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Occupational Therapists' Professional Quality of Life

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Abstract: *Occupational therapists (OTs) interface patients much longer than other healthcare workers and, thus, are likely to experience a high level of stress because of work, physical fatigue, lack of professional knowledge and skills, and problematic relationships with patients, etc. This study examined the quality of the lives of OTs and the workplace which is an influential factor. This study recruited 200 OTs and used a professional quality of life scale. We found that, only 27.0% experience high levels of compassion satisfaction (CS) and 80.5% and 74.5% experience high or average levels of burnout (BO) and secondary traumatic stress (STS) of compassion fatigue (CF), respectively. We discovered that CS was higher in temporary employees; and CF was higher in females, subjects in their 30s; and those working at general hospitals. Also, BO was higher in those with one to five years of clinical experience and regular employees. Last, STS was higher in the group without stable income. This study verified that clinical experience is a critical factor that reduces BO, and excessive workload outside of treatment lowers the professional quality of life. This suggests that work environment and regulations related to OTs must be improved to increase CS and reduce CF.*

Keywords: Burnout; Compassion fatigue; Compassion satisfaction; Occupational therapists; Professional quality of life

1. Introduction

Occupational therapy is based on the belief that people can recover and improve health and quality of life by performing functional activities that are meaningful to them [1]. Occupational therapists are medical professionals who help patients whose job performance has been reduced or those at risk of reducing their job performance participate in meaningful occupation [2]. Occupational therapists face patients much longer than other healthcare providers and, therefore, are likely to experience a high level of stress as a result of work stress caused by interaction with patients, physical fatigue, lack of professional knowledge and skills, and also problematic relationships with patients, guardians, colleagues, or bosses [3]. Stress in the work environment is inevitable and a proper level of stress, in fact, helps with work performance, personal growth, and productivity. However, continuous or overwhelming stress not only damages physical and mental health, but it can also cause work negligence, sickness absence, turnover, and burnout [4, 5]. Chronic stress can be emotionally draining and can lead to burnout. Common responses to burnout are to change jobs, to move into administrative work or even to leave the profession entirely. Additionally, burnout is correlated with various indices of personal dysfunction [6].

The Professional Quality of life Scale (ProQOL) has been for used for the last 20 years as an assessment tool to examine quality of life among caregivers. The ProQOL tool is not a diagnostic test but can raise awareness to issues found in the healthcare system regarding clinicians on the compassion continuum [7, 8]. The term "compassion" includes contradictory concepts, i.e., compassion satisfaction felt while providing help to subjects, which is known as compassion satisfaction (CS), and compassion fatigue (CF). CS is divided into burnout (BO) and secondary traumatic stress (STS). STS is like burnout in that it refers to the mental and emotional effects and stress experienced during work performance. However, the two concepts are distinguishable because the former is a unique phenomenon found in professionals who help subjects who experienced trauma, whereas burnout is emotional fatigue, dehumanization, and reduced achievement as a result of the overall work environment or work [9, 10]. Stamm (2010) suggests that CF not only involves mental

exhaustion, but also has physical components associated with it that lead to a decreased quality of life among healthcare workers both at work and in their personal lives.

Also, Stamm (2002) introduced a positive concept, after many studies [11, 12] discussed CF, which is a negative effect found in professionals who help other people [7]. He argued CS is enabled by support of colleagues or bosses, and it has a moderating effect on CF [13].

More recently, attention has been focused on concepts related to Quality of work life for healthcare provider, which has been found to be closely related to job performance including work-related characteristics. Nevertheless, few previous researches have addressed ProQOL among occupational therapists.

The purpose of this study was to investigate/delineate the relationships between the compassion satisfaction and compassion fatigue among occupational therapists. The results may help raise awareness of the challenges and barriers encountered by occupational therapists in the workplace and enl•ighten employers and managers on how the best assist clinicians in strengthening compassion satisfaction and in implementing strategies to ease compassion fatigue.

2. Methods

The study design was a cross-sectional survey, incorporating a standardized measure of ProQOL, of 200 occupational therapists. They worked at hospitals or institutes in Seoul, Gyeonggi state, Gyeongsang state, Busan areas. Before the study, the principal investigator explained the entire procedure to the subjects in detail and participation in the study was voluntary.

ProQOL, in this study, was measured by using a formula tool, which was based on compassion satisfaction/Fatigue Self-test for Helpers developed by Figley (1995) [11] and later revised by Stamm (2009). Regarding the internal consistency of the ProQOL scale, Cronbach's alpha was 0.88 for the compassion satisfaction subscale, 0.75 for the burnout subscale, and 0.81 for the compassion fatigue subscales and it is a valid measure of each individual phenomenon [8].

A Korean version of the scale was available online (http://www.proqol.org) with permission for academic use for this study. Also, Validation of the Korean version of ProQOL study showed good internal consistency: Cronbach's alpha coefficients for compassion satisfaction, burnout, and secondary traumatic stress were .89, .74, .80, respectively [14].

The ProQOL scale includes three subscales that measure compassion satisfaction, burnout, and secondary traumatic stress. These subscales comprise a total of 30 items that are scored on a 5-point Likert scale from 1 (never) to 5 (very often). The scores range from 0 to 50 for each subscale. Because several items require reverse coding in this scale, high scores for all items under each respective subscale indicate high compassion satisfaction, high burnout, or high compassion fatigue. Cutoff and average scores were established as indicators of potential risk, using a quartile system with about each 25% at low and high risk, and 50% at moderate risk. The reliability in this study was 0.90 for compassion satisfaction, 0.60 for burnout, and 0.64 for secondary traumatic stress.

The collected data were analyzed as follows using SPSS 21.0 statistical software (SPSS Inc., Chicago, IL, USA). To identify demographic characteristics associated with the participants' ProQOL, we conducted frequency, t-test, an analysis of variance (ANOVA), and post hoc test(scheffe). Two-tailed test were used with a significance value of 0.05.

3. Results

The general characteristics of the participants are shown in Table 1.

Table1. Sample characteristics (N=200)

Category		Frequency	%	Mean	SD
Sex	Male	52	26.0		
	Female	148	74.0		
Age(year)	<30	161	80.5	27.2	3.2
	≥30	39	19.5		
Education	Diploma	101	50.5		
	Bachelor or Master	99	49.5		
Workplace	General hospital	53	26.5		

	Geriatric hospital	134	67.0		
	Institute	13	6.5		
Clinical experience (year)	≤1	44	22.0	3.5	3.4
	1-3	77	38.5		
	3-5	50	25.0		
	>5	29	14.5		
Job position	Staff	22	11.0		
	Charge or manager	178	89.0		
Yearly incomes (10,000 won)	≤2,000	77	38.5		
	2,000-2,500	100	50.0		
	>2,500	23	11.5		
type of employment	Regular	163	81.5		
	Temporary	37	18.5		

Compassion satisfaction, burnout, and secondary traumatic stress of the subjects are presented in Table 2. The average score of compassion satisfaction was 32.70±5.85, that of burnout 27.87±4.55, and that of secondary traumatic stress 27.34±4.22. According to the manual of Stamm (2009), the totals of each item were calculated and standardized as a Z score with the average of 50 and variance of 10 (T score). As for compassion satisfaction, only 27.0% were satisfied, and 80.5% and 74.5% of the subjects had normal or severe levels of burnout and secondary traumatic stress, respectively (Table 3).

Table 2. Descriptive statistics of ProQOL (N=200)

	Category	Frequency	Percent	Mean	SD
Compassion satisfaction	42 -	17	8.5	32.70	5.85
	23-41	176	88.0		
	- 22	7	3.5		
Burnout	42 -	-	-	27.87	4.55
	23-41	173	86.5		
	- 22	27	13.5		
Secondary traumatic stress	42 -	-	-		
	23-41	173	86.5		
	- 22	27	13.5		

Table 3. Descriptive statistics of ProQOL (standard score) (N=200)

	Category	Frequency	Percent	Cronbach's α
Compassion satisfaction (T score)	High	54	27.0	.90
	Average	103	51.5	
	Low	43	21.5	
Burnout (T score)	High	42	21.0	.60
	Average	119	59.5	
	Low	39	19.5	
Secondary traumatic stress (T score)	High	43	21.5	.64
	Average	106	53.0	
	Low	51	25.5	

Table 4. Difference in ProQOL by general characteristics (N=200)

		Compassion satisfaction			Burnout			Secondary traumatic stress		
		Mean	SD	P	Mean	SD	P	Mean	SD	P
Sex	Male	33.13	6.49	.535	26.62	5.06	.020*	25.56	4.76	.000***
	Female	32.55	5.62		28.31	4.28		27.96	3.84	
Age(year)	<30	32.40	5.60	.146	28.34	4.40	.003**	27.93	3.85	.001**
	≥30	33.92	6.69		25.95	4.71		24.90	4.83	
Education	Diploma	32.11	5.72	.149	28.38	4.76	.112	27.30	4.28	.898
	Bachelor or Master	33.30	5.94		27.35	4.28		27.37	4.19	
Workplace	General hospitala	33.66	6.11	.103	26.77	4.57	.020* (c<b)	25.98	4.43	.000*** (a,c<b)

	Geriatric hospital[b]	32.11	5.43		28.49	4.38		28.20	3.90	
	Institute[c]	34.85	8.08		26.00	5.13		23.92	3.59	
Clinical experience (year)	≤1[a]	32.91	5.62	.168	26.45	4.31	.005** (a,d<b,c)	27.18	4.17	.176
	1-3[b]	31.79	5.79		29.04	4.73		27.99	3.94	
	3-5[c]	32.80	5.75		28.16	4.11		27.26	4.29	
	>5[d]	34.62	6.27		26.41	4.33		25.97	4.74	
Job position	Staff	33.14	5.73	.712	27.82	3.36	.955	27.50	4.28	.847
	Charge or manager	32.65	5.87		27.88	4.68		27.31	4.23	
Yearly incomes (10,000 won)	≤2,000[a]	32.60	5.29	.965	27.61	4.46	.641	27.82	3.88	.036* (c<a.b)
	≤2,500[b]	32.81	6.11		28.17	4.76		27.44	4.12	
	>2,500[c]	32.57	6.65		27.43	3.94		25.26	5.25	
type of employment	Regular	32.16	5.70	.006**	28.29	4.50	.006**	27.39	4.31	.687
	Temporary	35.08	5.95		26.00	4.34		27.08	3.86	

*p<0.05, **p<0.01, ***p<0.001

Difference in professional quality of life was examined based on general characteristics (Table 4). Female showed significantly higher burnout and secondary traumatic stress than male (p=0.02, p=0.000), and subjects in their 20s than those in their 30s experienced significantly higher burnout and secondary traumatic stress (p=0.003, p=0.001).

Also, burnout was significantly higher in secondary hospitals than institute (p=0.02), and in secondary hospitals than tertiary hospitals and non-hospitals (p=0.000) in terms of workplace, and in those who had 1-5 year clinical experience than those who did not.

Significant differences in secondary traumatic stress was found according to income (p=0.036). In other words, the group whose yearly salary was 25 million KRW or less experienced significantly more secondary traumatic experience than those whose yearly salary was higher than 25 million KRW. Lastly, significant difference in compassion satisfaction and burnout was found according to the employment type (p=0.006, p=0.006). In other words, regular employees experienced less compassion satisfaction and more burnout than temporary employees.

4. Discussion

This study was conducted in order to investigate factors that influence professional quality of life, by using 200 occupational therapists. For the study, general characteristics and working conditions of the subjects were surveyed.

When measured by the scale of professional quality of life, compassion satisfaction, burnout, and secondary traumatic stress, the results were 32.70±5.85, 27.87±4.55, and 27.34±4.22, respectively. When this was compared to the results of a study conducted by using 100 occupational therapists working at geriatric hospitals, the latter showed slightly higher compassion satisfaction, 33.18±4.60, and less burnout, 23.43±3.78 [15]. Also, the professional quality of life of Korean nurses working at emergency rooms showed similar results, 32.17±5.45, 28.27±4.28, and 28.20±5.07, respectively [16].

Out result suggests high levels of compassion satisfaction (27%), whereas most of them had an average or low levels burnout (80.5%) and secondary traumatic stress (74.5%). Compare to compassion satisfaction (25%) and compassion fatigue (76.3%, 73.2%) among emergency nurses [17], it means high job not only compassion satisfaction, but also compassion fatigue. Therefore, we found occupational therapists do emotional labor when they provide therapeutic services.

In terms of the difference in ProQOL by general characteristics, compassion satisfaction showed differences according to employment type, and burnout according to sex, age, workplace, clinical experience, and employment. Also, a difference in secondary traumatic experience was found, according to sex, age, workplace, and income.

Compassion fatigue is divided into typical burnout, which includes exhaustion, frustration, anger, and depression, and secondary traumatic stress, which refers to negative emotions caused by fear and work-related trauma. In this study, burnout and secondary traumatic stress, i.e., compassion fatigue was higher in females than males, subjects in their 20s than those in their 30s, and those who work in geriatric hospitals than those

who work in general hospitals. It is consistent with previous findings suggesting female medical social workers were more likely to report burnout [18].

It is perhaps because female occupational therapists in their 20s who work at geriatric hospitals experience more compassion and sympathy, and, therefore, negative emotions, for the patients with whom they are required to work with for a long time.

However, the findings in this study that show lower burnout in the groups with more clinical experience support another study that suggests clinical experience has a positive effect on occupational therapy work performance [15]. Another study found that physical therapists with less clinical experience tend to have excessive passion for therapy and expectations for therapy results, and experience stronger exhaustion when therapy does not bring satisfactory results [19, 20]. Also, income stability seems to be somewhat important, as occupational therapists whose yearly income is 25 million KRW or less than those whose yearly income is more than 25 million KRW experience more secondary traumatic stress. This finding supports the finding that occupational therapists working at general hospitals that provide stable income experience less secondary traumatic stress than those working at geriatric hospitals. Similar results from emergency nurses were found in the previous results with the following meaningful; Burnout are a significant difference in age, marital status, total clinical experience, clinical experience in ER, position, et al [17].

In terms of employment type, occupational therapists hired as temporary employees have higher compassion satisfaction and less burnout than regular employee therapists. This finding suggests that non-therapy-related work that is required from regular occupational therapists by hospitals lowers professional quality of life of the therapists.

This study assessed the comprehensive quality of the professional lives of occupational therapists, rather than simply examining individual concepts such as job stress, job satisfaction, and exhaustion, and, therefore, expected to contribute to improving the quality of the professional lives of occupational therapists.

However, worldwide, very few studies are conducted regarding the quality of the professional lives of occupational therapists. This study was also limited to examining work environment and the quality of the professional lives of occupational therapists. Future studies will need to identify factors that influence the quality of the professional lives and job stress.

This study investigated the quality of the professional lives of occupational therapists and working conditions that influence it. Structural improvement will be needed so that occupational therapists can concentrate on their therapy, have higher job satisfaction, and, thereby, provide better service.

Conflicts of Interest: The authors declare no conflict of interest.

References

[1] G. Kielhofner, “Conceptual foundations of occupational therapy practice,” FA Davis, 2009.

[2] National Board for certification in Occupational therapy, “Executive summary for the practice analysis study,” Retrieved from http://www.nbcot.org/assets/candidate-pdfs/2012-practice-analysis-executive-cota.2012.

[3] G. M. Sweeney, K. A. Nicholls, and P. Kline, “Factors contributing to work-related stress in occupational therapists: Results from a pilot study,” The British Journal of Occupational Therapy, vol. 54, no. 8, pp. 284-288, 1991, doi: https://doi.org/10.1177/030802269105400803.

[4] H. J. Freudenberger, “Burn-out: The organizational menace,” Training & Development Journal, vol. 31, no. 7, pp. 26-27, 1977.

[5] A. M. Pines and A. D. Kanner, “Nurses' burnout: Lack of positive conditions and presence of negative conditions as two independent sources of stress,” Journal of Psychosocial Nursing and Mental Health Services, vol. 20, no. 8, pp. 30-35, 1982.

[6] C. Maslach, “Job burnout. How people cope,” Public Welfare, vol. 36, pp. 56-58, 1978.

[7] B. H. Stamm, “Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test,” In C. R. Figley (Ed), Psychosocial stress series, no. 24, treating compassion fatigue, pp. 107-119, 2002.

[8] B. H. Stamm, “The Concise ProQOL Manual. the Concise Manual for the Professional Quality of Life Scale,” Pocatello, ID: ProQOL.org, 2010.

[9] G. Y. Choi, “Secondary traumatic stress interventions: Social workers practice and research implications,” Korean Journal of Clinical Social Work, vol. 5, no. 3, pp. 135-151, 2008.

[10] P. M. Robins, L. Meltzer, and N. Zelikovsky, “The experience of secondary traumatic stress upon care providers working within a children's hospital,” Journal of Pediatric Nursing, vol. 24, no. 4, pp. 270-279, 2009, doi: https://doi.org/10.1016/j.pedn.2008.03.007.
[11] C. R. Figley, “Compassion fatigue: Toward a new understanding of the costs of caring,” secondary traumatic stress, pp. 3-28, 1995.
[12] C. Joinson, “Coping with compassion fatigue,” Nursing, vol. 22, no. 4, pp. 116, 118-119, 120, 1992, doi: https://doi.org/10.1097/00152193-199204000-00035.
[13] B. H. Stamm, The concise ProQOL manual. Pocatello, ID: ProQOL.Org, 2010.
[14] H. S. Joo, Y. W. Cho, and H. I. Ahn, “Validation of the Korean Version of Professional Quality of Life Scale 5(K-ProQOL 5) for Mental Health Professional,” Cognitive Behavior Therapy in Korea, vol. 16, no. 3, pp. 269-298, 2016.
[15] H. K. Lee and J. Y. Chung, “Study of Job Stress, Burnout, and Compassion Satisfaction of Occupational Therapists in Rehabilitation Hospitals,” Journal of special education & rehabilitation Science, vol. 53, no. 3, pp. 177-192, 2014, doi: http://doi.org/10.15870/jsers.2014.09.53.3.177.
[16] H. J. Kim and H. Choi, “Emergency nurses' professional quality of life: Compassion satisfaction, burnout, and secondary traumatic stress,” Journal of Korean Academy of Nursing Administration, vol. 18, no. 3, pp. 320-328, 2012, doi: https://doi.org/10.11111/jkana.2012.18.3.320.
[17] S. Y. Jeon, J. Y. Ha, “Traumatic Events, Professional Quality of life and Physical Symptoms among Emergency Nurses,” Korean J Adult Nurs, vol. 24, no. 1, pp. 64-73, Feb. 2012, doi: https://doi.org/10.7475/kjan.2012.24.1.64.
[18] J. H. Yi, M. A. Kim, K. H. Choi, B. A. Droubay, and S. H. Kim, “compassion satisfaction and compassion fatigue among medical social workers in Korea: the role of empathy,” social work in health care, vol. 58, no. 10, pp. 970-987, 2019, doi: https://doi.org/10.1080/00981389.2019.1686678.
[19] E. Donohoe, A. Nawawi, L. Wilker, T. Schindler, and D. U. Jette, “Factors associated with burnout of physical therapists in Massachusetts rehabilitation hospitals,” Physical Therapy, vol. 73, no. 11, pp. 750-756, 1993, doi: https://doi.org/10.1093/ptj/73.11.750.
[20] S. Ogiwara and H. Hayashi, “Burnout amongst physiotherapists in ishikawa prefecture,” Journal of Physical Therapy Science, vol. 14, no. 1, pp. 7-13, 1992, doi: https://doi.org/10.1589/jpts.14.7.