OT Practitioners' Perceptions of the Impact of Academic and Professional Education and Training on Burnout and Compassion Fatigue

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This study's purpose was to explore OT practitioners' perceptions of education and/or training received regarding burnout (BO) and compassion fatigue (CF) during their academic and professional tenure. Greater understanding may inform best practices related to education and training relevant to BO and CF with the goal of preventing and/or mitigating these conditions that wreak havoc on the person, their community, the profession, and clients (Scanlan & Still, 2013; Sweileh, 2020). Researchers used a triangulation mixed methods design described by Plano Clark (2010). A survey captured quantitative and qualitative data. In addition, virtual 1:1 interviews were conducted. Participants were recruited via CommunOT and OT state associations. Snowball sampling occurred as recruitment posts were shared on social media. Eligible participants included practicing OTs/OTAs who spent <25% of their time in academia and received a U.S. education. A study-specific survey and interview were developed. Gaps in the literature guided item development. Both were piloted for relevance and to refine items. Survey items addressed familiarity with BO and CF, participants' description and effectiveness of any education and/or training received as well as recommendations for future programming. Quantitative data were analyzed using SPSS Version 25. Qualitative data from the survey were binarily categorized into education and/or training supports and barriers. Content analysis was used for interviews and consisted of line by line coding, categorization, and collapsing into themes. The survey yielded 137 viable responses. The majority identified as white (80%), female (96.4%) and fell within the 25-30 or 56-60 age range. The sample consisted of both OTs (92.8%) and OTAs (7.2%). Education and training related to both BO and CF had similar results; 70% of respondents indicated they received no education and/or training either in their academic or professional setting while the remaining 30% received an average of 1-5 hours of education and/or training. The data was then analyzed through the lens of career phase (early, mid, late) related to the prevalence of BO and CF in these three groups. Contingency tables yielded the following: Early—80.3% reported BO and 92.4% reported CF, Mid—86.1% reported BO and 83.8% reported CF, and Late—71.0% reported BO and 77.4% reported CF. A Cochran Armitage test was conducted and indicated that there is a significant ($p = 0.036$) linear trend with less time in the field associated with more CF. No significant ($p = 0.41$) linear trends were found for BO. Qualitative analysis yielded five themes. Relative to CF, 'a supportive environment' and 'ongoing learning and resource opportunities' emerged. Participants emphasized the need for creating safe communities as well as the education and resources necessary to recognize and cope with CF. Burnout centered around 'practice what we preach' and 'a necessary change'. The first related to needing to apply skills we teach our clients to ourselves and the second related to systemic healthcare change that must occur if BO is to be adequately addressed. Common to both was 'wanting to be heard' that reflected a desire to connect with those who could help navigate the effects of BO and CF. The impact of BO and CF on the individual, their communities, and the profession cannot be underestimated. These results indicate that BO and CF are pervasive regardless of career stage and newer clinicians appear to be experiencing CF at higher rates. Results can be used to inform best practices for academic and professional settings to prevent and/or mitigate BO and CF with the goal of improving student/practitioner school/work satisfaction, QoL, health and wellness (Leland, 2015) and client care.

References

Leland, N. E. & Armstrong, M. (2015). Compassion fatigue: A scoping review of the literature. *American Journal of Occupational Therapy, 69*(Suppl.1), 6911505109. https://doi.org/10.5014/ajot.2015.69S1-RP207C

Plano Clark, V. L. (2010). The adoption and practice of mixed methods: U.S. trends in federally funded health-related research. *Qualitative Inquiry, 16*, 428-440.

Scanlan, J. N., & Still, M. (2013). Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. *Australian Occupational Therapy Journal, 60*(5), 310–318. https://doi.org/10.1111/1440-1630.12067

Sweileh, W. M. (2020). Research trends and scientific analysis of publications on burnout and compassion fatigue among healthcare providers. *Journal of Occupational Medicine and Toxicology. 15*(23) 1-10. https://doi.org/10.1186/s12995-020-00274-z