



2003

Preventative Measures for Burnout with Occupational Therapists Who Work in a Long- Term Care Setting

Gabe Evenson
University of North Dakota

Follow this and additional works at: <https://commons.und.edu/ot-grad>

 Part of the [Occupational Therapy Commons](#)

Recommended Citation

Evenson, Gabe, "Preventative Measures for Burnout with Occupational Therapists Who Work in a Long-Term Care Setting" (2003).
Occupational Therapy Capstones. 60.
<https://commons.und.edu/ot-grad/60>

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact zeinebyousif@library.und.edu.

Preventative Measures for “Burnout”

With Occupational Therapists

Who Work in a Long-term Care Setting

Scholarly Project

By Gabe Evenson

For

Masters of Occupational Therapy

University of North Dakota

Occupational Therapy Department

May 8, 2003

Table of Contents

Chapter I Introduction.....	p.3
Chapter II Literature Review.....	p.5
Chapter III Activities.....	p.20
Chapter IV Products.....	p.22
Chapter V Summary and Conclusions.....	p.24
Reference.....	p.25
Appendix A.....	p.26

Chapter I

Introduction

Stress is a constant part of all of our lives although the type and level of stress will vary. Regardless if the stressor is internal, external, positive or negative, how it is dealt with is the key. The way an individual manages stress will determine their ability to function within his or her daily life successfully. The inability to manage these stressors in a positive way will contribute to burnout.

Burnout occurs when individuals experience increasing levels of negative stress. The literature presented has identified work as one of the greatest sources of stress and anxiety in peoples lives. One may ask “why is this?” Businesses are placing greater demands on their employees, as in the amount of time spent at work and in the increased productivity expected of each employee. In addition, employees are also influenced by the level of control they feel they have in their jobs, rewards and recognition systems, the organization’s responsiveness to its staff, respect and fairness, the personal values people have about their work, and the values of the organization as a whole.

Two studies, the first by, Schlenz, K.C., Guthrie, M.R., Dudgeon, B., titled, Burnout in occupational Therapists and Physical Therapists working in Head Injury Rehabilitation, and the latter by Balogun, J.A., Titiloye, V., Balogun, A., Oyeyemi, A., Katz, J., titled Prevalence and Determinants of Burnout Among Physical and Occupational Therapists, indicate that many of these factors are identified and experienced by professional occupational therapists experiencing employee burnout.

Fortunately, burnout is a concern easily addressed. It usually does not require formal counseling, medication, or a trip to the family doctor.

It is also possible to recover from a mild case of burnout within a day, or at most a few days, if the employer is proactive to take the necessary steps to address the issue of employee burnout that will ultimately benefit both the employee and employer. An educational protocol is an effective way to address the issue of burnout and minimize the stress factors that contribute to it.

The purpose of this project is to develop an educational protocol for occupational therapy managers and hospital administrators to address professional burnout. The protocol total time to implement and complete is 3-5 hours. The primary goals of this protocol are include:

- 1) Gaining an understanding why stress must be managed
- 2) The ability to identify your stressors and stress
- 3) Improving the ability to manage both internal and external stress
- 4) Implementing effective techniques to prevent burnout in employees

Through the utilization of this protocol, occupational therapy managers will develop healthier work environments, to increase employee moral and improve client treatment and care.

Chapter II

Literature Review

The work place is one of the greatest sources of stress and anxiety in peoples lives (Wise,

2001). The expectations placed on employees are growing considerably and is a significant factor contributing to job stress. Job stress is defined by the National Institute for Occupational Safety and Health (NIOSH), as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Often the concept of job stress is confused with challenge. Challenge differs from stress in that it energizes us psychologically, and it motivates us to learn new skills and master our jobs. Burnout can result when individuals experience increasing job demands that cannot be met, feelings of exhaustion, and a sense of satisfaction have turned into feelings of stress. The simplest definition of the term employee burnout is an employee who has given up, ceased to strive and/or derives no real pleasure from his or her job.

The literature review will present the identification of what the impacts of stress are upon the individual, upon the work environment and ultimately upon the therapeutic relationship between the Occupational Therapist (OT) and his or her clients and co-workers. The information garnered will culminate into effective and efficient methods to minimize or eliminate stress and burnout for therapists and recommended best practices. The ultimate priority of a stress management protocol is for a positive outcome for each client receiving OT interventions.

Physical Symptoms of Stress and Effects

There are considerable health concerns associated with stress. Research tells us that high stress work environments result in the increased risk of cardiovascular disease, musculoskeletal disorders, psychological disorders, workplace injury, suicide, cancer, ulcers, and impaired immune function (NIOSH, 2002). As stress occurs, the nervous system becomes aroused,

hormones are released to increase awareness of ones surroundings, quicken the pulse, deepen respiration and increase muscle tension. Intermittent episodes of stress pose little risk, however long-term exposure to stress results in fatigue, and physical damage with the ability of the body to repair and defend itself seriously compromised. In addition to the physical symptoms of stress there are a considerable number of early warning signs of stress such as; headache, low morale, job dissatisfaction, upset stomach, short temper, difficulty concentrating and sleep disturbances. These will be presented in more detail as well as stresses behavioral impact on the employee, work environment and productivity.

The Illusion of Productivity

In a 1999 government report found that the number of hours worked increased 8% in one generation to an average 47 hr/week with 20% working 49 hr/week. U.S. workers put in more hours on the job than the labor force of any other industrial nation, where the trend has been just the opposite ([www. Stress.org/job.htm](http://www.Stress.org/job.htm)). Americans now work almost a month more than the Japanese and three months more than the Germans both of which are working harder to meet economic growth (www. Stress.org/job.htm).

This increase in productivity for American workers can have positive benefits for an organization but the underlying question is, at what cost? The job stress website at <http://www.stress.org/job.htm> answers this question stating:

As American workers continue to be overworked they have reacted through absenteeism. The European Agency for Safety and Health at Work reported that over half of the 550 million working days lost annually in the U.S. from absenteeism are stress related. Unanticipated absenteeism is estimated to cost American companies \$602.00/worker/year. For larger companies this figure could

approach \$3.5 million annually. A three year study conducted by one large corporation found that 60% of employee absences could be traced to psychological problems that were due to job stress. Job stress is very costly with the price tag for U.S. industry estimated at over \$300 billion annually as a result of: accidents, absenteeism, employee turnover, diminished productivity, direct medical, legal, and insurance costs, Workers' compensation awards as well as tort and FELA judgments. Things to consider when putting the impact of stress in the work place into perspective: 40% of job turnover is due to stress, replacing the average everyday employee today costs between \$3,000 and \$13,000. In California, the number of Workers' compensation claims for mental stress increased by almost 700% over eight years and ninety percent were successful with an average award of \$15,000 compared to a national average of \$3,420. These facts demonstrate the impact stress has on both employees, and the workplace.

The facts also demonstrate that stress is a legitimate health concern with significant financial impact that is often over looked, unrealized and minimized (p.3-6).

In addition to the effects on absenteeism, employee relations are being significantly impacted, in a Gallup Poll (Marlin Co., 2000) titled, "Attitudes In The American Workplace VI" found that: *a) 80% of workers feel stress on the job, nearly half say they need help in learning how to manage stress and 42% say their coworkers need such help;*

b) 14% of respondents had felt like striking a coworker in the past year, but didn't;

c) 25% have felt like screaming or shouting because of job stress,

d) 10% are concerned about an individual at work they fear could become violent;

e) 9% are aware of an assault or violent act in their workplace and 18% had experienced some sort of threat or verbal intimidation in the past year (p.2).

A subsequent Integra Survey (2000) reported that;

a) 65% of workers said that workplace stress had caused difficulties and more than 10 percent described these as having major effects,

b) 10% said they work in an atmosphere where physical violence has occurred because of job stress and in this group,

c) 42% report that yelling and other verbal abuse is common,

d) 29% had yelled at co-workers because of workplace stress,

e) 14% said they work where machinery or equipment has been damaged because of workplace rage and 2% admitted that they had actually struck someone,

f) 19% of almost one in five respondents had quit a previous position because of job stress and nearly one in four have been driven to tears because of workplace stress,

g) 62% routinely find that they end the day with work related neck pain,

h) 44% reported stressed-out eyes,

l) 38% complained of hurting hands and

j) 34% reported difficulty in sleeping because they were too stressed-out,

k) 12% had called in because of job stress,

l) Over half said they often spend 12-hour days on work related duties and an equal number frequently skip lunch because of the stress of job demands (p.2-3).

The work environment is a considerable contributor to the amount of stresses the employee experiences resulting in interpersonal conflicts between employees, employee attrition, and the identification of the need for help in learning how to manage stress. It is easy to see that workplace stress has a significant impact on the emotional, physical and psychological well being of employees.

Effects on Occupational Therapists

For allied healthcare providers, burnout may be attributed to recent changes in the healthcare system, where allied health professionals face challenges requiring them to provide high quality care at lower cost (Balogun, J.A., Titiloye, V., Balogun, A., Oyeyemi, A., Katz, J., 2002). “It generally is speculated that the enormous pressure of practicing under managed care health system may increase the prevalence of burnout among allied health care providers“(Balogun, et.al. 2002).

Another unique aspect to consider about burnout in healthcare is that the stress arises from the social interaction between helper and recipient. Burnout is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems.

Thus it can be considered one type of job stress. Therapists experiencing burnout report feeling drained, unable to give of themselves anymore, and cope by decreasing client contact and adopt a

negative attitude toward their job and subsequently towards their clients (Balogun, et al., 2002).

In an article by Brown and Pranger (1992), Maslach defined burnout relevant to those working in health care as a service provider, such as an occupational therapist, stating:

Burnout is a syndrome of three factors 1) emotional exhaustion, 2) depersonalization, and 3) reduced personal accomplishment. These are factors that can occur among individuals who do 'people work' of some kind (p.259).

These factors, identified within the Maslach Burnout Inventory (MBI), are utilized to measure the degree of burnout experienced by individuals working in human service careers.

These three factors interact with one another in the following way;

A high degree of burnout is reflected in high scores on the emotional exhaustion (≥ 21) and depersonalization subscales (≥ 8) and in low scores on the personal accomplishment subscales (≤ 28) (Brown and Pranger, p.260).

Moderate degrees of burnout are reflected through scores on the three subscales (emotional exhaustion scores between 14-20, depersonalization between 5-7 and personal accomplishment between 33-29) (Brown and Pranger, p.260).

In the article, Prevalence and Determinants of Burnout among Physical and Occupational Therapists, (Balogun, et al, 2002),

It is reported that 58% of the therapists, in a study, were highly emotionally overextended and exhausted by their work. Most 94% of the therapists had negative attitudes toward their work and clients, and 97% exhibited low feelings of personal accomplishment. Overall the sample reported higher emotional exhaustion and depersonalization scores and lower personal accomplishment scores than other human service professionals (p.138).

This information is based on a comparison of the burnout levels of educators, social workers, and physicians based on a 1981 study as compared to those levels of burnout found in OT's.

Scores from a 1994 study of OT's revealed an emotional exhaustion score of 26.3, Depersonalization score of 6.7, and a personal accomplishment score of 38.4 (Schlenz, K.C., Guthrie, M.R., Dudgeon, B., 1994, p.989). As compared to OT scores from a 1998 study titled, *Prevalence and Determinants of Burnout Among Physical and Occupational Therapists*, where OT's scored 29.0 in emotional exhaustion, 18.1 in depersonalization and 18.0 in personal accomplishment (Balogun, et al., 2002, p.136). Although the same OT's were not used to complete a follow-up study, the same measure was used to measure the degree of burnout in the same profession. Thus these statistics show a significant increase in the degree of burn out experienced by OT's over the course of a four year span. Why such a dramatic increase in burnout within the Occupational Therapy profession?

Balogun et al (2002), found the following factors believed to be associated with OT burnout: 1) poor treatment outcomes in working with patients with chronic conditions, (2) work overload, (3) role conflict or ambiguity, (4) physical inactivity, (5) lack of timeout at work, (6) poor pay, (7) high staff turnover, (8) rigid administration, (9) lack of peer supervisors' support, (10) inadequate resources, (11) intraprofessional conflicts, (12) perception of no control over policy making, (13) lack of opportunity for career advancement, and (14) stressful marital life.

Diana M. Baily (1990, p.24) conducted a study titled, Reasons for Attrition from Occupational Therapy, she cited original works by Huey and Hartly, in outlining factors for attrition for the occupational therapy profession dissatisfaction factors identified for leaving the field include; (a) role ambiguity, (b) depression and disillusionment in dealing with severely and chronically ill psychiatric patients, (c) the need for control over hours and the lack of part-time work, (d) the need for more challenge and autonomy, and (e) the lack of a career ladder. Additional related factors included: stress, disillusionment, frustration with bureaucracy, poor promotional opportunities, economic factors, family responsibilities, geographic location, being professionally out of date, severity and chronicity of clients' illnesses, client's age group, and return to school.

In the Baily study (1990) OT's were asked what they liked least about their jobs and thirty-nine ranked the following items with the highest rating being first; (#1) lack of respect for occupational therapists by other professions, (#2) the lack of understanding of occupational therapy by other professionals, (#3) excessive paperwork, (#4) red tape and bureaucracy, (#5) limited advancement, both professionally and financially, (#6) stress, overload, and the daily dealing with others' trauma and pain, (#7) the chronicity and severity of patients' illnesses, (#8) continually having to justify

occupational therapy for reimbursement, (#9) the difficulty of coping with job and family, (#10) role conflict with physical therapy, (#11) being the only occupational therapist in a setting, and (#12) long hours and a long commute to work.

When considering the well being of employees, client care and the economic impact on the healthcare organization, one can observe burnout as the destructive force it is. The literature reviewed identifies contributing factors toward burnout and attrition from the profession of OT. It is now necessary to address these factors in a positive and proactive manner. Based upon the negative impact stress and burnout can have upon the employee, the department and the clientele, the time and money to decrease the burnout occurring in therapists is well worth the effort.

Intervention

Burnout and job satisfaction can be approached by various methods. Regardless of which approach, method, or model that is chosen to be used, all roads need to lead to and from communication. The foundation of any type of intervention needs to address the issues of communication and then organizational policies that directly and indirectly influence stress in the workplace. There are several key factors to consider when designing and implementing an effective approach such as; what employees wish to change, what can be changed, how situations are presented and approached by management, communication between and within individuals at all levels and finally the attitudes fostered by each group.

This section will begin with looking at the foundational issues of communication and organizational policies.

These two issues are then clearly incorporated into the intervention approaches identified by the NIOSH and PRIDE model. These two approaches will then be presented which are of interest and relevance to healthcare organizations in the process of implementing effective intervention strategies.

Communication

Communication is the primary area to address before any significant changes will take place within a work environment. Communication is the foundational element form which leaders and managers will begin the identification process discussed previously in order for continued improvements to be made and maintained. There are three aspects of communication that have important consequences in our lives and in organizations: 1) People take for granted that we understand them. This is the et cetera principle. People expect that we will fill in what they have not said. 2) People trust us to fill in the correct meaning. People also expect us to understand without asking questions. 3) People often get annoyed and defensive when we ask them to be more precise about what they are saying.

Due to the inherent vagueness and ambiguity of language, misunderstanding is common and normal, yet also costly. Bragg (1999) states that misunderstandings cause grief and waste an organizations time and money in many ways and can be prevented using five specific communication tools to create a shared context and a common meaning:

- 1) Use phrases that sum up the talk. Phrases such as: “I want to talk to you about...”, “So what you are saying is...?”, “Are you telling me that...?”
- 2) Ask questions, asking questions requires the other person to answer and help clarify our understanding.
- 3) Paraphrase, Sum up your understanding of what has been said.
- 4) Use examples, give an example to illustrate your point, or ask the other person to give you an

example.

5) Tell stories, tell your story to get confirmation that your experience was similar, or correction that the person's meaning is different. Ultimately the secret to avoiding misunderstanding is to get people to talk about what they don't understand.

Organizational Policies

Organizational policies knowingly and unknowingly can contribute job stress. There can be aspects that clearly are stress contributors and then simple practices that are inherent simply due to lack of challenging the continued relevance of the process. In an article written by Wise (2001) the six areas of organizational life that cause stress are identified: 1) The amount of work that employees experience, and the extent to which demands are manageable. 2) The amount of control that employees feel they have in their jobs. 3) The effectiveness of the rewards and recognition systems that employees receive. 4) The organization's responsiveness to its staff and the community at large. 5) The respect and fairness accorded to people in the organization. 6) The personal values that people have about their work, and the values of the organization as a whole (Wise, 2001). These six areas of organizational life are variables that may be manipulated in elicit a change in the stress levels experienced by employees. When contributing stress factors are identified a plan or set of guidelines must be developed that address these areas, including the six previously listed which are most prevalent. These factors may be addressed through the implementation of flexible work schedules, giving more control and responsibility to employees, changing the system of rewards, or examining the values of the organization, all of which have previously been identified as factors contributing to burnout by Occupational Therapists.

Stress Management

A NIOSH publication entitled, *Stress at Work*, provides a clear example of the benefits of implementing stress management techniques. In this example the St. Paul Fire and Marine

Insurance Company conducted several studies on the effects of stress prevention programs in hospital settings. Program activities included (1) employee and management education on stress, (2) changes in hospital policies and procedures to reduce organizational sources of stress, and (3) establishment of employee assistance programs. In one study, the frequency of medication errors declined by 50% after prevention activities were implemented in a 700-bed hospital. In a second study, there was a 70% reduction in malpractice claims in 22 hospitals that implemented stress prevention activities. In contrast, there was no reduction in claims in a matched group of 22 hospitals that did not implement stress prevention activities- *Journal of Applied Psychology*.

Combining the PRIDE Model and NIOSH Approach

NIOSH Approach

The NIOSH approach indicates that the program design and appropriate solutions for reducing stress causing factors will be influenced by three factors; 1) the size and complexity of the organization, 2) available resources of the organization, and 3) the unique types of stress problems faced by the organization.

The basis for approaching and addressing those specific stress-causing areas within an organization are:

- 1.) **Problem identification;** hold group discussion with employees, Design an employee survey, Measure employee perceptions of job conditions, stress, health, and satisfaction, Collect objective data, Analyze data to identify problem locations and stressful job conditions.
- 2.) **Design and implement intervention;** Target sources of stress for change, Propose and prioritize intervention strategies, Communicate planned interventions to employees, Implement interventions and
- 3.) **Evaluate the Interventions;** conduct both short- and long-term evaluations, measure employee perceptions of job conditions, stress, health, and satisfaction, include objective measures, refine the intervention strategy and return to step 1.

For these steps to be successful the following points must be addressed: Build general awareness

about job stress (causes, cost, and control), secure top management commitment and support for the program, incorporate employee input and involvement in all phases of the program, establish the technical capacity to conduct the program (e.g., specialized training for in-house staff or use of job stress consultants).

PRIDE Model

In conjunction with the NIOSH recommendations, a business can improve its work environment by following the five-step PRIDE model:

- 1) Provide a positive working environment-one third of the executives surveyed by Robert Half International Inc. now say the work environment is the most critical factor in keeping an employee satisfied in today's business world;
- 2) Recognize, reinforce, and reward each individual's efforts- people have a basic human need to feel appreciated and recognition programs assist in meeting that need;
- 3) Involve everyone- exceptional organizations involve the ideas and suggestions of everyone;
- 4) Develop the potential of your workforce- for many people, learning new skills is just as important as the money they make; and
- 5) Evaluate and measure continuously- evaluation and measurement must surpass normal accounting procedures, such as profit and loss, but also must include measuring turnover, customer satisfaction, employee attitudes, and management effectiveness (Smith, 2002).

The implementation of the (NIOSH) and PRIDE models can be the starting point to address negative factors already present with in the work place, the models can also provide a framework from which the management of a rehabilitation unit with a large number of the factors contributing to attrition and burnout, can be addressed. Applying these concepts can lead to increased communication, problem solving through collaboration, increased awareness of treatment effectiveness through continuous evaluation and measure, development of continuing education through employee in-services and exploration of funding or possible benefits to support continuing education for therapists.

These are excellent models from which to base an approach on stress and burnout within the work environment, but there are additional ways an organization can be changed to prevent job stress.

- 1) Ensure that the workload is in line with workers' capabilities and resources,
 - 2) Design jobs to provide meaning, stimulation, and opportunities for workers to use their skills, 3) Clearly define workers' role and responsibilities,
 - 4) Give workers opportunities to participate in decisions and actions affecting their jobs,
 - 5) Improve communication-reduce uncertainty about career development and future employment prospects,
 - 6) Provide opportunities for social interaction among workers,
 - 7) Establish work schedules that are compatible with demands and responsibilities outside the job
- (NIOSH, 2002).

Summary

The issue of stress, in the workplace, manifests itself into employee burn out which can have negative consequences for both the employee and the employer. By addressing the issues that contribute to job stress and ultimately employee burnout, the interests of both employer and employee are proactively met and maintained. It is recommended that a protocol be developed, combining the five-step PRIDE model and the three steps toward burnout prevention. The three steps are; 1) identification of the problem, 2) design and implement interventions, 3) evaluation of the intervention. Based on this approach significant steps may be made in increasing communication, decreasing employee absence, increasing implementation of flexible work schedules, giving more control and responsibility to employees, changing the system of rewards, examining the values of the organization, improving moral, and increasing employee/employer congruency in continuum of care, and the direction and mission of a department/facility. The final but primary benefit is the provision of effective and efficient client care within the occupational therapy department.

Chapter 3

Activities

The topic of burnout, in relation to occupational therapy professionals, became an interest of mine while completing a co-op at the North Dakota State Developmental Center as an OTaid. While working in this particular setting things became rather repetitive in a short period of time and I soon began to wonder if I could work in this setting for more than a year. This in-turn sparked my interest in OT attrition and learning about what causes OT's to leave the profession. I felt that this would be good information to know, as I begin working as an entry-level therapist. I want to understand what steps could be taken to address that factors contribute to attrition and how to improve the work environment. An extensive literature review identified and addressed the areas of employee burnout and methods to improve the work environment. Job stress was identified as the primary contributor to employee burnout. Taking this into consideration, I then looked for specific organizational factors that contribute to employee stress. Six factors were identified:

- 1) The amount of work employees experience, and extent to which demands are manageable.
- 2) The amount of control employees feel they have over their jobs.
- 3) The effectiveness of the rewards and recognition systems that employees receive.
- 4) The organizations responsiveness to its staff and the community at large.
- 5) The respect and fairness accorded to people in the organization.
- 6) The personal values that people have about their work, and the values of the organization as a whole.

These are variables that may be manipulated to elicit a change in the stress levels experienced by

employees. In able to manipulate these variables proactively a plan or set of guidelines must be developed that address the negative factors that contribute to stress.

The literature review identified the five-step PRIDE model and the three areas of 1) problem identification, 2) design and implementation of intervention, and 3) evaluation of the interventions to be taken into consideration as identified by the National Institute for Occupational Safety and Health (NIOSH). Combining the PRIDE model and the NIOSH approach addresses the six, previously mentioned, organizational factors contributing to employee stress.

An educational protocol was designed to organize the information into five units for implementation at various time periods based on the needs of the learners and the organization. The total expected time commitment for implementation of the protocol is 3-5 hours. The primary goals of this protocol include: gaining an understanding why stress must be managed, the ability to identify your stressors and stress, improving the ability to manage both internal and external stress, implementing effective techniques to prevent burnout in employees.

Chapter 4 Products (Complete protocol located in Appendix A)

Protocol to prevent burnout among professional Occupational Therapists:
This protocol prepares participants to identify the warning signs of excessive stress and identify its sources. Educated with techniques for combating stress with in the workplace, employees and

administrators are able to take appropriate action to reduce its presence in their working environment.

Protocol objectives: Total learning time 3 to 5 hours.

Learn To:

Understand why stress must be managed

Identify your stressors and stress

Manage both internal and external stress

Prevent burnout in employees

Objectives Unit 1: Background Information

Understand why stress must be managed

Identify the steps to manage stress

Recognize the stages of stress

Understand the difference between positive and negative stress

Unit 2: Identifying Your Stress

Recognize the four stages of burn out

Identify job-related sources of stress

Understand sources of stress

Understand the common responses to stress

Unit 3: Managing Internal (personal) Stress

Recognize what kinds of support are needed to manage stress

Understand how making changes in you life reduces stress

Reduce stress using physical techniques

Take psychological measures to reduce stress

Improve your attitude to manage stress

Unit 4: Managing External (environmental) Stress

Recognize ways to eliminate sources of stress

Understand the importance of communication skills

Improve your relationships with co-workers

Use time management strategies to reduce stress

Set goals to reduce stress

Unit 5: Managing Employee Stress

Identify the behavioral, emotional, and physical warning signs of stress

Help employees deal with change to reduce stress

Make jobs more enjoyable for employees

Manage conflicts among employees

Prevent employees from becoming burnt-out

Chapter 5

Summary and Conclusions

Stress, in the workplace can manifest itself into employee burnout resulting in negative consequences for both the employee and the employer. Proactively addressing the risk factors that contribute to job stress and burnout, meets the needs of both employer and employee. A protocol

has been developed based on combining the five-step PRIDE model and the three steps toward burnout prevention identified by the National Institute for Occupational Safety and Health (NIOSH). This approach will contribute to increased communication, decreased employee absence, increasing implementation of flexible work schedules, increasing feelings of more job control and responsibility in employees, improve the system of rewards, examine the values of the organization, improve moral, and increasing employee/employer congruency in continuum of care, and the direction and mission of a department/facility. The final but primary benefit is the provision of effective and efficient client care within the Occupational Therapy Department. Recommendations for further study would be to identify and or develop a study evaluating the level of burnout in a group of OT's then retesting that same group at a later date to see if levels of burnout have increased, decreased and or stabilized. This same type of study could also be implemented to test the effectiveness of this protocol as a means of identifying areas of needed improvement.

References:

Baily, D.M., (1990). Reasons for Attrition From Occupational Therapy. The American Journal of Occupational Therapy. 44, 23-29.

Balogun, J.A., Titiloye, V., Balogun, A., Oyeyemi, A., Katz, J., (2002). Prevalence and Determinants of Burnout Among Physical and Occupational Therapists. Journal of Allied Health.

31, 131-39.

Beating the Healthcare Blues. Retrieved March, 30, 2003 from:

http://www.caregiver.com/articles/healthcare_blues.htm

Bragg, T., (1999). Five Ways to Avoid Misunderstandings. Occupational Hazards, 61, 43.

Brown, G.T., Pranger, T., (1992). Predictors of burnout for psychiatric occupational therapy personnel. Canadian Journal of Occupational Therapy, 59, 258-67.

How to Prevent Burnout. Retrieved March, 27, 2003 from:

http://www2.Vhihealth.com/topic/bosses?_requested=1998

Job Stress. Retrieved March, 30, 2003 from: <http://www.stress.org/job.htm>

National Institute for Occupational Safety and Health. (2002). Stress at Work (DHHS NIOSH Publication No. 99-101). Cincinnati, OH: Publications Dissemination, EID.

Peterson, P.D., (2001). Cool the Jets. Arbor Age, 21, 24.

Preventing and Curing Employee Burnout. Retrieved March, 30, 2003 from:

<http://www.employer-employee.com/Burnout.html>

Rogers, J.C., Dodson, S.C., (1988). Burnout in Occupational Therapists. American Journal of Occupational Therapy, 42, 787-792.

Schlenz, K.C., Guthrie, M.R., Dudgeon, B., (1995). Burnout in occupational Therapists and Physical Therapists working in Head Injury Rehabilitation. American Journal of Occupational Therapy, 49, 986-93.

Smith, G., (2002). Becoming the best place to work: the five-step PRIDE model. Health Niche Advisor, 23, 5.

Wise, D., (2001). Employee Burnout Taking Major Toll on Productivity. Los Angeles Business Journal, 23, 29.