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Abstract

Research indicates that United States healthcare workers face significant burnout. College is a crucial period for preparing occupational therapy assistant (OTA) students to manage life balance, stress, and burnout as they transition into the workforce. However, there is limited understanding of these factors within this population. This study examined the relationship between OTA students' life balance and their perceived stress and occupational burnout, considering variables such as employment status, residential status, years of study, and age. A cross-sectional Qualtrics e-survey was administered to OTA students aged 18 and older, comprising a demographic survey, Life Balance Inventory (LBI), Perceived Stress Scale-Short (PSS-4), Single-Item Measure of Burnout (SIMB), and open-ended questions regarding students' perceptions of factors affecting their life balance. Results from 200 OTA students revealed an occupational imbalance with an overall LBI score of 1.99 (on a scale of 1-3, with 1.5 - 2.0 considered unbalanced). There were also significant differences among the LBI subscales. The study found moderate, inverse relationships between students' life balance, perceived stress, and occupational burnout. No significant differences were observed across residential status, employment status, years of study, or age. Activities such as exercise and sleep were associated with positive life balance, while lack of sleep and insufficient relaxation time were perceived as detrimental. Findings suggest that addressing life balance and implementing strategies to mitigate stress and burnout are critical for their well-being and professional success. Further research is warranted to develop targeted support programs for OTA students.

Keywords

Occupational balance, stress, burnout, occupational therapy assistant student

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Life Balance, Stress, and Occupational Burnout in Occupational Therapy Assistant Students: An Exploratory Study

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ABSTRACT

Research indicates that United States healthcare workers face significant burnout. College is a crucial period for preparing occupational therapy assistant (OTA) students to manage life balance, stress, and burnout as they transition into the workforce. However, there is limited understanding of these factors within this population. This study examined the relationship between OTA students' life balance and their perceived stress and occupational burnout, considering variables such as employment status, residential status, years of study, and age. A cross-sectional Qualtrics e-survey was administered to OTA students aged 18 and older, comprising a demographic survey, Life Balance Inventory (LBI), Perceived Stress Scale-Short (PSS-4), Single-Item Measure of Burnout (SIMB), and open-ended questions regarding students' perceptions of factors affecting their life balance. Results from 200 OTA students revealed an occupational imbalance with an overall LBI score of 1.99 (on a scale of 1-3, with 1.5 - 2.0 considered unbalanced). There were also significant differences among the LBI subscales. The study found moderate, inverse relationships between students' life balance, perceived stress, and occupational burnout. No significant differences were observed across residential status, employment status, years of study, or age. Activities such as exercise and sleep were associated with positive life balance, while lack of sleep and insufficient relaxation time were perceived as detrimental. Findings suggest that addressing life balance and implementing strategies to mitigate stress and burnout are critical for their well-being and professional success. Further research is warranted to develop targeted support programs for OTA students.

Introduction

Occupational therapy assistants (OTAs) play a vital role in the healthcare system and are expected to experience significant growth in the United States (U.S.), with a 25% increase expected from 2021 to 2031 (U.S. Bureau of Labor and Statistics, 2022). To meet the healthcare demands of the U.S. population, the OTA workforce needs to grow to 35% by 2029 (Staples, 2021). However, this workforce faces a considerable risk of occupational burnout due to the strenuous physical demands of their work (Alnaser, 2015; Darragh et al., 2009; Passier & McPhail, 2011); high workloads and productivity standards (Leo et al., 2021; Salazar, 2019); combined with compassion fatigue (De Hert, 2020; Stokes-Parish et al., 2020; van Mol et al., 2015). In occupational therapy (OT) practitioners, self-sacrifice, psychological distress, and post-traumatic stress are additional factors that contribute to compassion fatigue (Cavanagh et al., 2020; Circenis & Millere, 2011; Zeman & Harvison, 2017).

Occupational burnout is a negative state of mind toward work resulting from the work demands' prolonged physical, cognitive, and emotional strain (Canu et al., 2021; Demerouti et al., 2001; Maslach, 1976). It is associated with stress and emotional exhaustion (Canu et al., 2021; Maslach, 1976; Schaufeli et al., 2019). In the U.S., burnout has reached the status of a public health crisis, with healthcare workers experiencing a high prevalence of burnout (Murthy, 2022; Prasad et al., 2021). Healthcare students are not exempt, as burnout is commonly observed during coursework (Cunningham et al., 2023; Nerdrum et al., 2009; Tlili et al., 2021) and as they transition into professionals (Khan et al., 2014).

Addressing life balance and mental health during college is paramount for undergraduate students (Sprung & Rodgers, 2021). Life balance is broadly defined as "a satisfying pattern of daily activity that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances" (Matuska & Christiansen, 2008, p.11). Early education on this concept can empower students to engage in fulfilling activities, promote balance, and mitigate burnout and attrition in the healthcare field.

Despite the growing recognition of burnout as a pressing concern, there is no universally agreed-upon remedy for burnout among undergraduate healthcare students, and the contributing factors are not yet fully understood (Panagioti et al., 2017; Schaufeli et al., 2009; West et al., 2020). Research indicates that the stress level at the beginning of coursework strongly predicts psychological distress at its conclusion (Nerdrum et al., 2009; Olivera et al., 2023). Yet, a lack of awareness about burnout signs and prevention methods has been observed among students (Blake et al., 2021). Furthermore, studies have failed to find significant links between burnout and factors such as work-life balance, personality traits, environmental influences, age, and gender (Saleh et al., 2017; Sprung & Rodgers, 2021; Tlili et al., 2021).

Popova et al. (2023) recently underscored the adverse link between stress levels and satisfaction with self-care routines among OT and OTA practitioners and students. However, their study lacked representation from OTA students, comprising only 3.5% (7

out of 197) of the sample. This gap in the literature leaves a void in understanding the correlation among life balance, perceived stress, and occupational burnout within this group. Scholars and practitioners believe understanding this relationship is essential for fostering a thriving OTA workforce that effectively meets the U.S.' evolving healthcare needs (Popova et al., 2023; Sprung & Rodgers, 2021; Tlili et al., 2021). Therefore, this study aimed to shed light on the interplay between life balance, perceived stress, and burnout among OTA students that contribute to formulating effective interventions and support systems.

Purpose

This study explored OTA students' life balance and its association with their perceived stress and occupational burnout across variables such as employment status, residential status, years of study, and age. Additionally, it described what OTA students perceived as harmful or buffering to their life balance. The following scales were used to explore student perception of the factors affecting their life balance: Life Balance Inventory (LBI), Perceived Stress Scale-Short (PSS-4), and Single-Item Measure of Burnout (SIMB). In addition, three research questions were explored: Will employed OTA students report a lower total LBI score, higher perceived stress level, and occupational burnout; will OTA students who live on campus report higher total LBI scores, lower perceived stress levels, and occupational burnout; and will OTA students with more years of study report lower total LBI scores, higher perceived stress levels, and occupational burnout?

Methods

Research Design

This study used a cross-sectional design employing an anonymous, self-administered, voluntary web-based survey. A cross-sectional design analyzes data on one or more variables to make inferences about a population at a specific point in time (SAGE Research Methods, 2008). This design typically provides information on a particular group's characteristics and describes a group's outcomes (Wang & Cheng, 2020).

Ethical Procedures

The study received approval from the Office of Human Research, Institutional Review Board (IRB)s of Thomas Jefferson University and Pennsylvania State University on March 10, 2023, and March 16, 2023, respectively.

Conceptual Lens

This study was informed by the Life Balance Model (LBM; Matuska & Christiansen, 2008). The LBM explores the connection between an individual's overall health (both physical and mental) and how specific combinations of purposeful activities contribute to achieving a state of life balance. The LBM informed the survey's design. The LBI follows the LBM, with four subscales that align with the primary components in the model: identity, relationship, challenge, and health.

Participant Recruitment

The study involved OTA students from accredited programs in the U.S. who met the inclusion and exclusion criteria. The study recruited participants through an anonymous, self-administered web-based survey via email and social media platforms. Convenience sampling was used to recruit subjects based on availability (Portney & Watkins, 2015). A correlational sample size of 194 students was used to ensure a representative sample, based on Bojing and Baharum's (2016) *Sample Size Guidelines for Correlational Analysis* using the Correlation Sample Size Calculator (Kohn & Senyak, 2021). The sample size was calculated for a standard probability error of 0.05- α for the threshold, 0.20 for the type II error rate, and 0.20 for the expected correlation coefficient.

The inclusion criteria for the study included OTA students who were actively enrolled in an associate degree or bachelor's degree program within the U.S. and were all adults over the age of 18 years.

Measures

The study used online surveys on OTA students' life balance, perceived stress, and occupational therapy burnout to gather data trends. The first author disseminated the surveys using the Pennsylvania State University's Qualtrics XM Platform (2023) and piloted it on five Pennsylvania State University OTA students. The final published survey instrument consisted of three scales: the LBI Online (Matuska, 2012a), the PSS-Short 4 (Cohen et al., 1983), and the SIMB (Hansen & Pit, 2016). The three scales were combined into a single electronic survey consisting of 58 scaled survey questions, three qualitative questions, and eight demographic questions.

Life Balance Inventory Online

The LBI Online (Matuska, 2012a) is a free online measure that compares an individual's desired and actual amount of time spent engaging in 53 activities. It generates an average activity congruence total score. It assesses perceived satisfaction with each activity, and four equivalence sub-scores based on the four needs areas: Identity, Relationship, Challenge, and Health. A total LBI score of 1.0 to 1.49 is interpreted as very unbalanced; 1.50 to 1.99, unbalanced; 2.00 to 2.49, moderately balanced; and 2.50 to 3.00, very balanced. The LBI has good internal consistency (Cronbach's alpha .89 to .97; Matuska, 2012b) and construct validity, tested in various studies, including multiple sclerosis (Matuska & Erickson, 2008), Swedish women recovering from stress disorders (Hakansson & Matuska, 2010), and working individuals in Sweden (Wagman et al., 2012).

Perceived Stress Scale-Short

The PSS-4 (Cohen et al., 1983) is a self-reported scale that measures the degree to which an individual rates the situations in their life as stressful. The short scale uses the four items: feeling unable to control important things in life, feeling confident about your ability to handle personal problems, feeling things were going your way, and feeling difficulties were piling up so high that you could not overcome them. The four-item scores are added to obtain a total score ranging from 0 to 16. Scoring uses a Likert

scale for questions 1 and 4: 0 = Never; 1 = Almost never; 2 = Sometimes; 3 = Fairly often; 4 = Very often. Questions 2 and 3 are scored in reverse order. The total score in the short version of PSS had a reliability alpha coefficient of .72 (Cohen et al., 1983).

Single-Item Measure of Burnout

The SIMB (Hansen & Pit, 2016) is a simple measure used to assess students' perceptions and classification of their current burnout. The content validity, tested against the Maslach Burnout Inventory (Maslach et al., 1997) correlates with the emotional exhaustion scale. The SIMB measures burnout on a scale of 1-5, with the abbreviated measure used to reduce survey length and increase response rates. The concept of burnout was defined and listed at the top of the SIMB measure to increase content validity.

Data Collection Procedures

The Qualtrics XM Platform (2023) e-survey was used for data collection, ensuring confidentiality without identifying participants. The data was downloaded into a Microsoft Excel Spreadsheet, uploaded into the Statistical Package for Social Sciences-SPSS (IBM, 2022) software packages for data analysis, and stored in password-protected Pennsylvania State University-owned One Drive. The primary researcher and a research support person from Pennsylvania State University's Center for Teaching and Learning had access to the stored data. A digital invitation was created, and a link to the survey was shared through a recruitment email to professional groups, OTA Program Directors, the AOTA General Survey Forum, and state OT associations. The survey took approximately 20-25 minutes to complete and used implied consent through a statement appearing as the first item on the electronic form. Students accessed the survey via a link in the introductory email. Adaptive questioning screened participants for eligibility, redirecting those not meeting the inclusion criteria to an end survey screen. To maintain anonymity while offering an incentive, participants could enter a separate raffle to win Shokz OpenRun conduction headphones by providing their names and email addresses in a distinct form. The IP addresses were monitored on the Qualtrics (2023) platform to prevent duplicate entries. One winner was randomly selected from the participant pool and awarded the headset.

Data Analysis

The study analyzed survey data with a completion rate of 80% or higher, ensuring responses to at least 55 out of 69 questions, with missing data treated as null responses. Statistical analysis employed the Statistical Package for Social Sciences (SPSS) software (IBM, 2022). Descriptive statistics were utilized to analyze quantitative data from the Life Balance Inventory (LBI), Perceived Stress Scale (PSS-S), and the Single-Item Measure of Burnout (SIMB). Spearman's correlation assessed associations between LBI, PSS, and SIMB scores. The Kruskal-Wallis Test, a nonparametric scale, compared multiple independent groups, including demographic variables like gender identification (e.g., male vs. female). One-way Kruskal-Wallis tests in SPSS explored potential correlations between total LBI scores, PSS-S, and SIMB across demographic variables.

Results

A total of 263 responses were collected between March and April 2023. Among these, 200 were completed, yielding a return rate of 76.04% and meeting the 80% threshold for completion. The 63 incomplete responses were excluded from the analysis. The sample size, consisting of 200 completed responses, surpassed the correlational sample threshold of 194 students, making it broadly representative of the OTA student population. This ensured sufficient statistical power and the ability to generate generalizable results for the LBI, PSS, and SIMB scores. However, the completion threshold was not achieved for data related to years of study ($n=179$), residential status ($n=187$), and employment status ($n=193$) due to unanswered questions.

Demographics

The participant demographics are summarized in Table 1. Most of the participants self-identified as female (88.94%), White (73.5%), between the ages of 25-39 (46.5%), and enrolled in an Associate OTA program (98%). Thirty-four percent were second-year students ($n=61$; 30.50%) who worked part-time in a non-healthcare setting, and one hundred and twenty-three ($n=123$; 61.50) lived at home with family. Half of the participants self-reported as Honors students, 33.5% were Pell Grant eligible, and 19.5% reported being primary caregivers.

The Life Balance of OTA Students

The OTA students reported an average overall LBI score of 1.99, interpreted as unbalanced. A Kruskal-Wallis test found a significant difference among the four subscales, $\chi^2(3) = 32.79$, $p < .001$. According to Dunn's post hoc comparisons, a pairwise comparison between independent groups that examines statistical difference, participants had significantly higher life balance in the areas of Identity ($M = 2.08$, $SD = .42$) and Relationship ($M = 2.07$, $SD = .45$) than the areas of Challenge ($M = 1.87$, $SD = .51$) and Health ($M = 1.92$, $SD = .45$) as shown in Table 2. It should be noted that scores with larger numbers have a more positive life balance. The study results found a significant difference between the means, $p < .05$, in the areas of Identity and Relationship and Challenge and Health.

Relationships Between OTA Students' Life Balance, Perceived Stress, and Occupational Burnout

Spearman's rank correlation was used to assess the relationship between the Life Balance Inventory, the Perceived Stress Scale, and the Single Item Measure of Burnout. Results showed a significant moderate, inverse correlation between students' reported life balance and perceived stress, $r_s(198) = -.41$, $p < .001$; between life balance and occupational burnout, $r_s(198) = -.38$, $p < .001$; and between one's perceived stress and occupational burnout, $r_s(198) = .57$, $p < .001$. Thus, as perceived stress and burnout increased, life balance decreased. Conversely, as perceived stress and burnout decreased, life balance increased. A Kruskal-Wallis test was used to examine the relationships between the LBI, PSS, and SIMB by demographic variables, as shown in Table 3. No significant differences were found among demographic variables, affirming the null hypothesis that there is no significant difference among the demographic subpopulations.

Table 1*Demographic Characteristics of Study Participants*

Characteristic	n (%)
Gender	
Female	177 (88.50)
Male	16 (8.00)
Non-binary	4 (2.00)
Prefer not to answer	3 (1.50)
Race	
Asian	8 (4.00)
Black/African	11 (5.50)
White	147 (73.50)
Hispanic/Latin	14 (7.00)
Other	5 (2.50)
Two or more	13 (6.50)
Prefer not to answer	2 (1.00)
Age	
18 – 24	82 (41.00)
25 – 39	93 (46.50)
40 – 59	25 (12.50)
Degree Program	
Associate	196 (98.00)
Bachelor's	4 (2.0)
Years of Study	
First Year	48 (24.00)
Second Year	68 (34.00)
Third Year	30 (15.00)
Fourth Year	25 (12.50)
Former Graduate Career	7 (3.50)
Other	21 (10.50)
Prefer Not to Answer	1 (.50)

Employment Status	
Full-Time Healthcare	21 (10.50)
Full-Time Non-healthcare	13 (6.50)
Part-Time Healthcare	30 (15.00)
Part-Time Non-Healthcare	61 (30.50)
Part-Time Student Worker	9 (4.50)
Part-Time Volunteer	0 (0)
Do Not Work	59 (29.50)
Prefer Not to Answer	7 (3.50)
Residential Status	
On Campus	8 (4.00)
Off-Campus (< .5 mile)	7 (3.50)
Off-Campus (> 1 mile)	49 (24.50)
At Home	123 (61.50)
Prefer Not to Answer	13 (6.50)
Student Characteristic	
Honors Student	100 (50.00)
Veteran	4 (2.0)
Student Athlete	5 (2.50)
Primary Caregiver	39 (19.50)
Disability Accommodation	20 (10.00)
Pell Grant Eligible	67 (33.50)

*Participants who chose “other” reported their time in school. Most participants who chose “other” had completed most of their schooling. (e.g., the final semester of a two-year program) or were completing the program after already attaining a bachelor’s degree.

**U.S. Government grant awarded to undergraduate students who display exceptional financial need.

Table 2*Life Balance Inventory Subscales*

	Identity		Relationship		Challenge		Health	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Subscale Scores	2.08 _a	.42	2.07 _a	.45	1.87 _b	.51	1.92 _b	.45

Note: Scores on each subscale can range from 1 - 3, with larger numbers reflecting a more positive life balance. Scores in each row with different subscripts indicate significant differences between the means, $p < .05$.

Table 3*LBI, PSS, and SIMB by Demographic Variables*

Demographics	Total		LBI		PSS		SIMB	
	<i>N</i>	%	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Years of Study								
First Year	48	24.00	1.97	.39	7.94	3.47	2.81	1.04
Second Year	68	34.00	1.97	.34	8.37	3.23	2.85	.85
Third Year	30	15.00	2.07	.36	7.10	3.10	2.77	.73
Fourth Year	25	12.50	1.96	.37	8.00	3.08	2.80	1.00
Former Graduate Career	7	3.50	2.00	.34	8.14	2.27	2.71	.49
Other	21	10.50	2.00	.36	7.48	3.80	3.00	1.26
Prefer Not to Answer	1	.50	2.24	-	4.00	-	2.00	-
Employment Status								
Full-Time Healthcare	21	10.50	2.06	.40	7.57	3.72	2.76	.89
Full-Time Non-healthcare	13	6.50	1.93	.32	7.85	3.34	3.08	1.04
Part-Time Healthcare	30	15.00	1.92	.42	8.73	3.56	2.77	.97
Part-Time Non-healthcare	61	30.50	2.00	.36	8.02	2.90	2.87	.99
Part-Time Student Worker	9	4.50	2.03	.15	7.67	3.16	2.44	.53

Part-Time Volunteer	0	0	-	-	-	-	-	-
Do Not Work	59	29.50	2.00	.36	7.44	3.50	2.83	.91
Prefer Not to Answer	7	3.50	1.84	.28	8.71	2.43	3.00	1.00
Residential Status								
On Campus	8	4.00	2.01	.25	8.63	2.42	2.88	.33
Off Campus (< .5 mile)	7	3.50	1.87	.46	8.86	2.79	2.71	.35
Off Campus (> 1 mile)	49	24.50	2.06	.40	7.14	3.36	2.59	.13
At Home	123	61.50	1.97	.35	8.09	3.35	2.91	.08
Prefer Not to Answer	13	6.50	1.93	.26	8.13	2.47	3.00	.93
Age								
18 – 24	82	41.00	2.00	.36	8.48	3.22	2.77	.85
25 – 39	93	46.50	1.97	.38	7.66	3.37	2.94	1.00
40 – 59	25	12.50	2.04	.30	6.96	2.94	2.64	.95

Discussion

This study investigated the perceptions of life balance among OTA students. Previous research has shown increased stress and decreased life balance among allied healthcare students and professionals (Grabowski et al., 2016; Moore et al., 2021; Sprung & Rodgers, 2021), leading to burnout (Cunningham et al., 2023; Leo et al., 2021; Shin & Jeong, 2022). The sample of OTA students in this study reported an overall unbalanced life, with an average LBI score of 1.99 and a range of 1.5-2.0 compared to a balanced LBI score of 3.0. Our findings also indicate that although OTA students' life balance correlated with their perceived stress and burnout, their residential status, employment status, years of study, or age did not seem to significantly impact their life balance, perceived stress, or perceived burnout.

According to Cottrell (2000), OTA students have distinctive characteristics compared to other healthcare professionals and share many of the same characteristics as non-traditional students. Non-traditional students are typically defined as students older than 25, with a high volume of commitments, and living off-campus (Jesnek, 2012; Grabowski et al., 2016). Our findings indicate that OTA students were indeed non-traditional students and support other research findings that many non-traditional students report that the increased time required to manage their outside commitments and fulfill their coursework leads to a decreased work-life balance that is associated with increased stress (Almhdawi et al., 2021; Henton et al., 2021; Jesnek, 2012; Sprung & Rodgers, 2021). Specifically, our study revealed that OTA students demonstrated a higher congruence between their actual and desired life balance in the areas of Identity

and Relationship, compared to Challenge and Health. This higher congruence may suggest that while OTA students face challenges balancing health and academic demands, their established personal identities and supportive relationships offer a buffer against stress. Some research suggests that non-traditional students have stronger social networks, which can potentially provide stability even when balancing health and academic challenges becomes more difficult (Cunningham et al., 2023; Sprung & Rodgers, 2021).

Overall, the study's quantitative results indicate a significant moderate inverse correlation between students' reported life balance and perceived stress, and between life balance and occupational burnout. Additionally, there was a significant moderate positive correlation between perceived stress and occupational burnout, meaning that as perceived stress decreased, occupational burnout also decreased. Therefore, addressing students' health by specifically targeting reductions in stress and occupational burnout in their academic life may enhance their life balance (Reddy et al., 2018; Wang et al., 2020).

These findings highlight the broader implications for various populations, including healthcare workers facing similar stress, burnout, and life balance challenges. Researchers emphasize the importance of recognizing systemic and individual factors contributing to these issues (Leo et al., 2021; Mills et al., 2020). In healthcare, recent studies have characterized workers as "heroes" (Hales & Tyler, 2022; Meredith et al., 2022; Mohammed et al., 2021; van Niekerk et al., 2023). While this term is often seen as positive, it can imply a reward for enduring poor life balance. When applied to healthcare workers, who frequently face high work demands, persistent pay inequities, and the expectation of continued self-sacrifice, this depiction becomes "injurious speech" (Hales & Tyler, 2022, p.1201).

Stokes-Parish et al. (2020) highlighted how society and healthcare systems project the expectation that healthcare workers can manage situations under extreme conditions, likening them to "soldiers at any cost." This perception contributes to negative psychological health, burnout, stress, anxiety, and decreased life balance, which parallels the challenges faced by students in the earlier study. The resulting impact includes decreased recruitment and retention in healthcare and education (Cox, 2020; van Niekerk et al., 2023).

To address these widespread issues, the World Health Organization and the National Academy of Medicine have outlined system-level initiatives to combat burnout. These include promoting a culture of support and wellness, increasing workplace resources and efficiency, enhancing access to mental healthcare, supporting individual resilience, and fostering leadership recognition and commitment (van Niekerk et al., 2023). By implementing such strategies, students and healthcare workers can achieve better life balance and reduce stress and burnout.

Limitations

This study faced several limitations, including the recruitment process. The recruitment process relied on emails from OTA program directors, making it difficult to track the distribution. The survey's timing could have influenced responses as it was distributed at the end of the semester, typically a time of greater academic demand and stress. Additionally, the study did not gather demographic information regarding the students' geographic location, limiting the ability to examine regional trends.

Implications for Occupational Therapy Education and Future Research

Occupational burnout significantly impacts healthcare employees' performance and job satisfaction. For OTA students, high academic demands can contribute to decreased mental health. Occupational therapy assistant educational programs play a crucial role in helping students understand the relationship between life balance, stress, and burnout. These programs should also improve awareness of stress and burnout signs, promote self-care practices to support life balance, foster social connections, and enhance overall well-being. This suggests a potential reframing of occupational burnout, offering a more nuanced perspective on balance and flourishing. While the LBI was primarily used as a data collection tool in this study, it can also raise awareness of OTA students' life balance incongruences. Further research is needed to develop targeted support programs that help OTA students achieve a balanced lifestyle and promote wellness.

Conclusion

This cross-sectional survey was designed to explore the unique population of OTA students and their perceptions of life balance, stress, and occupational burnout. In addition, the survey sought to explore the characteristics of OTA students and what they perceived as harmful or buffering to their life balance to begin understanding the opportunities and resources needed to support this population. Results of the study highlight the relationship between a high academic workload that limits OTA students' ability to spend their desired amount of time in activities that promote health, leading to an unbalanced life. Further analysis with a more diverse sample is necessary to determine relevant variables for this population and inform future programming.

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