

# BURNOUT IN AUSTRALIAN GRADUATE OCCUPATIONAL THERAPISTS: A MIXED METHODS STUDY

Professor Carol McKinstry

Dr Shinead Borkovic

Vanessa Commons





# RESEARCH AIM

**To explore the understanding and experience of burnout within Australian occupational therapists within their first two years of practice.**

# STUDY DESIGN

## **Cross-sectional and mixed methods approach**

**Data Collection – June-September 2024** using purposive and snowballing sampling – via social media and personal networks

### **Data Collection Tools: online survey**

Quantitative: Copenhagen Psychosocial Questionnaire (COPSOQ) III Middle Version (Llorens et al., 2006)

Qualitative questions focused on perceptions of burnout

### **Inclusion Criteria:**

Graduate occupational therapist, currently working in Australian and AHPRA registered

0-24 months practice experience

Ethics: HEC23381 La Trobe University

# SURVEY: COPS00 III

## 26 DOMAINS - 59 QUESTIONS

Quantitative Demand	Workplace	Cognitive Demands
Emotional Demands	Influence at work	Possibilities for development
Meaning of work	Predictability	Recognition
Role Clarity	Role Conflict	Quality of leadership
Social supports	Social support from colleagues	Sense of community at work
Job insecurity	Insecurity over working conditions	Quality of work
Job satisfaction	Work life conflict	Truth and justice
Self-rated health	Burnout	Stress

3 Qualitative questions relating to participant demographics and experiences of burnout

# PARTICIPANT CHARACTERISTICS

**43 participants - 40 provided demographic details**

## **Months of Practice**

0=6 months	11 (27.5%)
6-12 months	7 (17.5%)
12-18 months	<b>20 (50%)</b>
18-24 months	2 (5%)

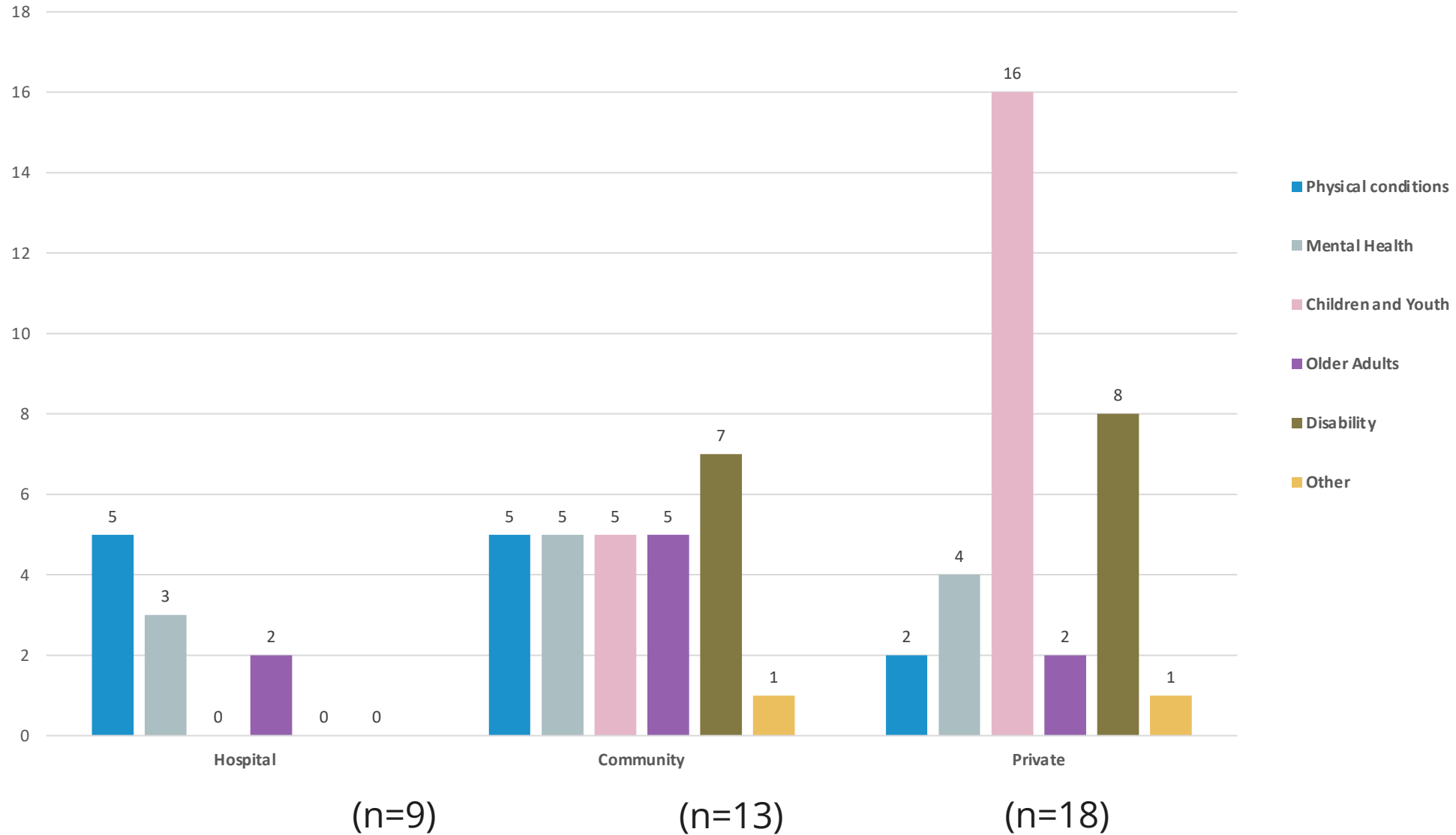
## **Age**

21-25 yrs	31 ( <b>77.5%</b> )
26-31 yrs	3 (7.5%)
32-36 years	1 (2.5%)
37-55 yrs	5 (12.5%)

## **Area of Practice**

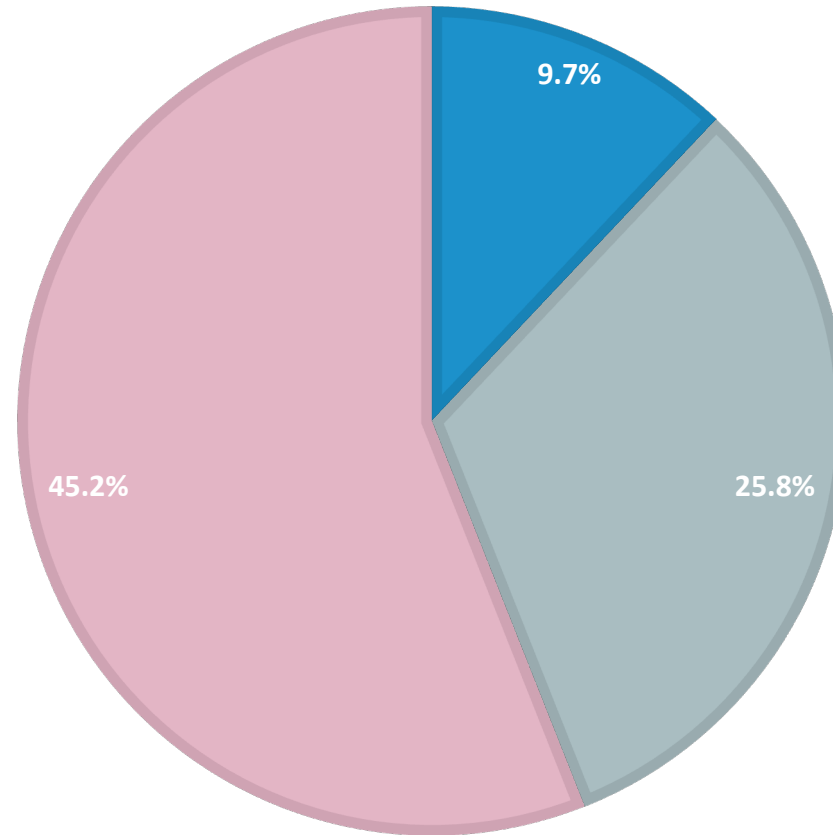
Hospital	9 (22.5%)
Community	13 (32.5%)
Private	18 ( <b>45%</b> )

# RESULTS: PARTICIPANTS' PRACTICE SETTING



# RESULTS: PARTICIPANTS' EXPERIENCE OF FACTORS LEADING TO BURNOUT

■ Unable to relax   ■ Increased tiredness   ■ Felt tense



# KEY FINDINGS: BURNOUT PRECURSORS

- **Work-life Conflict** – 49% of graduates in community and private practice settings reported that work drains their energy and had a negative impact on their private life.
- **Job satisfaction** - most graduates were satisfied to very satisfied with their work (63%)
- **Job security** – 88% reported having good job security
- **Salary satisfaction** – 36% reported being satisfied or very satisfied. 33% reported being unsatisfied and most of these were in hospitals
- **Pace of work** – therapists in hospital settings reported that they must ‘work very fast’ ( $p < 0.037$ )\*, ‘work at a high pace during the day’ ( $p < 0.004$ )\*, ‘find it necessary to work at a high pace’ ( $p < 0.046$ )\* and ‘have to keep their eyes on lots of things while they work’ ( $p < 0.021$ )\*
- Majority of therapists reported feeling **supported by supervisors**
- **Self-perceived health** – 94% reported their health to be fair to excellent.
- **Emotionally demanding** – 46% reported this with hospital therapists experiencing the most emotional demands ( $p < 0.037$ ). Mental health therapists were often put in ‘emotionally disturbing situations’

# RESULTS PHASE 2: QUALITATIVE

**Participants understandings of burnout. The main themes were:**

## **Work Related Implications**

- Graduates described experiences of burnout as tiredness and exhaustion, impacting on their ability to complete their work  
*“having nothing left”, “feeling like I can’t go on in this role”, “relentless expectations that exceed personal capacity” and “a lack of empathy for your clients”*

## **Burnout had personal Implications**

- Impacting mental health – *“high levels of negative thoughts” and “life sucks”*
- Involved a long recovery – *“burnout recovery can take weeks, months or even years”*
- Impact of the pandemic – *learning opportunities and professional practice experiences negatively impacted e.g. “missed a lot of hands on and practice experience”*

# DISCUSSION

- **Graduates may be at greater risk of feeling increased tiredness, tension and irritability – core features and precursors for burnout**
- **Fast pace of work especially for hospital therapists that had a perceived higher workload, may lead to increased risk of burnout**
- **Increased job demands – higher effort and low reward can lead to feelings of inefficacy.**
- **Impact of the pandemic – feeling underprepared for their graduate roles**
- **Need for critical reflection on individual's coping strategies and ability to navigate typical work stressors**
- **Self-care strategies to prevent burnout – emotional regulation techniques, boundary setting and establishing a professional identity.**
- **Mindset – graduates able to demonstrate resilience may be less vulnerable to burnout. Graduates who are adaptable, have good social supports and can build more resilience and re-establish work-life balance.**
- **Need for early detection of burnout symptoms**



# CONCLUSION

- **Need to adequately prepare students and assist/support in the transition to graduate**
- **More research attention**
- **Educators, students, graduates, employers, unions and professional association have a role to play.**
- **Self-care strategies**
- **Early detection**

