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Use of an Education and Coaching Intervention to Promote Occupational Balance in Graduate Occupational Therapy Students

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ABSTRACT

This small-scale pilot study was developed to examine the perceived occupational balance of graduate occupational therapy students and implement an education and coaching intervention to promote occupational balance for those who have difficulty achieving and maintaining it. Although literature provides many examples of interventions to facilitate stress relief in graduate students, this is the first to address the promotion of occupational balance in this effort, which has been identified as a student-reported need. A sequential explanatory mixed-methods approach was used to obtain quantitative and qualitative data on occupational therapy students' satisfaction with their balance of activity in all areas of occupation. The impact of that balance on stress levels and occupational satisfaction was examined utilizing an investigator developed scaled survey and The Canadian Occupational Performance Measure. Participants (N=22) were MSOT and OTD students from all academic years of their program. A six-week group education program was implemented. One additional 30-minute individual coaching session was held virtually with each student and the primary investigator to target individual goals. Survey data collected before the start of the educational series and again at its conclusion indicate an aggregate decrease in students' perceived stress (-.85); an increase in perceived occupational performance (mean +1.26); and an increase in perceived occupational satisfaction (mean +2.10). The desired outcome of the intervention was to provide students with strategies to increase lifestyle balance to help manage some of the stresses of graduate academia, and ultimately increase students' health and wellness to promote retention and successful completion of graduate education.

Introduction

Graduate academic programs are rigorous and time-consuming endeavors. Students in graduate programs often struggle to complete all activities required of them successfully, and often choose to abandon activities that provide stress relief and enjoyment, which contributes to high levels of stress (Malek-Ismail & Krajnik, 2018). Healthcare students experience stress right from the start of their graduate programs, perhaps earlier, as they prepare to enter their programs (Kelly, 2016). The nature of healthcare students' work, which includes clinical experiences, can negatively impact their self-care (Kelly, 2016). Due to the strenuous workload, students may not be able to engage in healthy behaviors, such as getting sufficient rest, sleep, and exercise. The time demands required by coursework may impair their relationships and increase social isolation (Flynn et al., 2017). Additionally, graduate students may experience preoccupation with their academic coursework to the extent that they feel guilty when choosing leisure activities over studying (Flynn et al., 2017). Academic institutions are reporting increasing levels of emotional distress, mental illness, and substance abuse among their students (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). The American Council on Education (2019) reported that mental health issues have a negative impact on students' grade point average (GPA), and that students with poor mental health are more likely to take longer to complete their degrees or drop out entirely.

Occupational therapy students report incongruence between what they are being taught about the importance of an occupationally balanced lifestyle and the demands placed on them during their academic programs (Malek-Ismail & Krajnik, 2018). Transition into a master's or doctoral level occupational therapy program may contribute to perceived stress due to the need for students to learn advanced theory, higher-level critical thinking, and research skills as well as preparing for clinical practice (Pfeifer et al., 2008). At the time of this study, the COVID-19 pandemic had created occupational disruptions that impacted students' ability to fully engage in their roles and caused increased anxiety (Sharma & Tyszka, 2023).

Occupational Balance

The concept of lifestyle or occupational balance has been identified as a contributing factor for students' health and wellness (Christianson et al., 2019; Malek-Ismail & Krajnik, 2018; Mauzy et al., 2015; Pfeifer et al., 2008). Life balance has been described as "a satisfying pattern of daily activity that is healthful, meaningful, and sustainable to an individual within the context of [their] life circumstances" (Matuska, 2012, p. 220). Wilcock (1998) defined occupational *imbalance* as an engagement in too much of the same type of activity, limiting the exercise of one's various physical, mental, and social capabilities. This description is fitting of the graduate student who is immersed in coursework and the additional responsibilities of a graduate academic program. Life balance parallels the constructs of occupational balance in that it posits that people who engage in configurations of activities that address their needs will perceive their lives as more satisfying, less stressful, and more meaningful (Matuska, 2012). Conversely, lack of a balanced and satisfying pattern of activity can result in stress, depression, and have

a negative impact on physical and mental health (Wagman et al., 2011; Wilcock et al., 1997; Yazdani et al., 2018). Students' perceptions of the negative effects of imbalance have been identified in the literature (Christianson et al., 2019; Malek-Ismail & Krajnik, 2018; Pfeifer et al., 2008). These include less time for meaningful leisure and self-care pursuits, decrease in preferred social interactions, and time management challenges.

Effectiveness of Education and Coaching Methods for Intervention

The use of educational and coaching methods to deliver instruction is an effective way to facilitate the adoption of healthy behaviors and increase well-being in graduate students (Beauchemin et al., 2021; Grant, 2003; Losch et al., 2016; Rodriguez & Provident, 2018; Stillwell et al., 2017). Weekly education sessions demonstrated effectiveness for imparting wellness strategies in college students after a seven-week intervention (Beauchemin et al., 2021). Clark et al. (2014) utilized a 12-week group wellness coaching model with community-based adults that effectively reduced depressive symptoms and perceived stress while increasing overall quality of life. The same 12-week group coaching model was utilized with primary care adult patients, with similar results occurring in as few as six weeks into the program (DeJesus et al., 2018). Occupational therapy students' adaptive coping strategies were enhanced using a six-week educational intervention (Rodriguez & Provident, 2018). A systematic review conducted by Stillwell et al. (2017) identified the most effective mindfulness-based stress reduction (MBSR) programs for healthcare students included a didactic component, in person MBSR group practice sessions, and homework.

In a level I study that compared individual coaching, self-coaching and group training, Losch et al. (2016) determined that individual coaching was most effective in facilitating goal achievement, while group training was most effective in imparting skill-based knowledge. Structured programming that employs solution focused coaching has been shown to facilitate personal goal attainment for enhanced mental and physical health and improved quality of life (Beauchemin et al., 2021; Clark et al., 2014; DeJesus et al., 2018; Grant, 2003). Using these methods allows for addressing an individual's intrinsic motivation for change. These methods provide the opportunity to individualize intervention to focus on specific areas of activity that are most meaningful to the participant, which is an important aspect of occupational lifestyle balance (Wagman et al., 2011; Wilcock et al.,1997; Yazdani et al., 2018).

The Model of Human Occupation (MOHO)

The conceptual model of practice that guided this pilot intervention is the Model of Human Occupation. The Model of Human Occupation addresses the volition, habituation, and performance capacity of the individual (Kielhofner, 2004). Therefore, it can guide intervention to address an individual's motivation for change and their need and ability to adapt to new roles and routines. The model encourages the development of skills that result in positive feedback to promote competence and mastery of the environment (Kielhofner, 2004). The model is particularly well suited to the concept of occupational balance, as the constructs of occupational balance are rooted in personal volition and an individual's perception of role balance (Yazdani et al., 2018).

Purpose

The purpose of this study was to pilot an education and coaching intervention to facilitate occupational lifestyle balance in graduate occupational therapy students. The intent of the intervention was to help students identify barriers to occupational balance and develop strategies to mitigate those barriers to create an occupationally balanced lifestyle, which has been identified as a component of health, well-being, and life satisfaction.

Method

Study Design

A sequential explanatory mixed methods design was utilized to collect and examine data on occupational therapy students' satisfaction with lifestyle balance in each area of occupation and the impact of that balance on their stress levels and occupational satisfaction. Pre and post intervention measures included an investigator developed Occupational Lifestyle Balance Survey and the Canadian Occupational Performance Measure (COPM; Law et al., 2005). Sequential explanatory mixed methods use qualitative data to explain and/or expand upon quantitative results (Winston & Dirette, 2022). The Occupational Lifestyle Balance Survey included open-ended questions to elicit explanatory data both pre and post intervention. Additional qualitative data was gathered during the individual coaching sessions and from the pre and post intervention COPM.

An evidence-based intervention, informed by literature review and synthesis, was developed by creating a six-week education and coaching program consisting of six one-hour group education sessions and one 30-minute individual coaching session between the primary investigator and each participant. The group education component of the program was led by the primary investigator. Sessions consisted of didactic education and hands-on activities. Educational topics from published related literature were chosen for each session to help students identify barriers and facilitators to occupational balance. The activities implemented during each session supported the topics and introduced active strategies and techniques to manage and mitigate barriers. The purpose of the coaching session was to formulate and target one personal goal to increase occupational balance. The six-week time frame was chosen to fit well into the fall semester schedule and not place an undue burden of additional obligation on the students. Data from the pre-intervention and post-intervention outcome measures was analyzed and compared to determine program efficacy.

Recruitment

Recruitment began after Institutional Review Board (IRB) approval was received prior to the start of the fall semester. Participants in this study were a convenience sample of MSOT and OTD students in good standing recruited from the occupational therapy program at a university in the northeast United States in the Fall of 2021. Inclusion criteria included access to a personal computer with reliable Wi-Fi connection, and willingness and ability to commit 6.5 hours over the course of a six-week period to the intervention.

A recruitment flyer was developed and posted on the occupational therapy student information portal of the university's learning platform to remove faculty from the recruitment process. Interested students contacted the primary investigator directly and were sent an email with a link to the digital consent form. Thirty students from all cohorts of the occupational therapy program responded with interest to join the intervention group. The classroom location of the intervention had a limited capacity; therefore, the first twenty-two respondents were sent the digital consent form to adhere to this space limitation. When consent was received, students were assigned an alphanumeric code to use as an identifier on pre and post intervention surveys and outcome measures to ensure confidentiality. Participants were sent an email with this information and a link to complete the initial Occupational Lifestyle Balance Survey via the Qualtrics online survey platform. The remaining eight students were kept on a waiting list in the event space became available. Those eight received the educational materials handed out at the weekly sessions via email after each group session concluded but were not included in the data collection process.

Outcome Measures

The COPM (Law et al., 2005) is a client centered, subjective measure of occupational satisfaction, which is a core concept related to occupational balance (Wagman et al., 2011; Wilcock et al., 1997; Yazdani et al., 2018). This tool was used as a pre and post intervention measure as it aligns well in determining issues of importance to an individual and detecting changes in performance of valued activities over time (Law et al., 2005). Test-retest reliability for the COPM has been studied on a demographically broad spectrum of subjects and has demonstrated a high degree of consistency in problems identified, producing stable results over varying intervals (Law et al., 2005). The COPM uses a 10-point ordinal scale to rate the subjects' performance in and satisfaction with personally selected important occupations in the areas of self-care, productivity, and leisure.

The Occupational Lifestyle Balance Survey was developed specifically for this study to identify areas of activity in which the participant engaged. The survey was also designed to assess the relationship between activity participation and perceived stress. This was accomplished by asking participants to rate their overall daily stress level on a scale of 1-5, and further asking them to explain if they felt their stress level was affected by the amount of time spent in any particular activity. A five-point ordinal scale was utilized to gauge participants' level of satisfaction with the amount of time spent engaged in activities in nine areas of occupation. Open-ended questions to assess participants' desire to engage in preferred enjoyable activities or to acquire new skills and interests were developed. The Occupational Lifestyle Balance Survey was pilot tested on three adult subjects. Their feedback confirmed that all questions were understandable and answerable with the Likert scale provided.

Procedures

The intervention to promote lifestyle balance began during the second week of the fall semester. The first administration of the COPM took place at the first group session. Topics and materials for each group session included PowerPoint presentations on the weekly topics as well as materials and activities such as art supplies, activity worksheets, and video supports (see Table 1). After the first session, each participant was contacted individually to schedule the virtual coaching session at a mutually convenient time within the following two weeks. The individual coaching sessions focused on reviewing the participants' responses on the COPM to determine their perceived areas of activity imbalance. A personal goal was set during this coaching session, and strategies for goal facilitation were discussed.

The Lifestyle Balance Weekly Intervention Plan provided the outline of weekly intervention themes, assessments, and activities of each session. Participants attended the educational presentations in a didactic setting and were encouraged to ask questions during the interactive sessions. At each group education session, learning was assessed through activities that required demonstration of understanding, application of concepts, and creation of media to support the topic. At the beginning of each session, previously discussed topics were reviewed through a question-and-answer period to assess and reinforce learning in real time. Printed handouts and digital resources such as video links, digital/mobile applications (apps), and websites were provided at each session.

Table 1

Lifestyle Balance Intervention Weekly Plan

WEEK	INTERVENTION/ASSESSMENT
1	**Information on intervention: Introduction** • What is occupational lifestyle balance? • Why is occupational lifestyle balance important? • How can occupational lifestyle balance be achieved? • Overview of future weekly topics • Initial Occupational Lifestyle Balance Survey • COPM first administration
2	**Topic 1: Identifying Barriers to Occupational Balance** • "Friction" management/What it means, how it impacts occupational balance • Vision Board creation • Question and answer before and after module presentation to assess learning • Open discussion and sharing of feelings to clarify concepts

3	**Topic 2: Burnout Prevention** • Importance of self-care for wellbeing/Exploration of different types of self-care • Creation of an "Occupational Menu" • Participation in an "Awe Walk" • Question and answer before and after module presentation to assess learning • Open discussion and sharing of feelings to clarify concepts
4	**Topic 3: Habit Formation** • Use of Tiny Habits method • Creation of Tiny Habits "Recipes" • Question and answer before and after module presentation to assess learning • Open discussion and sharing of feelings to clarify concepts
5	**Topic 4: Time Management** • Use of specific time management techniques: Pomodoro Method, 4 D's method, personal strategies • Question and answer before and after module presentation to assess learning • Open discussion and sharing of feelings to clarify concepts
6	**Topic 5: Cultivating Flow** • Relationship between flow state and occupational satisfaction • How to achieve a state of flow • Question and answer before and after module presentation to assess learning • Open discussion and sharing of feelings to clarify concepts • Post-intervention Occupational Lifestyle Balance Survey link provided for completion • COPM second administration
Individual Coaching Session (Virtual via Zoom) ***Scheduled* ON ONE OCCASION ONLY *at participants' convenience between weeks 2-4***	• Review of Occupational Lifestyle Balance Survey and COPM • Preferred activity exploration/goal setting • Identify potential barriers to goal achievement and activity balance and explore mitigation strategies • Strategize solutions to facilitate goal achievement and activity balance

Data Analysis

Data from the completed Occupational Lifestyle Balance survey was downloaded from the Qualtrics online platform into Microsoft Excel (Excel) for analysis using descriptive statistics. Data from the COPM was manually entered into Excel for analysis using the same methodology. Statistical analysis for the change between pre and post intervention satisfaction with occupational performance and participation was analyzed in aggregate to determine the mean change among all participants. Each participant's change in satisfaction with occupational participation was also analyzed. Change in performance and satisfaction between MSOT and OTD students was analyzed, as was the difference between those students who were in the first year of their program and those in their second or third year.

Raw qualitative data was entered into Excel and analyzed by the primary investigator using a six-step thematic analysis (Maguire & Delahunt, 2017). This process involved reviewing raw data for understanding, categorizing responses, identifying themes, reviewing themes, defining themes, and reporting results (see Tables 5 and 6). Data was checked for accuracy and reviewed for congruency by the second author.

Results

Twenty-two students representing all cohorts of the occupational therapy program at both masters' and doctoral levels provided informed consent to participate in the six-week study intervention. All participants were female and came from a variety of ethnic backgrounds. Of the 22 enrolled participants, 19 were between ages 18-25 and three were between 26-35. Most student participants were enrolled in the entry-level OTD program (N=14), with the remainder (N=8) enrolled in the master's (MSOT) level program. Most participants worked part-time (N=12), one participant was employed full-time, and eight participants were unemployed. One participant indicated "other" as their response to the question regarding employment status. Table 2 summarizes participants' characteristics.

The COPM responses were reviewed during the individual coaching sessions and used to set a goal for improved performance and satisfaction in an activity of choice for each participant (see Table 3). These goals were then grouped by the number of students who set goals in five general categories of activity (see Table 4).

Table 2

Participant Characteristics (N=22)

Participant ID	Age Range	OT Program Level	OT Program Year	Number of Semesters Completed
001	18-25	OTD	1	1
002	18-25	MSOT	1	1
003	18-25	MSOT	1	1
004	18-25	MSOT	1	1
005	18-25	MSOT	2	3
006	18-25	OTD	2	4
007	26-35	OTD	2	4
008	26-35	MSOT	3	5
009	18-25	MSOT	1	1
010	18-25	OTD	2	4
011	18-25	OTD	2	4
012	18-25	OTD	2	4
013	18-25	OTD	2	4
014	26-35	OTD	2	4
015	18-25	OTD	1	1
016	18-25	OTD	1	1
017	18-25	OTD	1	1
018	18-25	MSOT	1	1
019	18-25	OTD	2	4
020	18-25	OTD	1	1
021	18-25	MSOT	2	3
022	18-25	OTD	1	1

Table 3

Participant Goals and Timeline for Completion

Participant ID	Goal	Time for Goal Completion
001	Participant will be ready for sleep by 10 PM 3/7 nights per week.	2.5 weeks
002	Participant will be ready for sleep by 12:00AM 3/7 nights per week.	2.5 weeks
003	Participant will bike or jog 30 min. 2x/week.	2.5 weeks
004	Participant will schedule 45 min./day for schoolwork 7 days/week.	2.5 weeks
005	Participant will take a 30-minute walk outdoors daily each week.	2.5 weeks
006	Participant will divide time spent with friends/boyfriend on 2/3 weekends.	3 weeks
007	Participant will spend 1 hour engaged in a self-care activity 3/7 nights per week.	3 weeks
008	Participant will work out with home equipment 20 min. 3x/week.	3 weeks
009	Participant will go to the gym for 1 hr/2x per week.	2.5 weeks
010	Participant will exercise for $\geq$ 30 min3/7 days per week.	2.5 weeks
011	Participant will create and complete a Halloween costume within 1 week of scheduled event.	3 weeks
012	Participant will spend 15 minutes organizing bedroom 2/7 days per week.	3 weeks
013	Participant will exercise $\geq$ 30 minutes 4/7 days per week.	3 weeks
014	Participant will apply to $\geq$ 3 jobs per week.	2.5 weeks
015	Participant will have dinner with friends without checking email 1x/week.	2.5 weeks
016	Participant will exercise for 30 -60 min. 3x/week.	2.5 weeks
017	Participant will spend 30 min – 1 hour visiting grandmother 1x/week.	2.5 weeks
018	Participant will go to the gym for 1 hour 4/7 days per week.	3 weeks
019	Participant will turn off phone 30 minutes prior to going to sleep 4/7 nights per week.	2.5 weeks
020	Participant will go to the gym for $\geq$ 45 min. 2x/week.	2.5 weeks
021	Participant will spend 30 min. reading for pleasure 2x/week.	2.5 weeks
022	Participant will check in with family via text message 1x/week.	2 weeks

Table 4

Categories of Goals Set by Participants

Number of Participants	Goal Category
9	Exercise
4	Sleep/Self Care
4	Social Participation
3	Time Management
2	Leisure

Occupational Lifestyle Balance Survey

Measures of the intervention's efficacy were obtained through the Occupational Lifestyle Balance Survey. Scaled responses of participants' general perceived stress level, and responses as to whether they were satisfied with the amount of time spent in enjoyable activity were gathered in both pre and post intervention administration. Pre-intervention, participants' (n=22) day-to-day stress level was calculated to a mean of 6.26 on a scale of 1-10. Post intervention, the mean day-to-day stress level on a scale of 1-10 had decreased to 5.41 (-.85).

The initial Occupational Lifestyle Balance Survey asked whether participants felt their stress level was affected by the amount of time spent in any one activity. Pre intervention results indicated that the majority (n=16, 73%) felt it was. In describing this perception, students were quoted as saying "I am usually more stressed when engaging in schoolwork for too long", "I get overwhelmed and stressed if I spend a lot of time doing one task", and "If something is taking too long or taking away from time I have to do another task it becomes stressful and feels rushed".

Post-intervention results indicated that the majority (n=16, 72%) had been affected positively in this area. In describing this perception, students were quoted as saying "I now set time limits on certain tasks and this reduces my stress because I won't overdo things by spending too much time on them", "I feel I can work out some stress while exercising and by taking daily walks outside to re-center myself", and "Since I have more awareness of occupational balance I believe it has impacted my overall daily stress level."

The initial Occupational Lifestyle Balance Survey asked if participants felt they spent enough time in activities they found enjoyable. Pre-intervention, the results indicated that only 14% (n=3) did, while 55% (n=12) did not. Representative participant quotes describing this perception include "With the workload of college I don't have time to engage in activities I enjoy", "I don't go to the gym as much as I would like", and "I tend to feel there's not enough time to keep up with new projects/hobbies".

The same question was posed in the post-intervention Occupational Lifestyle Balance Survey, with results indicating satisfaction with the amount of time spent in enjoyable activity had increased to 82% of participants (n=18), with 18% (n=4) reporting some improvement, and zero participants reporting no improvement. Representative quotes describing this change include “Using the different strategies for time management I was able to engage in more enjoyable activities”, “I make sure to allow myself the time to go to the gym without feeling guilty that I should be doing something else”, and “I have been able to balance my time better and make time for things I want to do by managing stress and time”.

To obtain qualitative data, the Occupational Lifestyle Balance Survey asked open-ended questions to elicit explanation for the yes/no answers described above. Table 5 presents and summarizes themes that emerged frequently from the descriptions of the reasons for perceived occupational imbalance and barriers to a balanced lifestyle.

Table 5

Representative Themes and Participant Quotes Describing Barriers to Occupational Balance Pre-Intervention

Identified Themes	***Participant Quotes***
Lack of Time	• “It’s hard finding a balance between my personal time and time spent at work and school.” • “With the workload of college, I don't have time to engage in activities that I enjoy such as gymnastics, basketball, tennis.” • “I wish I had more time to bike, play tennis, etc.” • “During the school year/semester I focus completely on my academic success- putting everything else on the back burner.” • “I definitely need to manage my time better in order to be able to spend more time on self-care and leisure activities.” • “During the school week, I feel that I do not have time to participate in some self-care activities such as journaling, meditating, or just relaxing.”
Mental Friction (Guilt)	• “I always feel obligated to be studying when I have free time.” • “I almost feel guilty sometimes when engaging in leisure activities due to my Time management skills.” • “Even when I do have the time for other things, I feel guilty that I'm not doing work/studying.” • “I feel that I only am able to engage in activities when all my other responsibilities such as school, work and chores are completed.”

Stress and Anxiety	• "My anxiety over schoolwork always gets in the way of my ability to enjoy myself in leisure activities and socialization." • "I waste a lot of time just overthinking and being anxious." • "Usually more stressed when engaging in schoolwork for too long." • "My stress level is positively affected by the amount of time I spend attending to activities I enjoy (exercise, craft activities, cooking, shopping, etc.)."

Each of the six group intervention sessions introduced a topic related to promotion of occupational balance and at least one specific strategy with which to facilitate it. One hundred percent of the participants (n=22) responded that they had learned one or more useful strategies to promote occupational lifestyle balance during the six-week intervention. The post intervention Occupational Lifestyle Balance Survey asked participants to describe which strategies they found most useful in promoting occupational balance. Participant quotes identifying their most helpful learned facilitators to occupational balance are described in Table 6.

Table 6

Participant Quotes Describing Most Useful Learned Strategies to Minimize Barriers to Occupational Balance Post-Intervention

Most Useful Strategies	***Descriptive Quotes***
Time Management	• "Prioritizing and setting time limits (Pomodoro method)." • "Time management strategies – 4 Ds (do, delay, defer, delete)." • "I learned about the Pomodoro method and have begun to use it in my studying."
Tiny Habits Method	• "The most useful had to be the tiny habits strategy because it makes things more attainable, and I feel more accomplished." • "The tiny habits method – working on it!" • "The most useful strategy is tiny habits – it has been helping me create a stable routine and manage my time well."
Self-Care for Burnout Prevention	• "The most useful strategy I learned is to accept that it is ok to take a break – you should not feel guilty for not always studying or doing a specific task." • "I loved mini habits and ways to prevent burnout." • "The breathing techniques and the "awe" walk."

Canadian Occupational Performance Measure

Nineteen participants indicated an increase in performance of identified activities post intervention, with a mean change of +1.26 (0.88 standard deviation) for all participants in aggregate. Twenty-two participants indicated an increase in satisfaction with performance in those same activities, with a mean change of +2.10 (1.07 standard deviation) for all participants in aggregate. It has been determined that a two-point increase in average satisfaction and/or performance on the COPM is indicative of a significant change (Law et al., 2005).

When analyzed by academic program, OTD students' overall satisfaction with occupational performance increased (+2.2) post-intervention. Master's level students' increase in satisfaction was more modest (+1.93). Performance rating change remained lower than satisfaction in both the OTD (+1.3) and Master's (+1.2) groups. A secondary analysis was performed based upon the program year of the participants. OTD and master's students in year 1 (n=11) had a performance rating increase of 1.28. Performance rating increase in students in years 2 or 3 (n=3) was 1.24. The increase in satisfaction of first year students was 1.99 and students in years 2 or 3 was 2.21.

Goal Attainment

Post intervention results indicated that 55% of participants (N=12) achieved their goal. An additional 32% (N=7) indicated some progress toward their goal, while 13% (N=3) did not achieve their goal by the end of the intervention program.

Discussion

While the effects of the COVID-19 pandemic were not explicitly explored in this study, pandemic restrictions were still in place at the time of the intervention. This may have contributed to participants' interest and desire to participate in the intervention, due to the occupational disruptions and increased anxiety caused by it (Sharma & Tyszka, 2023). The decrease in perceived stress among the intervention group as a whole may be indicative of their use of learned strategies to promote improved occupational balance, which is supported by qualitative data. Since graduate students' health and well-being is intimately tied to stress (Flowers & Bernard, 2020; Flynn et al., 2017; Kelly, 2016; Malek-Ismail & Krajnik, 2018; Mauzy et al., 2015; Pfeifer et al., 2008), these results may prove beneficial to students' long-term health and wellness. The literature provides many examples of interventions to provide stress relief in graduate students, (Beauchemin et al., 2021; Christianson et al., 2019; Flowers & Bernard 2020; Malek-Ismail & Krajnik, 2018; Pfeifer et al., 2008; Stillwell et al., 2017), however, none were found to explicitly address the promotion of occupational balance in this effort, despite student reports of their need for a more balanced lifestyle (Christianson et al., 2019; Malek-Ismail & Krajnik, 2018; Pfeifer et al., 2008).

When participants were asked to identify barriers to their ability to engage in preferred activities, several themes emerged. The most prevalent barriers to a balanced lifestyle were lack of time, mental friction such as guilt over not using available time to study, stress and anxiety induced by excessively thinking about schoolwork, and over

engagement in academic activities. The intervention to promote occupational balance addressed each of these barriers during the weekly educational modules. Post intervention, most students reported that they were more satisfied with the amount of time spent in enjoyable activity. Survey data indicated their use of specific strategies learned during the intervention proved helpful in facilitating their ability to engage in more enjoyable and health promoting activities. Qualitative evidence gathered in the form of participant comments indicated that for some, upcoming midterm exams continued to impact their ability to participate in enjoyable activity. The short duration of the intervention was cited by some participants as a barrier to achieving their occupational goal. This further implies that occupational balance has a cyclical pattern in this population, as described by Malek-Ismail and Krajnik (2018); therefore, additional intervention to address this pattern may be needed.

Evidence indicates that coaching methodology is an effective means of promoting health and wellness (Beauchemin et al., 2021; Clark et al., 2014; DeJesus et al., 2018; Grant, 2003). Participants reported using the strategies learned during the group sessions to facilitate goals created during the individual coaching sessions. This result is supported by evidence obtained in a comparative study by Losch et al. (2016) that group training is most effective for skill-based learning and individual coaching is most effective for goal achievement.

Interestingly, the COPM results revealed a greater change in satisfaction with occupational performance than with occupational performance itself. According to Law et al. (2005) an increase of 2.00 on a rating scale of 1-10 indicates a significant change. It is hypothesized that since the intervention participants did not enter the intervention with any specific occupational complaints, their occupational *performance* was never a main concern, and subsequently was not as responsive to the intervention protocol as was their overall occupational satisfaction. This pattern was consistent when the data was examined by program year groups, and by academic program. Doctoral level students have the added responsibilities of capstone development, which include advanced research and synthesis for program development (Kroll et al., 2022). Therefore, the strategies imparted for increased occupational balance could have had a greater impact on them. Change in performance and satisfaction in preferred activities formed a similar pattern when considered in terms of program year of the students. A greater change in satisfaction was demonstrated among students in the second or third year of their program than those in their first year. One possible explanation for this variance is that the students who were further along in their program were more aware of the expectations, and therefore were able to acquire strategies that were tailored to fit both academic and non-academic activities.

Implications for Occupational Therapy Education

Student participants indicated that their interest in the intervention program stemmed from their need to develop strategies to manage their school/life balance and decrease feelings of being overwhelmed by schoolwork. The educational program utilized during this study can be adapted to create a credit-bearing course for inclusion in first-year OT program curriculum. Use of the educational and coaching strategies described here

could benefit students by providing them with tools to proactively tend to their health and well-being through participation in preferred and health-promoting activities before becoming overwhelmed by their perceived imbalance of academic responsibilities.

Students indicated they felt they “needed permission” to engage in activities that were not school-related, as it caused them guilt to be doing things other than attending class, working on assignments, or studying. As future occupational therapists, learning to self-manage their own occupational needs can not only help students prevent personal burnout and physical and emotional distress, but provide them with methods with which to help their clients do the same. The individual coaching component of the intervention was cited by some participants as most beneficial for creating and achieving their goal for increased occupational balance. This methodology can be incorporated into students’ academic advisement sessions, which are typically provided once per semester by program faculty. In this way, individual goals for maintaining a balanced profile of activity can be set, with the guidance of the faculty advisor. If students present with emotional concerns beyond the scope of academic advisement, a referral to mental health services can be made at that time.

Limitations

Several limitations exist in this study. The first is voluntary response bias since the participants all volunteered for the intervention due to their perceived need to develop strategies to facilitate school/life balance and manage feelings of overwhelm. Since the primary investigator facilitated the intervention with anticipation of a positive change, the possibility of observer bias exists. Limitations for generalizability of this intervention included a homogenous and relatively small (N=22) sample, which consisted exclusively of female students. Additionally, participants reported the short duration of the study as a limitation for goal achievement. Finally, faculty administration of the study could have influenced participants’ reporting of results due to a bias toward achieving desired outcomes as a student.

Future Research

Expanding the small-scale pilot study with a longer time frame will address participants’ self-described need for more time to achieve goals. Since the intervention was of short duration, additional longitudinal studies will be useful to determine lasting effects of the intervention. Addition of periodic coaching sessions to augment or maintain results should be explored. Future research may include expansion of the graduate population beyond occupational therapy students, as well as undergraduates preparing for graduate healthcare programs.

Conclusion

Overall, results of the Occupational Lifestyle Balance Survey indicated a decrease in generalized stress among the intervention group. Most participants (82%) indicated increased satisfaction with the amount of time spent participating in enjoyable activity post intervention. All participants reported learning at least one actionable strategy to facilitate occupational balance. While most participants reported achieving their goal for increased occupational balance, all reported some progress toward it. Results of the

COPM indicated a mean aggregate increase in occupational performance and occupational satisfaction post intervention in the individual, program year, and academic program categories. The promotion of occupational balance as a component of graduate students' health and wellness is an intuitive addition to occupational therapy education. The interrelated concepts of health, wellbeing, and engagement in occupation are the central tenets of the profession (American Occupational Therapy Association, 2020). Assisting students in achieving their subjective optimal patterns and variations of occupation can not only promote personal well-being but foster professional growth as well.

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