapists. For many participants, experiences at work dictated how balanced they felt and how they spent their time outside of work. As participants provided occupational therapy services in their new setting, developed familiarity with being a practicing clinician, and received guidance from other therapists, they discussed shifting from being new and feeling incompetent to becoming confident in their abilities. Julie summarized her experience as,

> "The first six months you're going to feel like you have no idea what you're doing. You're basically faking it till you make it. And then after six months, you're gonna settle down and really start to be able to delve into peoples' issues and how to fix them..."

Other participants reflected on lessons they had learned about their personal needs. For those therapists, this meant leaving work at work, and having more separation between work and their personal life. All therapists identified aspects of practice where they experienced stress.

Learning is an ongoing process. In describing their experiences as new therapists, several participants defined starting out in practice to encompass feelings of incompetence and nervousness. Several acknowledged that learning was part of the development process and was an ongoing endeavor. Natalie explained,

> "Like I said, I'm only three months out, so I still have a lot of learning to do. So, I generally always have something to do that's relevant."

Most participants discussed how mentorship provided by other occupational therapists or staff was an integral part of their experience. Experienced clinicians provided guidance to the new therapists by answering questions. One therapist noted that she was the only occupational therapist working in her setting. Consequently, this therapist received answers from physical therapists she worked with, but also a mentor who she did not work with that helped her problem solve through situations she encountered. Colin portrayed the mentoring relationship as being reciprocal in nature:

> "They thankfully understand the best education you can get like you're still going into the workforce. There's still going to be a learning curve. No matter how hard you study we're not going to be a hundred percent ready

to be full blown OTs when we get into the job force…And I've kind of been able to offer a special perspective since I'm so recently out of school. You know, I've heard about a few things they haven't."

While these therapists had not completed a full year of practice, several talked about specific lessons they had learned. For some participants this included staying later to finish documentation each work day, in order to create a separation between work and personal life. One participant mentioned learning to avoid working on the weekends so that she would not be running on empty when the new week started. To do so, she reported trying to be creative in how materials were used, so that she would not spend time on the weekends planning sessions as she did in the beginning. Colin shared that he had learned to get through the day independently and work cooperatively with other therapists.

Experiencing stress in practice. Participants described a variety of sources of stress within the practice setting. Julie did not name a specific source of stress, but rather described this as a juggling act between all the tasks that therapists must manage:

"It's all these little things that you're trying to keep juggling that stress me out I think is the biggest one. Just trying to remember everything that you have to do."

Specifically noted sources of stress ranged from practicing in line with the scope of occupational therapy, working with other health professionals,

completing documentation, and practicing in unfamiliar settings. Consistent with client-centered practice, one participant noted that he worried about clients who needed more time in therapy, but for reasons beyond the therapist's control were discharged home too soon. The same therapist mentioned that at times, a client's diagnosis can make the work day stressful, specifically working with the dementia population. He mentioned that clients with this diagnosis can be stressful, not only because they can get agitated and confused, but also because the time of day affected their participation in therapy. Along with providing necessary care for clients, Alex discussed working on the run:

> "If you have to come up with occupation based activities and you only have a couple of minutes to decide what you're going to do with that patients, that does make it quite stressful because you're doing it on the run."

Two participants discussed a unique form of stress that occurred when the therapists entered a practice setting that was not where they regularly worked during the week. Participants described how the lack of familiarity with the setting, the staff that worked there, and the stark contrast between settings was stressful, leaving participants feeling less confident in their skills for occupational therapy practice. While all participants acknowledged areas of practice where they experienced stress, several participants made it clear that stress did not overwhelm them.

Discussion

Occupational balance is "an individual's subjective experience of having the right amount of occupations and the right variation between occupations and his/her occupational pattern" (Wagman, Håkansson, & Björklund, 2012, p. 326). In this study, occupational therapists conveyed that their first year as a licensed therapist involved settling into practice and that gaining experience was essential for successful development as a new clinician. Overall, the participants depicted a range of experiences with occupational balance. Some participants felt that they had achieved balance, some described balance as being situational, while others discussed an awareness of lacking balance among occupations. Participants who perceived they lacked balance acknowledged that they were consciously working towards it. Interestingly, two participants defined occupational balance in terms of their health and well-being and as an act of self-care. This aligns with previous research showing occupational balance is linked to self-rated health, life satisfaction, and quality of life (Backman, 2010; Wagman & Håkansson, 2014).

Further, the idea that balance is not an equal division between occupations, but rather results from knowing one's limits, is also consistent with previous literature discussing balance (Fearing, 2001). The participants' division on whether they felt that they had achieved balance or not reflects that this concept is multidimensional (Backman, 2004). A unique finding of this current research study was that participants detailed supports and barriers to their

experience of balance. Previous research has yet to address what factors assist therapists in achieving occupational balance as well as identifying hindrances, which may be due to the ambiguity surrounding the concept of occupational balance. Knowledge of supports and barriers to balance may be beneficial information to novice therapists who are new to practice.

Existing literature on occupational balance often references time use or the allocation of time (Backman, 2004). Similarly, participants in this study articulated a distinct division of time between work and their personal lives. Consistent with 83% of Americans, new therapists mentioned an inclination to complete all or some of their work during the workday (Bureau of Labor Statistics, 2017). However, it is concerning that therapists in this study did report completing tasks outside of their scheduled work day because this interfered with their personal lives and leisure time. Time management in the workplace has previously been found to be a coping strategy used by therapists to maximize productivity and remain employed in their respective settings. (Gupta, Parterson, Lysaght, & von Zweck, 2012).

Participants depicted their experiences with occupational balance as occurring in a variety of contexts and environments. Context has been defined as, "a variety of interrelated conditions that are within and surrounding the client. Contexts include cultural, personal, temporal, virtual" (AOTA, 2014, p. S28). Environment refers to physical and social conditions through which occupations occur (AOTA, 2014). The most significant context that therapists

described in relation to occupational balance was temporal context. Generally, participants felt that that there could always be more time to complete required or valued tasks. Subsequently, participants made use of their physical environment and virtual context to help them achieve balance thorough using tools such as calendars, note taking, or email. Therapists experienced barriers to balance related to personal contextual factors such as their age and personality (See Table 3).

Table 3: Types of Context and Environments

Type of Context or Environment	Definition AOTA (2014)	Example
Personal	Qualities of the individual that are not part of one's health status	Participants arttibuted young age or laid back personabilty to their experiences with balance.
Temporal	How time is experienced through occupations	Participants experienced time as being limited, and desired having more time to complete tasks.
Virtual	Method of communication that uses airwaves or computers, and lacks physical contact	Participants used email to help keep track of work tasks to be completed outside of work, such as shopping for supplies. Some therapists also used iPads at work.
Physical	Natural and built nonhuman surroundings and the items in them	Participants used calendars, notes, or arranged their home in a certain way to promote balance.

Outside of the workplace, therapists engaged in a variety of activities. Some participants spent their time fulfilling valued roles, others focused time into activities related to relaxation, while some spent time on work related projects or clinical documentation. A few therapists mentioned engaging in household activities such as cooking or completing laundry, which aligns with most Americans who spend some part of their day engaging in household activities (Bureau of Labor Statistics, 2017). Given the propensity of new therapists to experience stress as they begin practicing, having time to engage in an array of activities outside of work, such as those listed by these participants, is significant as it has been found to be a source of satisfaction for healthcare professionals (Prizmíc, & Burušić, 2009).

Across participants, their experiences of balancing work and personal lives related heavily to the idea that they were developing as occupational therapists. For these new therapists, learning was an ongoing process that involved receiving guidance from other therapists or mentors and gaining more clinical experience over time. Feelings of incompetence that some participants mentioned is consistent with previous research that shows this is a common experience for new therapists (Hodgetts et al., 2007; McCombie & Antanavage, 2017). Participants acknowledged the need to continue to learn about topics relevant to their practice areas which confirms the need for continuing education in practice for new graduates (Seah, Mackenzie, & Gamble, 2011).

As part of their ongoing learning process, participants discussed the influence of mentorship and time management on their experiences with balance. Lacking mentorship and having difficulty with time management has been shown to be an obstacle to a smooth transition to practice for new occupational therapists (McCombie & Antanavage, 2017). In this study, participants emphasized the necessity of mentorship from experienced occupational therapists or practitioners from other fields such as physical therapy. Mentors answered questions, assisted with problem solving, and provided insights on clients' conditions that a newer therapist might miss, such as a change in a client's behavior that may signal a urinary tract infection or other medical condition. In addition to the ways mentors helped new therapists in this current study, previous research suggests that mentors can provide other benefits such as building self-confidence, developing creative thinking, and managing difficult clinical situations (Milner & Bossers, 2004).

Across participants, therapists expressed a range of lessons they had learned during their first year of practice. A few participants mentioned learning to set boundaries between work and their personal lives either by finishing documentation each day before leaving work, or by deliberately making a choice to not work on the weekend. This finding aligns with previous research which has shown this to be a way to cope with burnout and remain in the workplace environment longer (Gupta, Parterson, Lysaght, & von Zweck, 2012). While all participants acknowledged areas of practice where they encountered stress,

several participants made it clear that stress associated with work did not overwhelm them. This suggests that for some therapists, stress may not be a deciding factor for achieving balance. While the transition period of becoming an occupational therapist has been previously characterized by significant levels of stress, therapists may still be able to experience a balance of occupation in the midst of adjusting to a challenging work environment (Tryssenarr & Perkings, 2011).

All participants expressed a satisfaction with their current positions as occupational therapists for a variety of reasons ranging from the satisfying challenge of working with complex clients, to having support in the workplace from other therapists. One participant specifically attributed her management of occupational balance to her experiences at work. While job satisfaction did not emerge as an overall theme, it is relevant to note because therapists who are not satisfied with their work may be more inclined to provide care that does not meet quality standards. Promoting job satisfaction for occupational therapists may support health and well-being for therapists as well as their clients.

Implications for occupational therapy practice. In 2016, the U.S. Bureau of Labor Statistics estimated that the need for occupational therapy practitioners will rise by 27 percent between 2012 and 2024 (Bureau of Labor Statistics, 2016). Promoting occupational balance among new therapists should be a priority for employers and the field of occupational therapy. Retaining new therapists is necessary given the growth of the aging population in the United

States, resulting in a healthcare workforce that is simultaneously aging (Scott & Newman, 2013). Further, promoting balance should be supported given that new therapists are more likely than experienced therapists to experience greater intensity workload and higher burnout; these factors for novice therapists are in addition to the inherent stressors that all occupational therapists face such as meeting productivity standards and maintaining quality standards of care (Winistofer, Scheirton, & Slater, 2016; McCombie & Antanavage, 2017).

Experiencing stress significantly impacts a therapist's physical and mental health, as well as job performance and can lead to burnout. Burnout has been found to be connected to poor health outcomes including cardiovascular disease, type 2 diabetes, musculoskeletal disorders, fatigue, headaches, gastrointestinal issues and respiratory problems (Salvagiioni et al., 2017). Burnout has also been linked to mental health problems such as depressive symptoms and insomnia (Salvagiioni et al., 2017). Related to job performance, employees who experience burnout are less willing to help others or receive help, and are also more likely to engage in counterproductive work behaviors such as exhibiting less effort and taking long breaks. Additionally, employees experiencing burnout demonstrate decreased concentration and impaired decision making (Bakker & Costa, 2014). Burnout and poor health have been associated with medical errors and poor patient safety outcomes (Hall, Johnson, Watt, Tsipa, & O'Connor, 2016). Burnout is a significant concern for occupational therapists who work with clients on a daily basis. Burnout and stress not only affect the health of

therapists and safety of clients, but also has negative impacts on the therapeutic relationship with clients that results from frequent and prolonged contact (Palmadottir, 2006). The relationship between a therapist and client has been previously considered to be a deciding factor in success or failure of occupational therapy services related to patient outcomes (Palmadottir, 2006).

For employers, stress can have significant economic ramifications. An estimated one million workers miss work each day in the United States due to stress (American Institute of Stress, 2017). For employees with health conditions such as back pain, diabetes, and depression, or employees who are at high risk for health problems, stress can cost employers between $15 and $1600 dollars in productivity losses compared to employees who do not have health conditions/or risks (Mitchell & Bates, 2011). For employers of occupational therapists, productivity is a continuous priority given that it is how occupational therapists are reimbursed for their services (Wayne, Scheirton, & Slater, 2016). Further, employers should consider that emphasis on productivity is a significant factor that can impede occupational imbalance (Clouston, 2014). New therapists who struggle to establish balance may display presentism or not work to their full potential. Even more serious, these therapists may burnout quickly as a result of stress and leave their position. Lost productivity and business due to turnover costs places additional responsibility on existing employees. Consequently, this can compromise morale and safety in the workplace. Further, employee turnover

demonstrates a future investment in time to recruit, hire, and train a replacement (O'Connell & Kung, 2007).

The results of this study demonstrate the role of occupational balance in the lives of new therapists, the need for appropriate division of both personal and work time, and demonstrates that these therapists develop significantly as professionals during their first year of practice. Therapists in this study provided insight to a variety of strategies employed by new occupational therapists to manage work and their personal lives. Participants mainly relied on tangible items such as email reminders, note taking, or to-do lists. Even after implementing strategies to support work and their personal lives, participants encountered more abstract barriers including time, age, and personalities.

Regardless of their own feelings on balance, all participants referenced dividing their time use between managing the work day and living their lives outside of work. For employers, knowledge of techniques therapists used to support occupational balance and barriers they faced can help employers to better understand and address the needs of these therapists. This knowledge could be incorporated into a formal mentorship program for new therapists, which has previously been found to be effective in reducing turnover and associated costs, while improving job satisfaction among nurses (Chen & Lou, 2013). Formal mentorship programs could allow experienced therapists to teach new therapists about the more practical aspects of being an occupational therapy

practitioner, which novice therapists have previously identified as an area of need (Toal-Sullivan, 2006).

Another option is for academic institutions to establish "job clubs" as support programs for new therapists to express concerns, gain support, and problem solve as they enter the workforce (Liddiard et al., 2017). Programs similar to a "job club," such as new graduate programs, have been found to be successful in providing support to recent graduates and improving retention in allied health professions (Smith & Pilling, 2008). In lieu of a formal program, employers could promote mindfulness training as a method to support well-being. Mindfulness has been found to decrease stress and reduce negative affect, while increasing positive emotions and self-compassion; this can benefit a therapist's physical and mental health, potentially leading to improved patient care (Iriving, Dobkin, & Park, 2009).

Understanding new therapists' experiences with balance could be beneficial in establishing partnerships between employers and new therapists to provide them with relevant continuing education as suggested by previous researchers (Seah, Mackenzie, & Gamble, 2011). Promoting occupational balance among new therapists can support multiple dimensions of health, job performance, client safety, and quality therapeutic services.

Limitations. This study's small sample size was recruited through a convenience sample and limits the ability for this information to be generalized to novice occupational therapists in other settings. Participants' prior knowledge of

occupational balance from their academic coursework could have influenced the way they described their experiences. To offset this, participants were asked to describe how they defined occupational balance rather than to provide a textbook definition. Another limitation was participant recruitment. Potential participants were initially contacted through their school email account retained from their time as a student. Following graduation, many potential participants may not use their school email account or may check it infrequently, which could have contributed to the limited responses. Timing and depth of the interviews was another limitation. Given that the primary researcher had a limited window during which to complete the study to meet graduation requirements, there was not time to get perspectives from alumni of other educational programs. Additionally, given that all participants were graduates of the same occupational therapy program that the primary researcher was enrolled in, this could have influenced how the participants characterized their experiences or what they were willing to discuss. To address this, participants were given pseudonyms to increase the likelihood that they would answer openly, fully, and honestly. Participants were all working therapists and scheduling interviews around different time zones, work schedules, and the schedule of the primary researcher meant interviews took place in the evenings after therapists got off work or were on their way home. This could have impacted the detail that therapists provided during their interviews or limited their ability to participate in member checking.

To counteract this, participants selected times that were convenient for them to complete the interviews.

Conclusion

The intent of this research was to explore how novice occupational therapists describe their experience of balancing work and personal lives. The novice therapists in this study had experiences related to achieving occupational balance and developing as occupational therapists. As new therapists enter the profession, employers should be aware of their experiences related to managing occupational balance, as well as supports and potential pitfalls that may impact health and quality of life for therapists as well as their clients. Future research needs to be conducted to include novice therapists from multiple programs to allow for greater generalizability. Research comparing occupational balance experiences of new therapists and those of experienced therapists might also be meaningful, as more seasoned therapists may have differing strategies to support optimal time-use, different barriers to balance, and other diverse perspectives.

References

American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, *68*(Suppl. 1), S1–S48. http://dx.doi.org/10.5014/ajot.2014.682006

American Occupational Therapy Association. (2017). What is occupational therapy? [Webpage]. Retrieved from https://www.aota.org/About-Occupational-Therapy/Patients-Clients.aspx

American Institute of Stress (2017). Workplace stress. [Webpage]. Retrieved from https://www.stress.org/workplace-stress/

American Psychological Association. (2017). Stress in America: Coping with change. [Webpage]. Retrieved from https://www.apa.org/news/press/releases/stress/2016/coping-with-change.pdf

Backman, C.L., (2004). Occupational balance: Exploring the relationships among daily occupations and their influence on well-being. *Canadian Journal of Occupational Therapy*, *4*(71), 202-209.

Backman, C.L. (2010). Occupational balance and well-being. In C.H. Christiansen & E.A. Townsend (Eds.). *Introduction to occupation: The art and science of living* (2nd ed., pp. 231-249). New Jersey: Pearson.

Bakker, A.B., & Costa, P.L. (2014). Chronic job burnout and daily functioning: A theoretical analysis. *Burnout Research*, *1*, 112-119. doi: http://dx.doi.org/10.1016/j.burn.2014.04.003

Bhatnagar, K., & Srivastava, K. (2012). Job satisfaction in health-care organizations.*Industrial Psychiatry Journal*, *21*(1), 75-78. doi: 10.4103/0972-6748.110959

Birgit, E., Catharina, N., & Ohman, A. (2010). Work experiences of novice occupational therapists and physiotherapists in public sector employment: Analyses using two occupational stress models. *Advances in Physiotherapy*, *12*, 42-49. doi: 10.3109/14038190903033161

Bureau of Labor Statistics, U.S. Department of Labor. (2016). Occupational Outlook Handbook, 2016-2017 Edition Occupational Therapists. [Webpage]. Retrieved from https://www.bls.gov/ooh/healthcare/occupational-therapists.htm

Bureau of Labor Statistics. (2017). American time use survey-2016 results. [Webpage]. Retrieved form https://www.bls.gov/news.release/pdf/atus.pdf

Chen, C.M., & Lou, M.F. (2014). The effectiveness and application of mentorship programmes for recently registered nurses: a systematic review. *Journal of Nursing Management*, *22*(4), 433-442. doi: 10.1111/jonm.12102

Clark, M., Gray, M., & Mooney, J. (2013). New graduate occupational therapists' perceptions of near-misses and mistakes in the workplace. *Journal of Health Care Quality Assurance*, *26*(6), 564-576. doi: 10.1108/IJHCQA-10-2011-0061

Clouston, T.J. (2014). Whose occupational balance is it anyway? The challenge of neoliberal capitalism and work-life balance. *British Journal of Occupational Therapy*, *77*(10), 507-515. doi: 10.4276/030802214X14122630932430

Creswell, J.W. (2013). Five qualitative approaches to inquiry. In J.W. Creswell (Ed.), *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed., pp.69-110). Thousand Oaks, CA: SAGE.

Edwards, H., & Dirette, D. (2010). The relationship between professional identity and burnout among occupational therapists. *Occupational Therapy in Health Care*, *24*(2), 119-129. doi: 10.3109/07380570903329610

Fearing, V. C., (2001). Muriel Driver Memorial Lecture: Change: Creating our own reality. *Canadian Journal of Occupational Therapy*, *68*, 208-215.

Gupta, S., Paterson, M.L., Lysaght, R.M., & von Zweck, C.M. (2012). Experiences of burnout and coping strategies utilized by occupational therapists. *Canadian Journal of Occupational Therapy*, *79*, 86-95. doi: 10.2182/cjot.2012.79.2.4

Håkansson, C., & Ahlborg, G. (2017). Occupational imbalance and the role of perceived stress in predicting stress-related disorders. *Scandinavian Journal of Occupational Therapy*, *2*, 1-10. doi:10.1080/11038128.2017.1298666

Hall, L.H., Johnson, J., Watt, I., Tspia, A., & O'Conner, D.B. (2016). Healthcare staff wellbeing, burnout, and patient safety: A systematic review. *PLoS ONE*, *11*(17), 1-12. doi: 10.1371/journal.pone.0159015

Hodgetts, S., Hollis, V., Triska, O., Dennis, S., Madill, H., & Taylor, E. (2007). Occupational therapy students' and graduates' satisfaction with professional education and preparedness for practice. *Canadian Journal of Occupational Therapy*, *74*(3), 148. doi: 10.1177/000841740707400303

Internal Revenue Service. (2017). Identifying full-time employees.[Webpage]. Retrieved from https://www.irs.gov/affordable-careact/employers/identifying-full-time-employees

Irving, J.A., Dobkin, P.L., & Park, J. (2009). Cultivating mindfulness in health care professionals: A review of empirical studies of mindfulness-based stress reduction (MBSR). *Complementary Therapists in Clinical Practice*, *15*(2), 61-66. doi: 10.1016/j.ctcp.2009.01.002

Lee, S.H., & Bang, Y.S. (2015) The effect of emotional labor and burnout on the job attitude of occupational therapist. *Journal of the Korean Society of Occupational Therapy*, *23*(1), 95-108. doi: https://doi.org/10.14519/jksot.2015.23.1.08

Liddiard, K., Batten, R., Wang, Y., Long, K., Wallis, A., & Brown, C.A. (2017). Job club: A program to assist occupational therapy students' transition to practice. *Education Sciences*, *7*(70), 1-8. doi: doi:10.3390/educsci7030070

Lin, C.S. (2013). Revealing the "essences" of things: Using phenomenology in LIS research. *Qualitative and Quantitative Methods in Libraries*, *4*, 469-478.

Maslach, C. (1978). The client role in staff burn-out. *Journal of Social Sciences*, *34*(4), 111-124.

Maslach, C., Jachkson, S.E., & Leister, M. (1996). *The Maslach Burnout Inventory* (3rd ed). Palo Alto. CA: Consulting Psychologist Press.

McCombie, R.P., & Antanagave, M.E. (2017). Transitioning from occupational therapy student to practicing occupational therapist: The first year of employment. *Occupational Therapy in Health Care*, *31*(2), 126-142. doi: 10.1080/07380577.2017.1307480

Meade, I., Brown, G.T., Trevan-Hawke, J. (2005). Female and male occupational therapists: A comparison of their job satisfaction level. *Australian Occupational Therapy Journal*, *52*, 136-148. doi: 10.1111/j.1440-1630.2005.00480.x

Mitchell, R.J., & Bates, P. (2011). Measuring health-related productivity loss. *Population Health Management*, *14*(2), 93-98. doi:10.1089/pop.2010.0014

Moll, S.E. (2014). The web of silence: A qualitative case study of early intervention and support for healthcare workers with mental ill-health. *BMC Public Health*, *14*, 138. doi: DOI: 10.1186/1471-2458-14-138

Moore, K. Cruickshank, M., & Haas, M. (2006). Job satisfaction in occupational therapy: a qualitative investigation in urban Australia. *Australian Occupational Therapy Journal*, *53*(1), 18-26. doi: 10.1111/j.1440-1630.2006.00539.x

Milner, T., & Bossers, A., (2004). Evaluation of the mentor-mentee relationship in an occupational therapy mentorship programme. *Occupational Therapy International*, *11*(2), 96-111.

O'Connell, M., & Kung, M.C. (2007). The cost of employee turnover. *Industrial management, 49*(1), 14-19.

Painter, J., Akroyd, D., Elliot, S., & Adams, R.D. (2003). Burnout among occupational therapists. *Occupational Therapy in Health Care*, *17*(1), 63-78. doi: 10.1080/J003v17n01_06

Palmadottir, G. (2006). Client-therapist relationships: Experiences of occupational therapy clients in rehabilitation. *British Journal of Occupational Therapy*, *69*(9), 394-401. doi:10.1177/030802260606900902

Park, J.H. & Park, J.H. (2017). Association among work-related musculoskeletal disorders, job stress, and job attitude of occupational therapists. *Occupational Therapy in Health Care*, *31*(1), 34-43. doi: 10.1080/07380577.2016.1270482

Peterson, U., Demerouti, E., Bergström, G., Samuelsson, Åsberg, M., & Nygren, Å. (2007). Burnout and physical and mental health among Swedish healthcare workers. *Journal of Advanced Nursing*, *62*(1), 84-95. doi: 10.1111/j.1365-2648.2007.04580.x

Poulsen, A.A., Meredith, P., Khan A., Henderson, J., Castrisos, V., & Khan, S.R. (2014). Burnout and work engagement in occupational therapists. *British Journal of Occupational Therapy*, *77*(3), 156-164. doi:10.4276/030802214X13941036266621

Prizmić, Z., & Burušić, L.K.L. (2009). Off-the-job activities and well being in healthcare professionals. *Social Policy Review*, *16*(3), 271-280. doi: 10.3935/rsp.v16i3.850

Randolph, D.S. (2005). Predicting the effect of extrinsic and intrinsic job satisfaction factors on recruitment and retention of rehabilitation professionals. *Journal of Healthcare Management*, *50*(1), 49-60.

Ricker, S. (2014). Stress is part of the job for healthcare workers [Webpage]. Retrieved from http://www.careerbuilder.com/advice/stress-is-part-of-the-job-for-health-care-workers

Saha, D., Sinha, R. K., & Bhavsar, K. (2011). Understanding job stress among staff. *Journal of Health and Allied Sciences*,*10*(1), 1-6.

Salvagioni, D.A.J., Melanda, F.N., Mesas, A.E., González, A.D., Gabani, F.L., & de Anrade, S.M. (2017). Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PlOS ONE*, *12*(10), 1-29. doi: http://doi.org/10.137/journal.pone.0185781

Scott, K. & Newman, L. (2013). The aging healthcare workforce: Employment and occupational injuries among workers in US Private hospitals during 2010. *Journal of the Association of Occupational Health Professionals in Healthcare*, *Fall 2013*, 1-5. Retrieved from https://static1.squarespace.com/static/537bc6a4e4b0484a7fb0dfed/t/556b21fce4b0c65b2fd3ab99/1433084412118/1312+Aging+Workforce+AOHP.pdf

Seah, H.C., Mackenzie, L., & Gamble, J. (2011). Transition of graduates of the master of occupational therapy to practice. *Australian Occupational Therapy Journal*, *58*, 103-110. doi: 10.1111/j.1440-1630.2010.00899.x

Smith, R., & Pilling, S. (2008). Supporting the transition from student to professional-A case study in allied health. *Health Professional Education*, *32(*1), 134-138.

Sorenson, C., Bolick, B., Wright, K., & Hamiliton, R. (2016). Understanding compassion fatigue in healthcare providers: A review of current literature. *Journal of Nursing Scholarship*, *48*(5), 456-465. doi: 10.1111/jnu.12229

Toal-Sullivan, D. (2006). New graduates' experiences of learning to practice occupational therapy. *British Journal of Occupational Therapy*, *69*(11), 513-524.

Tryssenaar, J., & Perkins, J. (2001). From student to therapist: Exploring the first year of practice. *American Journal of Occupational Therapy*, *55*, 19-27.

Wagman, P., Håkansson, C., & Björklund, A. (2012). Occupational balance as used in occupational therapy: A concept analysis*. Scandinavian Journal of Occupational Therapy*, *19*(4), 322-327. doi: 10.3109/11038128.2011.596219

Wagman, P. & Håkansson, C. (2014). Exploring occupational balance in adults in Sweden. *Scandinavian Journal of Occupational Therapy*, *21*(6), 415-420. doi: 10.3109/11038128.2014.934917

Welp, A., Meier, L.L., & Manser, T. (2015). Emotional exhaustion and workload predict clinician-rated and objective patient safety. *Frontiers in Psychology*, *5,* 1-13. doi: 10.3389/fpsyg.2014.01573

Wilding, C., & Whiteford, G., (2005). Phenomenological research: An exploration of conceptual, theoretical, and practice issues. *Occupational Therapy Journal of Research OTJR: Occupational, Participation, and Health 25*(3), 98-104.

Winistorfer, W. L., Sheirton, L.S., & Slater, D.Y. (2016). The American occupational therapy association advisory opinion on ethics commission: Ethical consideration for productivity, billing, and reimbursement [Policy brief]. Retrieved from http://www.aota.org/Practice/Ethics/Tools-for-Productivity-Requirements.aspx

World Federation of Occupational Therapists. (2017). Definition of occupational therapy from member organisations. Retrieved from http://www.wfot.org/ResourceCentre.aspx

Wressle, E., & Samuelsson, K. (2014). High job demands and lack of time: A future challenge in occupational therapy. *Scandinavian Journal of Occupational Therapy*, *21*, 421-428. doi:10.3109/11038128.2014.941929

APPENDIX A:

IRB Approval Form

Graduate Education and Research
Division of Sponsored Programs
Institutional Review Board

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NOTICE OF IRB APPROVAL
Protocol Number: 000788

Institutional Review Board IRB00002836, DHHS FWA00003332

Review Type: ☐Full ☒Expedited

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

Principal Investigator: **Mary Wagner** Faculty Advisor: **Dr. Renee Causey-Upton**

Project Title: **Experiences of Balance Among Novice Occupational Therapists**

Approval Date: **5/10/17** Expiration Date: **12/16/17**

Approved by: **Dr. Matthew Irvin, IRB Member**

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

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

Consent Forms: All subjects must receive a copy of the consent form as approved with the EKU IRB approval stamp. You may access your stamped consent forms by logging into your InfoReady Review account and selecting your approved application. Copies of the signed consent forms must be kept on file unless a waiver has been granted by the IRB.

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

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

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

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

Final Report: Within 30 days from the expiration of the project, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If copies of significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report. Please log in to your InfoReady Review account, access your approved application, and click the option to submit a final report.

Other Provisions of Approval, if applicable: None

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

Kentucky UNBRIDLED SPIRIT

APPENDIX B:

Consent Form

EKU

Consent to Participate in a Research Study

Experiences of Balance Among Novice Occupational Therapists

Why am I being asked to participate in this research?

You are being invited to take part in a research study about the experience of balancing work and one's personal life in the first few years of practice. You are being invited to participate in this study because you are an occupational therapist working full-time and also are in your first year of practice. If you take part in this study, you will be one of about four or more people to do so.

Who is doing the study?

The person in charge of this study is Mary Wagner at Eastern Kentucky University. She is being guided in this research by Dr. Renee Causey-Upton.

What is the purpose of the study?

By completing this study, we hope to learn about how novice occupational therapists, in a high productivity setting, are able to find balance between work and their personal lives. More specifically how they find and sustain occupational balance and how job stress contributes to their experiences of balance.

Where is the study going to take place and how long will it last?

The research procedures will be conducted at a location convenient for you (i.e. home or workplace). Alternatively, interviews can be conducted via phone. Interviews will last 30 minutes to 1 hour. The total amount of time you will be asked to volunteer for this study is 30-60 minutes for one primary interview that will take place at some time over the next six months. A brief follow up interview may take place if necessary for no longer than 15-30 minutes. Finally, 1-2 participants will be contacted via email or phone to confirm the primary researcher's understanding of the participant responses. It should take no longer than 10-15 minutes for participants to read the researcher's impressions and then to respond via email confirming whether the interpretation of the data is correct or to make correction to any information found to be incorrect.

What will I be asked to do?

As a participant in this study you will be asked to complete a semi-structured interview either in person or over the telephone. The interview you complete will be transcribed and analyzed for themes. Only the primary researcher, and the research advisors will see this data. You may be contacted at a later date after you complete the interview to confirm the primary researcher's interpretation of the data.

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about this combined information. You will not be identified in these written materials. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

Can my taking part in the study end early?

If you decide to take part in the study, you still have the right to decide at any time that you no longer want to participate. You will not be treated differently if you decide to stop taking part in the study. The individuals

conducting the study may need to end your participation in the study. They may do this if you are not able to follow the directions they give you or if they find that your being in the study is more risk than benefit to you.

What if I have questions?
Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Mary Wagner at mary_wagner20@mymail.eku.edu or at (502) 210-9028. If you have any questions about your rights as a research volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. We will give you a copy of this consent form to take with you.

I have thoroughly read this document, understand its contents, have been given an opportunity to have my questions answered, and agree to participate in this research study.

Your completion of the interview will be considered as providing informed consent to participate in this research.

Sincerely,

Mary Wagner, OTS

_____ _____
Signature of person agreeing to take part in the study Date

_____
Printed name of person taking part in the study

_____
Name of person providing information to subject

Appendix C:

Interview Guide

Title of Study
Date of Interview:
Place interview was held:
Interviewer:
Pseudonym of person interviewed:

Interview Questions:
1.Describe your practice experiences (Probe: what clients you work with, different settings you've been in, your feelings on the setting, level of job satisfaction).

2.How would you describe your use of time at work? (Probe: do you have time to get everything done? Do you feel rushed? Do you work off the clock? Do you take your work home with you?)

3.How do you spend your time outside of work? (Probe: Leisure? Volunteer? Community involvement? What gives you greatest satisfaction? What are you passionate about?)

4.What do you value in your life? (Probe: What's most important to you, family, work, religion)

5.Do you feel that you have enough time available to devote to what you value most?(Probe: people, occupations).

6.What does the term occupational balance mean to you? Please explain

7.What supports your ability to maintain occupational balance? (Probe: spouse, family, friends, work: administration, productivity, health care reporting requirements)

8.What inhibits your ability to maintain occupational balance? (Probe: lack of time, family obligations, administration, productivity, health care reporting requirements)

9.What personal qualities do you feel help you to manage the demands of daily life? (probe: personality, age, SES, gender)

10.What strategies or tools, if any, do you use to meet demands of work and daily life? Please explain.

11.Please explain where you encounter stress in your practice?(Probe: documentation, caseload)

12.Anything else that you would like to say?