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Mindful burnout training: a virtual program to reduce burnout for occupational therapy practitioners

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MINDFUL BURNOUT TRAINING:

A VIRTUAL PROGRAM TO REDUCE BURNOUT

FOR OCCUPATIONAL THERAPY PRACTITIONERS

by

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DEDICATION

I would like to dedicate this work to all occupational therapy practitioners worldwide who consistently demonstrate compassion for those they serve. Your dedication and commitment to helping others and supporting them during tough times do not go unnoticed. This project is dedicated to you.

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ABSTRACT

There is an ongoing need within the field of occupational therapy to address the growing rates of burnout among practitioners. Burnout has many negative effects, including chronic fatigue, emotional exhaustion, reduced job satisfaction, absenteeism, decreased quality of care, and higher turnover rates (Brollier et al., 1987; Dreison et al., 2018). The *Mindful Burnout Training* program is an evidence-based virtual program designed to educate occupational therapists on mindfulness and cognitive behavioral therapy (CBT) strategies to reduce their own personal levels of burnout. Participating in the program aims to decrease emotional exhaustion and depersonalization while increasing personal accomplishment, as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) (Maslach et al., 2016). Each weekly session covers psychoeducation on burnout, mindfulness exercises, CBT techniques, and self-reflective journaling. The program is available to occupational therapists in various practice settings and at different levels of experience. By helping occupational therapists learn to manage their emotions and build resilience, the *Mindful Burnout Training* program supports

national efforts to protect the mental health of healthcare workers (National Academy of Medicine, 2019).

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

CBT.....Cognitive Behavioral Therapy

MAOT.....Massachusetts Occupational Therapy Association

MBI..... Maslach Burnout Inventory

MBI-HSS ..... Maslach Burnout Inventory-Human Services Survey

CHAPTER ONE – Introduction

Occupational therapists face burnout across the United States and worldwide; unfortunately, there are limited programs available to help reduce burnout (Shin et al., 2022). The prevalence of burnout has risen due to the recent COVID-19 pandemic, leading to increased work stress and anxiety reported by 52.8% of occupational therapists internationally (Ganesan et al., 2021). Burnout results from ongoing stress and is a psychological syndrome characterized by depersonalization, emotional exhaustion, and reduced personal accomplishment (Jaworek et al., 2010). Sadly, burnout affects both practitioners and their patients, impacting self-esteem, job performance, absenteeism, quality of care provided, and job satisfaction (Brollier et al., 1987). Burned-out occupational therapists are more likely to withdraw, which can lead to apathy, cynicism, rigidity, and diminished concern and empathy for clients and colleagues (Rogers & Dodson, 1988). Addressing the widespread issue of burnout in the profession is essential, as it enables occupational therapists to enhance their well-being, deliver high-quality care, and maintain role satisfaction.

Review of the Evidence

A review of the literature was conducted to identify factors contributing to burnout and to examine previous approaches that have been effective in reducing it. Burnout is linked to many negative health effects, including poor sleep, musculoskeletal pain, and increased alcohol or substance use (Brown & Pranger, 1992). Previous studies have shown that health professionals experiencing burnout are more likely to make errors, which can lead to compromised client outcomes (Salyers et al., 2016). This affects

not only the individual occupational therapist but also their clients. Within the workplace, various factors can contribute to burnout, such as high perceived work overload, less than 10 years of experience, and difficulty saying “no” (Poulsen et al., 2014). Finally, limited autonomy, lack of supervisor support, heavy workloads, time pressures, and conflicts between therapists’ and employers’ values also contribute to burnout (Gupta et al., 2012; Shin et al., 2022).

Mindfulness approaches have been shown to reduce emotional exhaustion, a key component of burnout (Goodman & Schorling, 2012). Short-term virtual mindfulness programs, which can last as little as three weeks, have also demonstrated a decrease in burnout among healthcare professionals (Persia & Carroll, 2023; Escuriex & Labbe, 2011). Additionally, cognitive behavioral therapy (CBT) approaches have been effective in supporting healthcare workers in managing their work-related stress and improving mood regulation (Regehr et al., 2014).

A common theory used to support previous burnout programs was the polyvagal theory, which explains how the autonomic nervous system influences stress responses, emotional regulation, and social engagement (Porges, 2011). According to this theory, individuals under stress may experience extended periods of hyperarousal or shutdown states, which hinder their ability to self-regulate. However, interventions such as mindfulness can help individuals return to a ventral vagal state, a physiological condition marked by feelings of calmness and improved self-regulation.

Proposed Program

In response to previous findings on the factors leading to burnout and success from earlier burnout programs, the *Mindful Burnout Training* program was created to fill the gap in programs supporting occupational therapists. The program offers an evidence-based approach grounded in the polyvagal theory to help occupational therapists develop healthy coping skills and reduce burnout through an online training program. The program takes place over five weeks, synchronously via Zoom. Each week, a 45-minute session covers psychoeducation on burnout and instruction on mindfulness and CBT techniques. The program provides a safe space for occupational therapists to share concerns about their personal burnout levels and learn effective strategies to improve self-regulation.

Based on evidence from previous successful burnout programs, the program will incorporate mindfulness practices to support occupational therapists in returning to a calm state, along with CBT strategies to help occupational therapists develop practical and effective tools to manage stress. Through virtual sessions, journaling prompts, and tracking coping skills, the program promotes active learning and the application of skills in daily life.

Connection to Framework

The problem of burnout falls into practice concerns as occupational therapists focus on occupations, including work, as well as the health and well-being of others. The proposed program will focus on the occupation of work and reducing burnout among occupational therapists. Within the field of occupational therapy, work is an occupation

that is highlighted, and job performance is a category within the work occupation (AOTA, 2020). Burnout impacts job performance: therefore, it is a problem that needs to be further addressed for occupational therapists. Performance skills are also impacted by burnout. The framework includes empathizing as a performance skill, and prior research has found that occupational therapists who face burnout are less likely to empathize with their clients (Rogers & Dodson, 1988). Finally, training is recognized as an official intervention type and will be the primary form of intervention for occupational therapists in the *Mindful Burnout Training* program. The practice framework does not directly address burnout; however, work and major performance skills that are impacted by burnout are included in the framework.

Conclusion

Burnout among occupational therapists is a significant concern that has many negative consequences for both the practitioners and the clients they care for. Despite international recognition of burnout as a serious issue, few interventions have been designed specifically for occupational therapists. The *Mindful Burnout Training* program, developed specifically for occupational therapists, addresses this gap by providing an evidence-based, theory-driven approach that incorporates mindfulness and CBT strategies. By incorporating the principles of the polyvagal theory, the program helps occupational therapists recognize and regulate their responses to stress. The virtual format of the program increases accessibility, allowing all occupational therapists to access the program and take action to reduce their levels of burnout.

CHAPTER TWO – Project Theoretical and Evidence Base

The proposed program addresses the problem of burnout among occupational therapists. Burnout is a major concern that negatively impacts one's mental, physical, and emotional health (Bouskill et al., 2022). The *Mindful Burnout Training* program was developed based on the polyvagal theory and supported by evidence from the literature, which reveals numerous factors that influence burnout among occupational therapists, underscoring the significant impact of burnout on them.

Theoretical Explanation

The theory found to be most suitable for addressing the nature of burnout was the polyvagal theory. Dr. Porges's research highlighted a gap between autonomic function and the limited appreciation of the autonomic nervous system in behavioral regulation. The polyvagal theory serves as the theoretical foundation for *Mindful Burnout Training*. Dr. Porges developed the polyvagal theory to relate autonomic function to behavior, helping individuals better understand their behaviors in various situations (Porges, 1995). The theory explains why certain behaviors are exhibited in both stressful and comfortable situations. Based on the polyvagal theory, the ventral vagal state is when a person is calm and can self-regulate their behaviors and cope appropriately with stressors (Porges, 2007). Helping occupational therapists achieve a ventral vagal state is a central component of *Mindful Burnout Training, which aims* to help therapists better manage their burnout.

Additionally, part of the educational component of *Mindful Burnout Training* guides occupational therapists in finding coping skills to help them quickly achieve the

ventral vagal state. The polyvagal theory utilizes mindfulness as a primary intervention approach along with psychoeducation. *Mindful Burnout Training* will utilize mindfulness-based interventions and psychoeducation grounded in the principles of polyvagal theory to reduce burnout among occupational therapists.

Literature Search

The literature search strategy used to explore the problem of burnout among occupational therapists and related interventions was conducted using sources from PubMed, Google Scholar, the Boston University Library, the American Journal of Occupational Therapy, and the Journal of Occupational Health Psychology. The search terms and keywords included "burnout," "factors influencing burnout," "negative effects," "burnout interventions," "occupational therapy burnout," and "evidence of burnout." The findings were then organized into sections on general information about burnout, factors influencing burnout, impacts of burnout, and previous interventions.

Burnout in Occupational Therapists

Throughout the literature search, seven studies addressed the issue of burnout among occupational therapists. Studies included statistics regarding burnout and factors that influenced burnout. Since COVID-19, the prevalence of burnout has resulted in increased work stress and anxiety reported by 52.8% of occupational therapists internationally (Ganesan et al., 2021). This statistic is consistent with a research study in Spain, which found that 69.4% of occupational therapists presented with burnout syndrome, and 63.4% experienced emotional fatigue (Escudero-Escudero et al., 2020). Research on burnout has consistently utilized the Maslach Burnout Inventory-Human

Services Survey (MBI-HSS) as a quantifiable measure of burnout among occupational therapists. Evidence has shown that the MBI-HSS is a valid and reliable tool for assessing burnout, measuring three key components: depersonalization, emotional exhaustion, and personal accomplishment (Maslach et al., 2016).

Factors that Influence Burnout

Based on previous research, several factors influence burnout. Limited supervisor support impacted measurable reports of burnout among occupational therapists (Shin et al., 2022). According to Shin (2022), occupational therapists with higher perceived supervisor support were likely to score lower on quantifiable burnout measures. Similar evidence from a study in Australia yielded lower burnout scores for occupational therapists who reported increased supervisor support (Scanlan & Still, 2013).

The most recent research from 2024 indicates that implementing evidence-based practice (EBP) resulted in measures of higher self-efficacy, which was then associated with lower levels of burnout among occupational therapists (Bar-Nizan et al., 2024). This is new evidence that utilizing EBP in practice plays a role in burnout among occupational therapists.

Three studies have found that dissatisfaction with income in the United States and Australia was associated with feelings of burnout (Poulsen et al., 2014; Shin et al., 2022). Another study examined the relationship between burnout and reward and found that inadequate reward was correlated with high burnout (Kim et al., 2010). Most recently, one study found that satisfaction with income was associated with less burnout in all three subscales of the MBI-HSS, including lower emotional exhaustion, lower

depersonalization, and higher personal accomplishment (Shin et al., 2022).

Evidence suggests that various factors can contribute to burnout in the workplace, including high perceived work overload, less than ten years of experience, and difficulty saying “no” (Poulsen et al., 2014). Additionally, limited autonomy, lack of respect, challenging workloads, time demands, and conflicts in the values of therapists and employers contribute to burnout (Gupta et al., 2012).

Impacts of Burnout

Extensive evidence from three studies suggests that burnout has a significant impact on occupational therapists, their clients, and the organizations they serve. Burnout influences self-esteem, job performance, absenteeism, the quality of care provided, and job satisfaction (Brollier et al., 1987). Previous research has shown that higher rates of absenteeism can lead to retention issues within companies, ultimately affecting organizational budgets (Dreison et al., 2018).

Those experiencing burnout are at increased risk for numerous negative health outcomes, including sore muscles, chronic fatigue, poor sleep, and heightened alcohol and drug use (Brown & Pranger, 1992). Beyond these health effects, recent studies have found that health professionals facing burnout are more prone to making errors in their clinical practice, which can jeopardize client outcomes (Salyers et al., 2016). Additionally, evidence suggests that occupational therapists experiencing burnout have a diminished capacity to empathize with their clients (Rogers & Dodson, 1988).

Interventions

Previous studies highlighting the prevalence and impacts of burnout suggest that more interventions are needed to support occupational therapists in coping with burnout (Ganesan et al., 2021; Shin et al., 2022). Interventions and research in the past have focused on other healthcare professionals, including nurses, social workers, respiratory therapists, psychologists, and physical therapists (Luken & Sammons, 2016). Prior research articles provided recommendations, including balancing workload and managing stress; however, occupational therapists need a straightforward intervention approach.

Results from previous research on interventions to reduce burnout among healthcare professionals can be generalized to occupational therapists; these other health professionals face similar demands, such as high workloads and compassion fatigue. Previous research has found that mindfulness and CBT approaches have been the most effective in reducing burnout (West et al., 2016). Based on this, the *Mindful Burnout Training* program utilizes these approaches in a virtual format to provide occupational therapists with an accessible training program to manage their own personal levels of burnout.

Conclusion

The literature examined in this chapter confirms the high prevalence of burnout among occupational therapists, as well as the individual, organizational, and systemic factors that contribute to burnout. Limited supervisor support, high workloads, limited autonomy, and dissatisfaction with income were consistent factors across multiple studies. Additionally, the consequences of burnout were similar among studies, indicating

poor health outcomes, reduced empathy, and poor job performance. While the factors influencing burnout cannot always be adjusted to meet the needs of occupational therapists, interventions can focus on supporting them to cope with challenges through mindfulness and CBT strategies. The *Mindful Burnout Training* program addresses these challenges by supporting occupational therapists through a program grounded in the polyvagal theory and utilizing evidence-based approaches to reduce burnout.

CHAPTER THREE – Overview of Current Approaches and Methods

Burnout is defined as ongoing work-related stress characterized by emotional exhaustion, depersonalization, and hopelessness, which negatively affects mental, physical, and emotional health (Bouskill et al., 2022). Burnout among occupational therapists remains a major concern, needing attention because of its harmful effects on their well-being, productivity, retention, and quality of care. A thorough review of the existing literature on burnout was conducted. The research questions that guided this search included "What evidence-based interventions exist to reduce burnout among healthcare workers or occupational therapists, and what is the evidence of their effectiveness?" "What are the critical aspects of successful burnout intervention/prevention programs for healthcare workers?" "What burnout strategies are most effective with positive outcomes?" and "How are burnout prevention programs addressed in occupational therapy education and literature?".

Evaluative Summary

For the first research question, "What evidence-based interventions exist to reduce burnout among healthcare workers or occupational therapists, and what is the evidence of their effectiveness?" five studies were selected for further review regarding this question. Two studies shared similar findings regarding mindfulness programs as the most effective in minimizing burnout among healthcare providers, including those in primary care (Goodman & Schorling, 2012; Fortney et al., 2013). Both studies reported results from the Maslach Burnout Inventory (MBI), which showed that scores improved significantly from the baseline to the post-intervention period. For example, in one study,

emotional exhaustion scores were 31.9 at baseline and decreased to 26 at 9 months post-intervention, and depersonalization scores were 12.6 at baseline and then 9.1 at 9 months post-intervention (Fortney et al., 2023). Finally, personal accomplishment scores increased from 38.5 to 42.3 at 9 months post-intervention.

Education-based programs were also effective in reducing burnout among healthcare workers. Two studies highlighted the use of well-being modules and workshops focused on managing negative thoughts and emotions and building assertive communication skills (Scarnera et al., 2009; Profit et al., 2021). A randomized control trial including healthcare workers in the NICU found promising results from this education-based burnout program. The impacts were long-term, improving burnout, depression, and work-life integration for up to six months after the intervention (Profit et al., 2021).

While the previous two articles focused on education-based programs, another relevant evidence-based intervention is CBT. CBT is crucial in addressing mental health concerns, specifically in the context of burnout among healthcare workers. CBT is important since it uses evidence-based strategies to help individuals understand and challenge negative thought patterns, leading to healthier coping strategies (Anclair et al., 2018). In the literature, one article found that a CBT program effectively reduced burnout syndrome in healthcare workers (Fernandez-Arata et al., 2022). This recently completed research study involved 29 primary care healthcare workers who completed one-hour weekly sessions over six weeks. The sessions focused on different CBT skills, and the participants experienced reduced burnout, emotional exhaustion, and cynicism.

Based on the results from these five studies, the literature supports various strategies to reduce burnout among healthcare workers. These strategies include mindfulness-based interventions, education-based training, and CBT to strengthen workers' coping abilities. Some limitations include small sample sizes and research conducted outside the United States, which may not reflect the challenges healthcare workers face within the US. Another limitation is that the studies primarily examined burnout among healthcare workers and did not specifically include occupational therapists. Overall, the literature emphasizes the importance of developing a burnout program that incorporates various evidence-based practices to effectively reduce burnout among occupational therapists. Evidence-based practices enhance the program's effectiveness, and various intervention strategies can accommodate the different learning styles and needs of occupational therapists. This multifaceted approach can potentially reduce burnout and improve the health and well-being of occupational therapists.

Critical Aspects of Burnout Programs

For the second research question, “What are the critical aspects of successful burnout intervention/prevention programs for healthcare workers?” five studies were selected to review this question further. Virtual mindfulness programs were noted in the literature as a critical aspect of successful burnout programs (Persia & Caroll, 2024; Kim & Hunter, 2023). The easy access to virtual programs made these burnout programs successful. There were two different burnout measures used. However, there were significant decreases in pre- and post-test burnout scores from both virtual mindfulness programs.

Mindfulness programs were utilized to reduce emotional exhaustion, improve resilience, and promote healthcare workers. The Mindful Self-Care and Resiliency (MSCR) intervention significantly reduced burnout scores among nurses from 45% to 15% after intervention (Craigie et al., 2016). Additionally, another online mindfulness program reduced two measures of burnout, including emotional exhaustion and depersonalization among healthcare workers during the COVID-19 pandemic; the other measurement of burnout, personal accomplishment, did not improve (Kim & Hunter, 2023). A similar study targeted at occupational therapists included implementing a virtual mindfulness program, and the authors found a reduction in burnout scores from the pre- and post-tests administered (Persia & Carroll, 2024).

While mindfulness strategies were focused on online, communication skill training and CBT strategies were also critical aspects of burnout programs. Assertiveness training (AsT), when used in burnout training, improved personal accomplishment scores and reduced depersonalization (Persia & Carroll, 2024). Additionally, communication skills helped occupational therapists accept criticism and learn essential negotiation skills, improving work relationships and stress management. Based on a systematic review, CBT strategies showed consistent improvements in emotional exhaustion and overall burnout symptoms when used with healthcare workers. Unlike mindfulness, CBT focuses on cognitive restructuring and behavior changes, effectively addressing stress responses and emotional dysregulation (Korczach et al., 2012).

Existing research had strengths in finding a way to implement programs in a short virtual format (Craigie et al., 2016; Persia & Carroll, 2024). Some weaknesses of the

articles included small sample sizes, different outcome measures used, and lack of follow-up data points after the intervention.

Burnout Strategies

Five articles were selected to review the third research question, "What burnout strategies are most effective with positive outcomes?" One article systematically reviews many strategies to reduce burnout among healthcare workers. The most effective were setting boundaries and realistic expectations for oneself (Maresca et al., 2022). Further research shared the importance of maintaining professional and personal boundaries and their effectiveness in burnout management (Gupta et al., 2012). Managing burnout by establishing healthy professional and personal boundaries helped 63 occupational therapists in Ontario, Canada, reduce their overall burnout scores.

Other effective burnout strategies included mindfulness interventions and discussing burnout in a group setting (Abbasi et al., 2021; Xie et al., 2021). While these interventions were conducted with healthcare workers other than occupational therapists, both strategies demonstrated an overall reduction in burnout as measured by the MBI. Additionally, a group of mental health nurses in Saudi Arabia completed a burnout program aimed at reducing physical and emotional fatigue. Similar strategies were employed, including mindfulness and group discussions about burnout and coping mechanisms, which also led to decreased burnout scores among participants (Alenezi et al., 2019). Addressing burnout in a group setting was a common approach across all burnout programs in the research. Although not explicitly mentioned, peer support in group settings has the potential to further lower burnout scores when combined with the

various burnout strategies taught during the sessions.

Burnout Prevention Programs in Literature

Four articles supported the last research question: “How are burnout prevention programs addressed in occupational therapy education and literature?” One paper examined the value of mindfulness and its role in occupational therapy education during undergraduate studies. It discussed the connection between mindfulness and burnout but did not provide any variables or measures for mitigating burnout (Gura, 2010). Complementing this information was a recent article on the implementation of evidence-based practice and burnout among occupational therapists, as well as the role of self-efficacy (Bar-Nizan et al., 2024). This cross-sectional study included 261 occupational therapists and emphasized the importance of education on evidence-based practice and the development of self-efficacy skills. The results were promising, indicating a reduction in burnout among participants. As a more recent study, additional research with similar burnout programs would strengthen these findings.

Within the last decade, occupational therapists have conducted a systematic review examining the use of mindfulness practices to reduce burnout among healthcare and educational professionals. The design was a systematic review of randomized controlled trials (RCTs). The goal was to find other articles that supported the use of mindfulness programs to reduce burnout among occupational therapists. While not all articles included occupational therapists, it was the first systematic review on burnout by occupational therapists focusing on mindfulness as an intervention to reduce burnout. All eight articles in the review shared that the mindfulness interventions effectively reduce

burnout among health care professionals as measured by the MBI (Luken & Sammon, 2016). Most recently, research has found that mindfulness, as a continuing education program, effectively reduces burnout among occupational therapists, as measured by the Oldenburg Burnout Inventory (OLBI). Overall, mindfulness was an effective intervention in reducing burnout for health care professionals, and recently, it was explicitly used with occupational therapists.

Conclusion

Overall, current methods and approaches to reduce burnout that can support occupational therapists include mindfulness, CBT, communication and assertiveness training, and education-focused programs. Previous studies on these approaches have shown effective results in reducing burnout, especially in areas such as emotional exhaustion and depersonalization. Additionally, virtual programs have also proven effective because they offer flexibility and greater accessibility for healthcare workers. Based on these methods and the flexible format of virtual burnout programs, the *Mindful Burnout Training* program will incorporate education, CBT, and mindfulness strategies and will utilize the virtual format to enhance accessibility.

CHAPTER FOUR – Description of the Proposed Program

The *Mindful Burnout Training* program, specifically designed for occupational therapists, aims to support practitioners in developing healthy coping skills and reducing burnout through mindfulness and CBT training. Burnout is defined as chronic occupational-related stress, emotional exhaustion, depersonalization, and hopelessness that affect mental, physical, and emotional well-being (Bouskill et al., 2022). The program is based on principles and concepts from evidence-based burnout interventions that have successfully reduced burnout among healthcare workers in a flexible virtual format. Evidence-based practices, including mindfulness and CBT, are the core components of the program.

Theory Utilized

The polyvagal theory, developed by Porges (1995), explains how individuals better understand their behaviors by linking autonomic nervous system responses to emotional and social functioning. Using this theory as the foundation for the *Mindful Burnout Training* program enables occupational therapists to examine how their physiological state affects their responses to stress. The theory identifies the ventral vagal state as a calm state where one can self-regulate their behaviors and cope appropriately (Porges, 2007). Helping occupational therapists achieve a ventral vagal state is a central component of *Mindful Burnout Training,* which aims to enable therapists to manage their burnout better and effect positive change.

Additionally, part of the educational components of *Mindful Burnout Training* guides occupational therapists in developing coping skills to help them quickly achieve

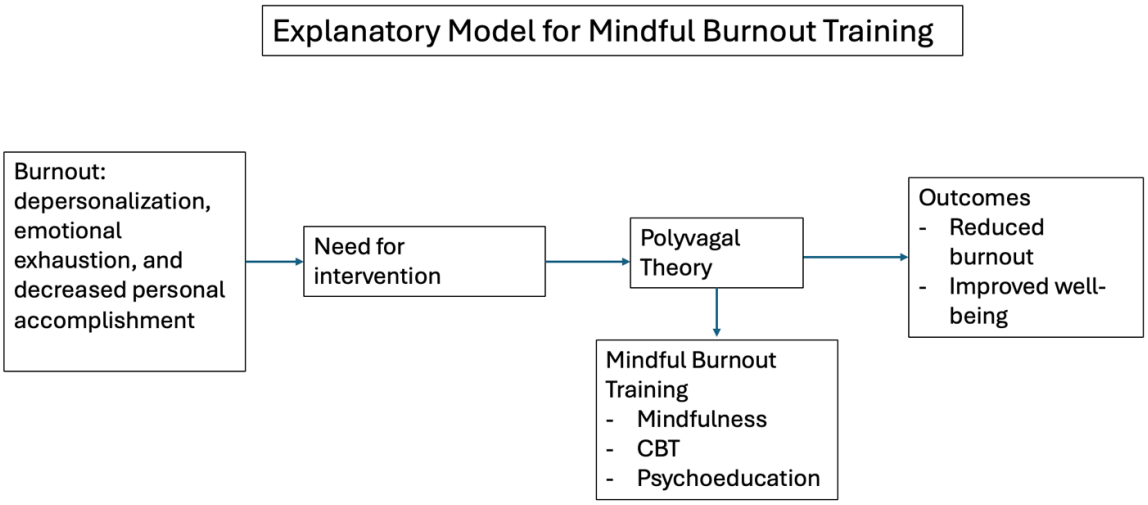
the ventral vagal state, a calm, regulated state essential for effective stress management. The polyvagal theory utilizes mindfulness as a primary intervention approach along with psychoeducation. *Mindful Burnout Training* utilizes mindfulness interventions and psychoeducation based on the principles of the polyvagal theory to reduce burnout among occupational therapists.

Explanatory Model

An explanatory model, Figure 4.1, emphasizes how symptoms such as emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment indicate the need for intervention. The interventions grounded in the polyvagal theory include mindfulness practices, learning CBT techniques, and psychoeducation around burnout. These activities aim to support the occupational therapist in increasing their ability to maintain calm in stressful situations, known as the ventral vagal state in the polyvagal theory. The model illustrates how a theory-driven, evidence-based approach can help reduce burnout among occupational therapists. Through this approach, the *Mindful Burnout Training* program aims to reduce burnout and enhance the overall well-being of occupational therapists.

Figure 4.1

Proposed Explanatory Model



Stakeholders

Occupational therapists, managers, and human resource departments are three key stakeholders who will benefit from the *Mindful Burnout Training* program. At the micro level, occupational therapists will benefit from gaining the knowledge and skills to reduce burnout, which can help them both personally and professionally. At the meso level, occupational therapy managers and human resource departments will benefit as they have concerns about employees' health and wellness, and burnout has many negative impacts. Reducing burnout among staff can be supported by increasing days off, increasing productivity, and enhancing staff retention. Managers can benefit from having a more engaged group of occupational therapists, and human resources will benefit from reduced costs associated with high employee turnover and the need for onboarding new staff.

Occupational therapists, particularly those working in high-stress environments, will benefit directly from *Mindful Burnout Training*. Participating occupational therapists will learn mindfulness strategies that reduce burnout, leading to improved health outcomes and a better quality of life. Managers of occupational therapists also benefit, as they will have fewer burned-out employees, which can lead to improved retention rates and productivity.

Healthcare organizations and professional associations, such as the American Occupational Therapy Association, will benefit at the macro level. More healthcare organizations and hospitals may utilize the burnout program more frequently to support their healthcare workers. Additionally, the burnout prevention program has the potential to influence the culture in which occupational therapists work and inform future policies related to employee well-being, thereby supporting mental health.

Program Practice Scenario

Below is a brief practice scenario where an occupational therapy manager utilizes the *Mindful Burnout Training* program.

Practice Scenario

At a small hospital in Maine, five occupational therapists handle all the occupational therapy needs for the entire hospital. Over the years, the manager noticed an increase in time off, employees calling out of their shifts, and a decline in productivity. During a staff meeting, the manager discussed concerns voiced by the staff. The occupational therapists felt a lack of empathy, were overwhelmed, and experienced a decline in their sense of personal accomplishment. The manager researched and found

that these symptoms aligned with feelings of burnout. While searching for resources, the manager discovered the Mindful Burnout Training program, a specialized program designed specifically for occupational therapists. The manager chose to implement the program and encouraged occupational therapists to participate. Through mindfulness training, occupational therapists developed strategies to reduce burnout, resulting in increased productivity and fewer stress-related complaints.

Main Objectives and Outcomes

The *Mindful Burnout Training* program is designed to address the above practice scenario by providing education and training in occupational therapy strategies to increase knowledge of burnout and its management. The program is designed to meet the following key objectives: program participants will learn how to:

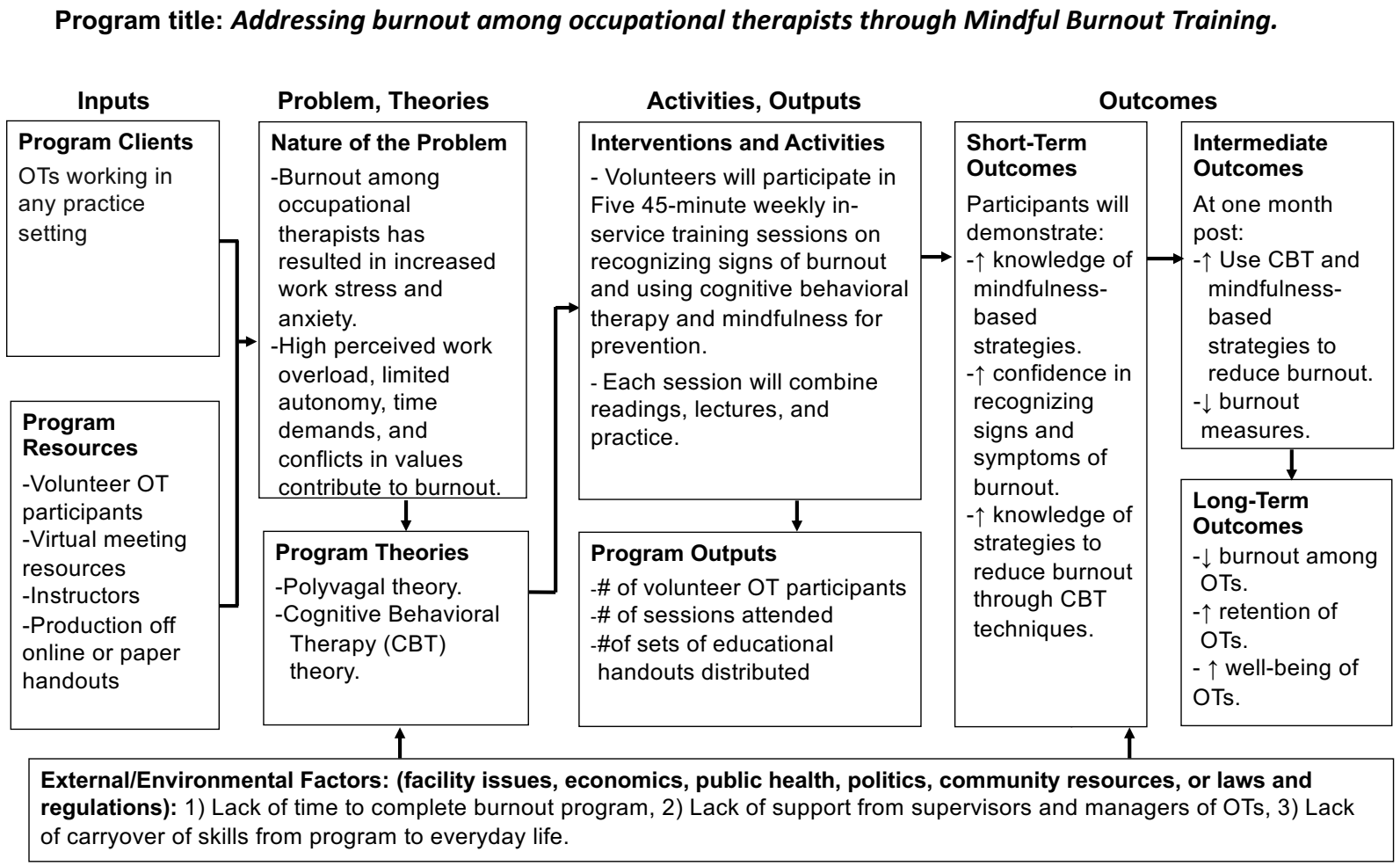
- Identify signs and symptoms of burnout.
- Utilize mindfulness strategies to regulate stress responses through the polyvagal theory approach.
- Integrate CBT techniques into daily practice to support coping.
- Develop a long-term plan to support well-being and job satisfaction using learned strategies.

Full Logic Model

The logic model below (see Figure 4.2) visually illustrates how the *Mindful Burnout Training* program operates and its underlying theory.

Figure 4.2

Mindful Burnout Training Logic Model



Program Clients and Resources

The program clients are occupational therapists; the resources include occupational therapist facilitators, virtual meeting resources, and program materials. One occupational therapist will lead the program through the initial phase. As the program progresses, more occupational therapists with prior experience in mindfulness and CBT will be trained to further support the program. Since the program is virtual, a website and Zoom meetings will be vital resources for the program's success. Finally, evidence-based materials, such as CBT worksheets, will be utilized in this program. All resources will be available on the program's website through a password-protected portal.

Intended Program Participants

The intended program participants are occupational therapists working in various practice facilities with diverse levels of experience. Settings may include, but are not limited to, schools, inpatient psychiatry, hospitals, and skilled nursing facilities. To recruit individuals, the program will be promoted to various occupational therapy organizations, and outreach efforts will be made to settings that employ occupational therapists. Additionally, the program will be promoted at the Massachusetts Occupational Therapy Association (MAOT) conference. At the conference, the *Mindful Burnout Training* outcomes and objectives will be shared, including details on the program, its benefits, and results and findings from the program's pilot phase. The program will gain exposure and increase participation in future programs.

Screening Survey and Measurement

A simple screening survey will be given to each participant, asking about the

years of experience an occupational therapist has and their setting. Additionally, each participant will complete the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) before the start of the program. The inventory assesses burnout by measuring three key components: depersonalization, emotional exhaustion, and personal accomplishment (Maslach et al., 2016). The MBI-HSS is a well-established measure of burnout used in studies involving other healthcare professionals, such as social workers, psychologists, and nurses, who participate in interventions aimed at reducing burnout (Rogers & Dodson, 1988). Multiple research studies have also utilized the same inventory to assess occupational therapists' burnout (Shin et al., 2022). Overall, this measure of burnout will be evaluated before and after the intervention to see changes in burnout. Additionally, the occupational therapist will record their burnout on a weekly scale, ranging from zero to ten, to detect small changes over time. Both standardized and non-standardized measures will provide information on the dependent variable and measure change over the five-week intervention.

Virtual Setting

The *Mindful Burnout Training* program will be available through digital access and can be completed virtually. The participating occupational therapists will need to have internet access, download Zoom, and set aside 45 minutes weekly to participate in the program for five weeks. The program will be held at Eastern Standard Time, but all sessions will be recorded for those in different time zones. Participants unable to attend the live virtual session will be sent the recording of the session from that week.

Plan for Outreach

To promote the program, an outreach plan will be implemented to encourage occupational therapists, hospitals, schools, and occupational therapy professional organizations to participate. The goal of outreach is to increase awareness of burnout, generate interest in the program, and develop opportunities for occupational therapists to participate.

Initial Contact

Marketing and promotion for the program will be through email, website, and social media. Additionally, digital flyers will be shared in occupational therapy networks, such as professional Facebook groups. Information will be shared at local conferences, such as the annual MAOT conference, and promoted on their website. A volunteer supporting the program will share information about the program, results from a pilot study, and opportunities for participation. Printed handouts and business cards with a website will be shared to get more information on the program. This will all be shared in person during conferences and online through the program's social media page.

After initial contact, follow-up will involve personalized emails and phone calls to potential participants to explore their needs and interest in the program. Questions may include “What wellness or burnout programs are currently in place where you work?”, “What would you like to see different in a burnout program?”, and “What are the barriers to participating in the *Mindful Burnout Training*?”. Social media posts will be updated regularly to share upcoming program dates and sign-up instructions. Additionally, periodic newsletters will be sent via email with data from the programs and check-ins

with occupational therapy managers to discuss program implementation within their departments. Finally, the program will establish partnerships with academic programs and fieldwork coordinators to introduce burnout training for occupational therapy students during their undergraduate or graduate studies.

Interventions and Activities

The program will last five weeks and consist of one 45-minute weekly synchronous Zoom session. An occupational therapist with experience in mindfulness and CBT will run each session. As the program grows, additional occupational therapists who participated in the program will be recruited and trained to run the program. All sessions will be held synchronously via Zoom, enabling occupational therapists from various locations to participate. Participants will actively engage in each session through polls, chats, and breakout room discussions. Each session will focus on a specific topic, including mindfulness, cognitive behavioral therapy, and psychoeducation on burnout.

Additionally, sessions will review coping skills logs to reinforce the use of burnout strategies outside of the structured session. Occupational therapists will complete coping skill logs and reflective journaling prompts (see Appendix A) outside of sessions to encourage the use of strategies in daily life. Educational materials will be distributed via email before the session. Additionally, recorded sessions will be sent to participants who may have missed the course. The slide shows presented will also be sent to participants after the session for them to review at their convenience. All course materials will be released on the program's website after the live session to encourage practitioners to share resources with others.

Table 4.1

Mindful Burnout Training Lessons

Week	Topics	Activities
Week 1	Understanding Burnout	Discussion regarding burnout signs and symptoms, introduction to mindfulness and CBT, overview of the program, and a baseline burnout measure is taken using the MBI-HSS.
Week 2	Mindfulness	Training on mindfulness techniques including meditation, mindful breathing, and a body scan.
Week 3	Cognitive Behavioral Therapy (CBT)	Introduction to CBT and how it can be utilized to support feelings associated with burnout.
Week 4	Mindfulness and CBT	Review of previously learned mindfulness skills and education on new CBT strategies including cognitive reframing.
Week 5	Program Reflection	Review techniques learned in the program and developed a plan to continue to use skills. Final burnout measure is recorded with the MBI-HSS.

Supportive Materials

Supportive materials will be distributed to participating occupational therapists via email, Zoom chat during class, and online through the *Mindful Burnout Training* program website. The website will feature session materials in a password-protected portal accessible only to participants. Materials will include a program guide, weekly mindfulness practice instructions, CBT worksheets, a coping skills log, and burnout reflective worksheets (see Appendix A).

Anticipated Program Outputs

The *Mindful Burnout Training's* initial recruitment for participants will be capped at 30 occupational therapists to participate in the pilot phase, consisting of five 45-minute virtual sessions to be completed. Various educational materials will also be produced and distributed. Materials will include a participant guide, five educational slides for the live session, a coping skills log, weekly mindfulness guides, reflection journals, and burnout tracking worksheets.

In the short term, from program completion to one-month post-program, the anticipated outcomes include a reduction in reported burnout symptoms, as measured by MBI-HSS scores. Participants are also expected to demonstrate increased self-awareness of their stress response. Within the intermediate time frame, from two to six months post-program, there should be sustained improvements in emotional regulation and a reduction in absenteeism. Finally, the long-term anticipated changes include continued low levels of reported burnout and managers observing improved retention rates. Additionally, the retention of skills learned by occupational therapists, such as mindfulness and CBT strategies, is expected to reduce burnout.

Potential Barrier and Challenges

When implementing a new proposed program, it is important to address potential barriers and challenges. Potential barriers include resistance from occupational therapists who may have time constraints or be concerned about the program's effectiveness. This barrier can be mitigated by presenting pilot data on the program and allowing the participants to complete it at their own pace. Those who are not able to attend the live

session will be sent a recording of the Zoom meeting via email. Another barrier is a lack of support from managers, which can affect attendance and, in turn, hinder the implementation of the program. One way to address this barrier is by showing pilot data, including changes in scores on the MBI-HSS. Additionally, education on retention rates and the potential financial benefits to the program, including reduced staffing costs, can be presented to leadership. Finally, one last barrier that can impact implementation is a lack of interest in virtual programs from occupational therapists. After the COVID-19 pandemic, many programs transitioned to online platforms, and many occupational therapists spend their days working on computers, inputting notes. This barrier might be mitigated over time as the program expands to include more in-person sessions or presentations at national occupational therapy conventions, where key strategies for reducing burnout among occupational therapists can be learned.

Conclusion

The *Mindful Burnout Training* program is an evidence-based initiative designed to reduce burnout among occupational therapists. Grounded in polyvagal theory, it incorporates both mindfulness and CBT to address the mental, social, and emotional aspects of burnout by enhancing self-regulation through coping skills. By strengthening self-regulation skills and developing healthy coping skills, the program supports occupational therapists in feeling more grounded, supported, and better prepared to manage the demands of their work.

Overall, the program serves as a solution to recent calls to action to prioritize the wellness of healthcare workers and mitigate burnout among occupational therapists. This

program offers a unique opportunity for occupational therapists to work on their wellness and reduce burnout through a five-week program. Data will be collected over time, and the program and its objectives will be adjusted as necessary to meet the evolving needs of occupational therapists.

CHAPTER FIVE – Program Evaluation Research Plan

Mindful Burnout Training is a five-week virtual burnout program developed for occupational therapists, focusing on establishing healthy coping skills and reducing burnout through mindfulness training and CBT. Burnout is defined as chronic occupational-related stress, emotional exhaustion, depersonalization, and hopelessness, affecting mental, physical, and emotional well-being (Bouskill et al., 2022). The program is based on previous burnout programs that have effectively reduced burnout among healthcare workers. Evidence-based practices, including mindfulness and CBT, are the essential components of the program.

Occupational Therapists Served

Occupational therapists, particularly those working in high-stress environments, will benefit directly from *Mindful Burnout Training*. Participating occupational therapists will learn mindfulness and CBT strategies that reduce burnout, leading to improved health outcomes and a better quality of life. Managers of occupational therapists also benefit, as they will have fewer burned-out employees, which can lead to improved retention rates and productivity. Significantly, clients are indirectly impacted by this program. By reducing burnout, occupational therapists deliver a higher quality of care, improving clients' quality of care and treatment.

Program Delivery

One occupational therapist will be actively involved in delivering the program over a five-week period. They will lead five 45-minute weekly virtual training sessions on recognizing signs of burnout and using mindfulness and CBT to support stress

reduction and healthy coping. Each session will combine education, discussion, and practice to ensure a comprehensive and effective delivery of the program.

Key Intended Users of Program Evaluation Findings

One key intended user of the program would be occupational therapy managers. These managers can use the findings to make decisions about the program and recommend it to their employees. They can also suggest ways to improve the program to the researcher.

Figure 5.1

Illustrative Case Scenario

At a small hospital in Maine, five occupational therapists manage the occupational therapy needs of the entire hospital. Over the years, the manager noticed increased time off, employees calling out of their shifts, and reduced productivity. During a staff meeting, the manager discussed concerns among the staff. The occupational therapists felt a lack of empathy, were overwhelmed, and had a decreased sense of personal accomplishment. The manager researched and found that these symptoms were consistent with feelings of burnout. While looking for resources, the manager learned about the *Mindful Burnout Training* specific program targeted for occupational therapists. The manager decided to adopt the program and encouraged occupational therapists to participate. Occupational therapists mastered strategies to

Visions Regarding Projected Findings

The short-term vision regarding the projected findings of the program evaluation research is to determine whether the program effectively reduces burnout among

occupational therapists and to identify which methods were most helpful to participants. The long-term vision is to develop a long-term approach to reducing burnout through a program specifically designed for occupational therapists. Previous burnout programs have focused on other healthcare professionals, but *Mindful Burnout Training* will fill the gap by providing a new, evidence-based approach to reducing burnout among occupational therapists.

Engagement of Stakeholders in the Program and Evaluation Research

Identifying Stakeholders

Occupational therapists, occupational therapy managers, and human resource departments are three key stakeholders whose engagement is essential for successfully implementing and evaluating *Mindful Burnout Training*. Occupational therapists are directly interested in the program's success, as having the knowledge and skills to reduce burnout can help them personally and professionally. Occupational therapists and human resource department managers have concerns about employees' health and wellness, and burnout has many negative impacts. These three stakeholders are vital in successfully implementing and evaluating the program after its implementation.

Possible Roles or Contributions of Stakeholders

Occupational therapists will be actively involved in the pilot study being conducted by the researcher. They will be asked to volunteer their time to participate in *Mindful Burnout Training*. Their presence will be vital for carrying out the program; their participation will be essential as part of the evaluation research effort. Occupational therapy managers and the human resource department will work with the researcher and

the IRB to ensure all study components run smoothly and appropriately. Managers will be educated on the purpose and methodology of the program. They will have a role in adapting schedules for occupational therapists so they can participate in the program for approximately five weeks.

Stakeholder Engagement

A stakeholder matrix will incorporate each stakeholder group with their interests in the evaluation results. For example, occupational therapists can engage in preventing their own burnout by improving their knowledge of strategies to reduce burnout and enhancing their ability to recognize signs and symptoms of burnout. To elicit stakeholder engagement among occupational therapy managers, open communication will be utilized to listen to their concerns and collaborate with any issues or concerns they may have. Open communication will remain a key strategy for eliciting stakeholder engagement. Finally, one final strategy will be to discuss the history of previous engagements in health promotion programs with the human resource department and occupational therapy managers. Gaining a thorough understanding of what worked well for occupational therapists who engaged in the program and receiving valuable insights about means for improvement will support the researcher's knowledge of best meeting the stakeholders' needs.

Simplified Logic Model for Use with Stakeholders

A simplified version of the logic model (Figure 5.2 below) will be shared with stakeholders to provide an overview of the *Mindful Burnout Training* program and its short-term, intermediate, and long-term outcomes. Stakeholders will be able to see that

the interventions are time-relevant and can fit into an occupational therapist's daily work schedule or during their lunch break. Additionally, they can observe several positive outcomes that result from participation in the program.

Figure 5.2

Simplified Logic Model

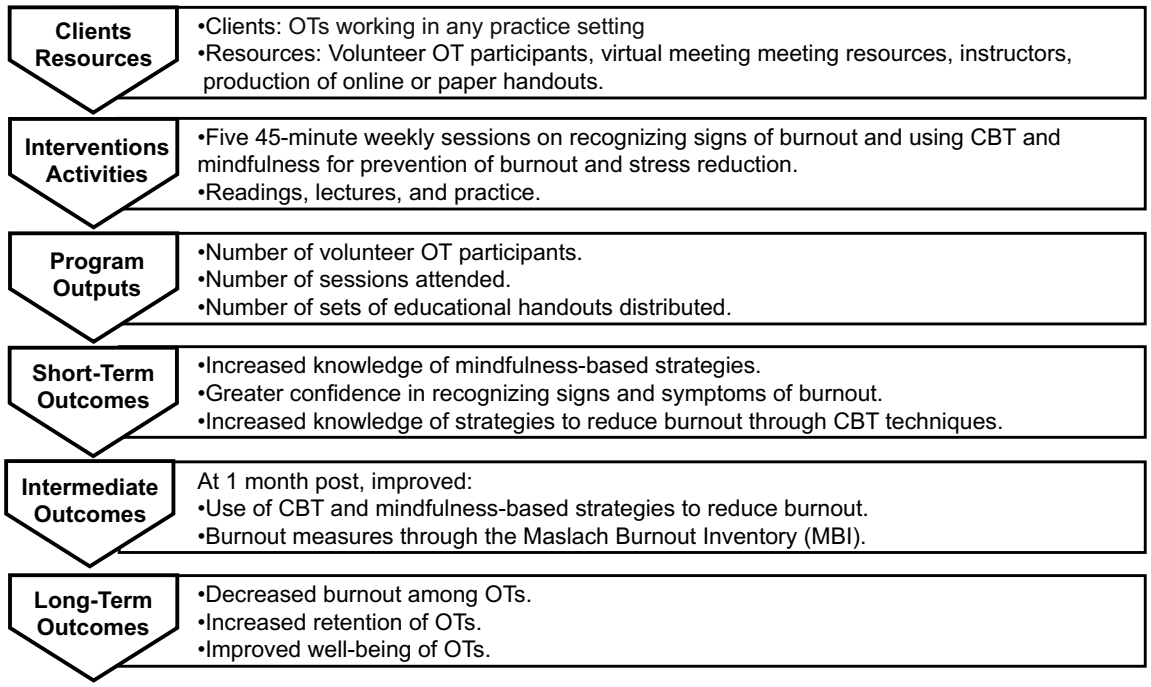


Table 5.1

Program Evaluation Research Questions

Program Evaluation Research Questions	
Formative	**Summative**
Will the program content and delivery be rated as effective for the participating occupational therapy volunteers to utilize the mindfulness skills that they were educated on?	Will the program participants achieve increased knowledge of mindfulness-based strategies?
Will the training be described as engaging for full participation by occupational therapists?	Will the program participants report improved confidence in recognizing signs and symptoms of burnout?
Will the weekly sessions that have follow-up handouts be described as helpful for participants?	Will the program participants demonstrate decreased burnout scores?
What changes will the occupational therapists recommend?	Will the program participants demonstrate increased knowledge of CBT strategies to reduce burnout?
Will occupational therapists express that sufficient understanding of burnout and recognizing signs of burnout was received?	Will occupational therapists report increased use of mindfulness-based and CBT strategies to reduce burnout?

Research Design

The research design includes both summative and formative program evaluation approaches. The summative program evaluation research design for the *Mindful Burnout*

Training will be non-experimental, with pre-and post-program quantitative data collection from a single group of participants. Summative data will demonstrate the program's effectiveness. The administration of a post-program survey and focus groups and the qualitative formative design will support the researcher by providing information on ways to improve the program.

The pilot study will involve about thirty occupational therapists and three occupational therapy managers. The independent variable is the burnout program. The dependent variables are burnout scores and improved knowledge of mindfulness and CBT strategies. The pilot study will last five weeks at UMass Memorial Health Care in Worcester, MA. Each week, occupational therapists will participate in a 45-minute virtual training session focused on recognizing signs of burnout, CBT strategies for prevention, and applying mindfulness as a stress reduction technique.

Summative/Quantitative Design

Data will be collected from the participating group of volunteers prior to and following the program through a quantitative survey developed by the researcher and an established standardized measure of burnout. The quantitative survey will include Likert-style rating questions that ask respondents to rate their perceived knowledge of mindfulness-based strategies, CBT strategies, and their confidence in recognizing signs and symptoms of burnout. Additionally, participants will report how often they use mindfulness-based or CBT strategies per week outside of intervention sessions. The Maslach Burnout Inventory—Human Services Survey (MBI-HSS)—will assess burnout scores before and after the program's completion. The independent variable will be the

burnout program, and the main dependent variable is the measured level of burnout. The burnout score from the MBI-HSS also includes the following dependent variables as measures of burnout: emotional exhaustion, depersonalization, and personal accomplishment. Other dependent variables to be measured include knowledge of mindfulness strategies, CBT strategies, and confidence in recognizing signs and symptoms of burnout.

Formative/Qualitative Design

Focus groups and a survey developed by the researcher will be utilized to collect formative information. The focus groups will be run by a moderator who has no vested interest in the outcome of the focus group. The focus group participants will discuss the occupational therapists' experience in the *Mindful Burnout Training* program and what they have found to be its most helpful aspects. Occupational therapist volunteers will also be asked what areas of the program could be improved. The post-program survey will involve open-ended questions reflecting the volunteer's program experience. An open-ended questions survey will also be administered for participant managers to complete, asking them to reflect on the observed benefits of the program.

Institutional Review Board (IRB) Approval

To obtain Institutional Review Board (IRB) approval before data collection, the researcher will work closely with the Boston University IRB. Confidentiality will be a priority and meet all IRB standards. All occupational therapy volunteers will be educated that participating in the program is entirely voluntary, and each will provide a signed consent form. The informed consent form will provide an overview of the training and

education on the risks and benefits of participation and the research and data collection process. Data protection will be a priority, and all information will be stored on a password-protected laptop. Access to electronic records will be limited to only the researcher and any research assistant involved in the study. A strong password will be created, and data will only be accessed and updated on secured networks.

Summative Methods

Ensuring Fidelity of Independent Variable Program Delivery

There will be a protocol for training sessions to ensure the fidelity of the independent variable. The intervention will last for five weeks, with one 45-minute weekly virtual training session. These sessions will be highly structured, focusing on recognizing the signs of burnout, using CBT strategies for prevention, and applying mindfulness as a stress reduction method. The protocols followed in each session are evidence-based and stay true to the design and purpose of reducing burnout among occupational therapists.

Measurement Approaches for Each Dependent Variable

All dependent variables will be assessed prior to and after the program. The primary dependent variable, burnout, will be measured through the MBI-HSS. The score is numerical and reflects and represents the level of burnout. A survey will include questions regarding knowledge of mindfulness and CBT strategies and confidence in recognizing signs and symptoms of burnout. These questions will be asked using a 5-level Likert-style rating scale.

Summative Data Management and Analysis

The administration for the MBI-HSS and survey will be conducted online through Survey Monkey. The data will collect ratio, nominal, and ordinal levels of data. The data will be analyzed and coded using the IBM SPSS 27 Statistics software. To analyze changes in occupational therapists' burnout levels, the Wilcoxon Signed-Rank test will be utilized to show changes in burnout before and after participating in *Mindful Burnout Training*. This nonparametric statistic will determine if there is a statistically significant difference in burnout scores before and after the training program. Descriptive statistics will also represent demographic information and find the average age of occupational therapists who participated in the study, the number of years worked, and their education level. Additionally, participant demographic data will be analyzed with parametric statistics, including a Pearson correlation coefficient, to see the strength of relationships between age and burnout scores, and a one-way ANOVA will be used to compare burnout scores among different age groups.

Formative Methods

Ensuring the Truth of Qualitative Responses

After informed consent has been obtained, focus groups and a survey will be utilized to collect qualitative data. For the online survey, there will be a clear explanation of the nature and purpose of the study, reinforcing the confidentiality and anonymity of the survey's completion. The researcher will build appropriate rapport with participants by sharing information regarding the research and addressing any questions the participants may have. The researcher's goal of understanding the participant's

experiences and expertise will be highlighted. Any in-person focus groups will be conducted by a moderator with no vested interest in the study's results. Before the focus group, an email reminder will be sent to participants two days prior, outlining expectations for the meeting and the approximate time commitment. The in-person focus groups will also include food and drinks if they are held during the lunch hours of the participating occupational therapists. The goal of providing food is to have a relaxed environment and encourage open communication among the study participants. The moderator will also reshare the privacy policy and ensure that all collected and recorded information remains anonymous. Clear communication from the researcher and team will be a priority, and members will be acknowledged for their time commitment and contributions by receiving a $50 Amazon gift card at the end of the study.

Collection of Written or Verbal Responses to Questioning

Focus groups and open-ended question surveys will be administered post-program to collect information for the formative design. The focus groups will include six to ten participants and run for about an hour during the occupational therapists workday lunchtime. An agenda made by the researcher will be shared with the moderator and participants. The moderator will focus on asking open-ended questions that allow participants to share their experience with the program and what can be improved. Surveys will be distributed to both the participants and the participants' managers. The open-ended questions for the program participants will focus on what parts of the intervention were helpful and their personal experience participating in the program. Questions will also be asked on what they would have liked differently in the program. A

different open-ended survey will be sent to participating occupational therapists' managers. Their survey will ask what they have seen different among occupational therapists in the program and other ideas for improving the program in the future. Another question will be if the time of the program was convenient or if it should be shorter or extended longer.

Formative Data Management and Analysis

Focus groups, whether in person or virtual, will be recorded using a password-protected iPhone or Zoom. Information will then be transcribed utilizing Trint Transcription Software. Through this software, all speech will automatically be converted to text. Additionally, a research assistant will review all open-ended surveys and code data. Data will be collected and coded based on themes and analyzed using NVivo. To ensure the trustworthiness of the qualitative information, member checking will be utilized by sharing thematic findings with participants during a focus group to see if they agree. Additionally, triangulation will be utilized by having an extra research assistant review open-ended surveys and review themes selected.

Anticipated Limitations and Strengths

One anticipated limitation of the study is the small sample size in the pilot study. Due to the high productivity rates required by occupational therapists and their demanding schedules, finding time to launch another pilot study or get enough participants to complete the *Mindful Burnout Training* program can be challenging. Another limitation is that other extraneous variables could have impacted burnout scores in the program. This could have been increased support through an employee assistance

program, a therapist, or another support system that the occupational therapist could have used to reduce burnout. Another extraneous variable is a medication a participant may have started, like an antidepressant, which could have impacted the study results. Additionally, one consideration of a training program to modify habits is the pressure to perform, which can add to stress.

The program's strength lies in its consistency with other effective burnout programs that utilize evidence-based strategies including CBT and mindfulness treatment protocols. A huge strength is that it is the first burnout program directly designed to reduce burnout among occupational therapists. Previous burnout programs did not include occupational therapists but included various other healthcare workers.

Communicating Evaluation Results

Through disseminating the findings of program evaluation research, many anticipated outcomes are hoped to be achieved. One outcome is that the program will help raise awareness of burnout and the importance of participating in a burnout prevention program for occupational therapists. Another outcome is that managers recognize the benefits of prioritizing employee health and safety and encourage participation in burnout or wellness programs. Other occupational therapy managers may want to utilize *Mindful Burnout Training* in their work setting to help their occupational therapists reduce burnout.

Invested Stakeholders

Occupational therapists are one of the stakeholders the program is intended to help. After the pilot phase, the program's key messages will be necessary for occupational

therapists as the program aims to increase the number of participants over time. The goal is for occupational therapists to recognize the program's importance and benefits, both personally and professionally. Occupational therapists who recognize this will share the program with their colleagues and encourage them to complete the *Mindful Burnout Training*.

The other stakeholders are occupational therapy managers and human resource departments. Gaining support from these stakeholders is essential for implementing the program. These stakeholders will approve the program and support the completion time for occupational therapists during the workday. The messages must be disseminated to these individuals to help increase buy-in and participation in the program.

Key Messages

The message for occupational therapists is that the program is an evidence-based short-term program explicitly designed to support occupational therapists with burnout. The messages will acknowledge the high burnout rates of occupational therapists, the lack of other programs specific to occupational therapists, and how *Mindful Burnout Training* can directly improve burnout and well-being.

Below are two of the specific messages for the target audience of occupational therapists:

1. With high productivity levels, increased work stress, and staffing shortages, occupational therapists are prone to experiencing high burnout levels, resulting in poor health outcomes and decreased patient quality of care. The *Mindful Burnout Training* program was specifically designed to address burnout among

occupational therapists through evidence-based CBT and mindfulness approaches. Based on the pilot study, the positive outcomes demonstrate this program's substantial impact on occupational therapists' burnout levels. Due to the lack of programs designed to support occupational therapists' burnout, all occupational therapists deserve the chance to complete the *Mindful Burnout Training* program and benefit from a reduced burnout level.

2. The *Mindful Burnout Training* program is evidence-based and utilizes mindfulness and CBT strategies. The approach ensures that occupational therapists possess the skills to manage challenging situations related to both their work and personal lives. By developing these skills, occupational therapists are equipped to cope with burnout. Based on the pilot phase, feedback from occupational therapists indicated that they felt they could handle difficult situations more effectively and had a greater sense of personal achievement at work.

The critical messages for occupational therapy managers and human resource departments include information on how the program will support occupational therapist job satisfaction, improve retention of occupational therapists, reduce staffing costs, and improve the quality of patient care. By participating in the program, occupational therapists will reduce their burnout, reducing the time on medical leave or sick days. By reducing this time off work, the employer will have a cost-saving benefit as they do not need to pay the sick time or hire coverage for days the occupational therapist would have been out.

The following are two key messages for occupational therapy managers and human resource departments:

1. The *Mindful Burnout Training program* uses evidence-based strategies, and occupational therapist feedback shared the program's positive impact on reducing their burnout levels and improving their ability to use mindfulness and CBT strategies to reduce burnout. Participant feedback shared that they were happy their managers and employee health supported them in accessing the program and taking the time out of their work week to participate.
2. Due to the high costs of onboarding new staff members when staff is sick, this program can have substantial cost-saving benefits. Improved retention rates among occupational therapists will mean less time and resources spent. Additionally, the time paid for sick leave will be reduced if occupational therapists do not have to take time off due to burnout-related conditions.

Conclusion

Overall, the *Mindful Burnout Training* program is an organized, evidence-based intervention designed to address burnout among occupational therapists. Using mindfulness, CBT, and grounded in the polyvagal theory, the program provides a structured approach to reducing emotional exhaustion and depersonalization while enhancing a sense of personal accomplishment.

The evaluation of the *Mindful Burnout Training* includes both formative and summative approaches to ensure a comprehensive understanding of the program’s effectiveness. The summative evaluation includes quantitative standardized measures,

including the MBI-HSS and a custom survey to measure changes in burnout and confidence in using mindfulness and CBT strategies. Formative evaluation methods, including open-ended surveys and focus groups, will provide deeper insight into occupational therapists' experiences in the program and areas for improvement. Despite expected limitations like a small sample size and potential confounding variables, the program is focused on supporting occupational therapists and aligns with previous effective burnout interventions. Through stakeholder engagement, research design, and strong dissemination strategies, this plan aims to demonstrate the program's effectiveness and identify areas for improvement.

CHAPTER SIX – Dissemination Plan

The *Mindful Burnout Training* program is a five-week virtual wellness initiative to reduce burnout among occupational therapists through evidence-based strategies. The program is based on the polyvagal theory and includes mindfulness practices and CBT strategies, which have been shown to reduce stress and burnout (West et al., 2016). The weekly sessions will focus on practicing mindfulness, psychoeducation on burnout, and CBT exercises like cognitive reframing and behavioral activation. After each 45-minute session, occupational therapists will receive structured journaling prompts and coping skill tracking logs to promote self-awareness and ongoing application of strategies learned in the burnout program.

Dissemination Activities Approach

The author will be the key spokesperson for the *Mindful Burnout Training* program. One of the primary written dissemination tools is the *Mindful Burnout Training* fact sheet (see Appendix C). This one-page summary includes key information about the program, including the rationale for training, session structure, and evidence-based strategies used. Written information about the program will be presented in a professional brochure. The brochure will include information about the program's timeline, evidence-based strategies used, and positive outcomes. Additionally, the brochure will include reviews and testimonials from previous occupational therapists participating in the program and how they benefited. The brochure will be available at local occupational therapy conferences and delivered to local occupational therapy centers in Massachusetts as the program expands to new locations. A website for the program will also be

available, including a brochure.

Along with a website, an Instagram social media page will be created. This approach will be for occupational therapists and their managers. The social media account will include information on the program and previous testimonials from the pilot program. The social media posts will include sample activities and instructions on participating in the training program. Videos from the author will share different elements of the program and the evidence-based material included in the program. The author will communicate and connect with other occupational therapy associations and groups to promote the program on their Instagram page to market and share it.

Finally, the program will be promoted at the MAOT conference. The author will present information from the program, including information on the program and the benefits of burnout programs, and share results and findings from the program's pilot phase. The program will gain exposure and potentially increase participation in future programs.

Dissemination Goals

- *Long-term Goal:* The program will be disseminated to both the primary and secondary audiences, and organizations that employ occupational therapists will be encouraged to encourage their employees to complete the training within the first six months of employment.
- *Short-term Goal 1:* Disseminating the program to the primary audience will lead to at least two organizations expressing interest in offering it to their occupational therapy practitioners within the first year.

- *Short-term Goal 2:* The dissemination of the program to the secondary audience will result in 25–30 occupational therapists registering for the next *Mindful Burnout Training* program session.
- *Short-term Goal 3:* The program's dissemination will increase awareness of burnout prevention among occupational therapists through over 100 interactions, including on social media, webinar attendance, or email engagement, within the first six months.

The dissemination plan will start during the first year of the program. The plan below provides information on the primary and secondary target audiences, key messages, influential spokespeople, dissemination activities, and expenses for these activities.

Primary Target Audience

The primary target audience for the dissemination efforts will be managers and rehabilitation directors who employ occupational therapists in different settings across Massachusetts. Dissemination efforts will target this audience with the plan that they will offer this training program to occupational therapists where they work. Below are the three key messages for the primary target audience.

Key Messages for Primary Target Audience

1. The *Mindful Burnout Training* program is an evidence-based solution to reducing burnout among occupational therapists. Burnout affects job performance and absenteeism, and higher absenteeism rates can lead to company retention issues impacting an organization's budget (Brollier et al., 1987; Dreison et al., 2018).

This program provides an approach to supporting occupational therapists, reducing absenteeism costs, and onboarding additional staff.

2. Promoting staff well-being and taking action against burnout at the systems level improves morale and performance, supports retention, and aligns with the national call to prioritize healthcare worker mental health (National Academy of Medicine, 2019). The *Mindful Burnout Training* program can be implemented at the systems level so that all occupational therapists can participate.
3. Individuals working in high-stress environments are at increased risk for emotional exhaustion and reduced professional efficacy, which can negatively impact therapeutic relationships and patient outcomes (Maslach & Leiter, 2016). By supporting occupational therapists in completing the *Mindful Burnout Training*, the program will support them with mindfulness and CBT strategies to manage stress in difficult situations and continue to deliver high-quality care.

Primary Influential Spokesperson

1. Later in the dissemination efforts, after one cohort has completed the training program, occupational therapy managers who utilized it will become influential spokespeople by providing testimonials on its impact on their employees.
2. MAOT will be the second influential and credible organization with a targeted audience of occupational therapy managers. The *Mindful Burnout Training* will be shared at the MAOT annual conference in the fall and in again the following year.

Secondary Target Audience

Occupational therapists are the secondary target audience. They are prone to burnout and experience its adverse effects daily. By learning more about the *Mindful Burnout Training* program, they will learn about its benefits and how they can learn skills to self-regulate and reduce burnout. Outreach to this audience aims to increase registration for the program and spread awareness of wellness initiatives for occupational therapists.

Key Messages for Secondary Target Audience

1. The *Mindful Burnout Training* program is an evidence-based program that includes both mindfulness and CBT to help occupational therapists manage stress and self-regulate to reduce burnout.
2. The virtual program easily fits into an occupational therapist's schedule. It includes 45-minute weekly sessions, journaling exercises, and coping skill logs that support skills transference outside virtual sessions.
3. Participating in the *Mindful Burnout Training* program can help support long-term professional development and stability as it can reduce burnout and potentially improve job satisfaction.

Secondary Influential Spokespersons

1. Previous program participants: Testimonials from occupational therapists who completed the program will be shared on social media and email campaigns.
2. Occupational therapy programs and schools can also promote the training to current students as an example of professional development for new graduates

and entry-level occupational therapists.

Dissemination Activities

Dissemination activities will start within the first year of the program and will include written materials, electronic media, and person-to-person contact. The first dissemination activity is a professional brochure that provides information about the program, benefits, and goals for occupational therapists and their employers. Additionally, a one-page executive summary will be developed to communicate the program's benefits (see Appendix B) and encourage occupational therapy managers to look into the program and offer it to their practitioners. These materials will be mailed to rehabilitation managers, schools, and directors across Massachusetts within the first three months.

Information will also be shared electronically to reach a larger audience. The paper brochure will also be shared electronically on the program's social media page. Social media, including Instagram and Facebook, will also share upcoming sessions and testimonials from past participants to promote the program to future participants. Additionally, a brief informational webinar will be shared to review the program activities, share testimonials, and answer questions from prospective occupational therapists and managers. All these digital activities will be ongoing with increased social media engagement during periods leading up to training sessions.

Person-to-person dissemination will include presentations at occupational therapy conferences. These presentations will allow potential participants to engage directly with the program and ask questions about it. The capstone student will be responsible for all

dissemination activities, including developing materials, coordinating outreach, and presenting the program.

Table 6.1

Budget for Dissemination Plan

Audience	1st Year	2nd Year
Primary	Stamps: $0.73 x 10 = $7.30	Stamps: $0.73 x 10 = $7.30
	Flat rate envelopes: $10.10 x 10 = $101	Flat rate envelopes: $10.10 x 10 = $101
	Brochures: $1.25 x 10 = $12.50	Brochures: $1.25 x 10 = $12.50
	Executive summary: $0.20 x 10 = $2.00	Executive summary: $0.20 x 10 = $2.00
	MAOT conference registration presenter fee: $85	MAOT conference registration presenter fee: $85
	Handouts for presentation: $0.10 x 50 = $5.00	Handouts for presentation: $0.10 x 50 = $5.00
	Total: $212.80	Total: $212.80
Secondary	Stamps: $0.73 x 10 = $7.30	Stamps: $0.73 x 10 = $7.30
	Flat rate envelopes: $10.10 x 10 = $101	Flat rate envelopes: $10.10 x 10 = $101
	Brochures: $1.25 x 10 = $12.50	Brochures: $1.25 x 10 = $12.50
	Total: $120.80	Total: $120.80
Total Expense for 2 years of Dissemination = $667.20		

Evaluation of the Dissemination

For the primary audience, evaluation of the dissemination will be determined by the number of organizations that express interest in offering the program to their occupational therapy staff. A goal of at least two organizations committing to pilot the training within the first year will serve as a benchmark. Follow-up communication with rehabilitation managers will also help assess the reach and clarity of the mailed materials and executive summaries.

For the secondary audience, success will be evaluated based on registration numbers for the next cohort of the *Mindful Burnout Training* program. The goal is to enroll 25–30 occupational therapists for the upcoming session. In addition, engagement with electronic materials such as social media interactions on posts and webinar attendance will be tracked to evaluate interest and see the reach. Finally, surveys will be shared with previous participants to collect feedback on their experience and perceived benefits of the program. The goal is to see about 80% of participants reporting improved confidence in managing burnout.

Conclusion

The dissemination of the *Mindful Burnout Training* program is designed to reach occupational therapy managers and practitioners through in-person and virtual outreach. Written materials, social media posts, and in-person conversations aim to increase engagement in the program and attendance. The plan outlined in this chapter provides an overview of the different kinds of engagement with both primary and secondary audiences to encourage organization and individual participation. With evaluation

measures planned, the success of the dissemination can be reviewed over time and adjusted to meet the growing needs of the program. Dissemination is vital to ensure that this intervention reaches a large audience of occupational therapy professionals so that they can participate in the program. Participating in the program and dissemination efforts can contribute to shifts to prioritize the well-being and health of occupational therapists.

CHAPTER SEVEN – Funding Plan

The proposed *Mindful Burnout Training* program is a wellness program designed to address the rising rates of burnout among occupational therapists by helping them learn evidence-based strategies to support self-regulation and improve overall wellness. Rooted in the polyvagal theory, the program incorporates both mindfulness and CBT techniques, both of which have been shown to reduce stress and burnout (West et al., 2016). The program takes place over five weeks, including weekly 45-minute synchronous sessions conducted virtually via Zoom. Each session includes guided mindfulness practices (e.g., body scan, breathwork), assertiveness training, and CBT-based techniques such as cognitive reframing and behavior activation. Sessions are interactive and incorporate both psychoeducation and reflection to support understanding and application of skills.

To enhance engagement and personal growth, participants will also receive weekly journaling prompts and coping skill tracking logs, which promote self-awareness and support carryover of learned techniques into daily life. These reflective tools aim to reinforce the material presented and allow therapists to monitor their burnout symptoms while participating in the program. Additionally, participants can continue to utilize these resources after the program concludes to apply the strategies they have learned.

To start the *Mindful Burnout Training* program and implement it, the program requires funding to support its creation and implementation. The following funding plan outlines projected expenses and identifies funding sources necessary for the successful development and implementation of the program.

Expenses

The first expense related to the creation and implementation of the program is salary. The occupational therapist who is developing the program will be taking two weeks off from her current per diem job to create the *Mindful Burnout Training* program and website. Due to this, the occupational therapist would take these two weeks off with no pay, which would be about $1,600 after taxes, based on her current per diem rate. After the creation phase within the first year of the program, the occupational therapist will be volunteering her time to run the program for each 45-minute session. However, in the second year, the occupational therapist will take another two weeks off from work to train new occupational therapy volunteers on how to run the program. Compensation will increase by $200 over the previous year to recognize the occupational therapist's continued dedication to the program. This would total ~$1,800 after taxes.

The next expense is the cost of evaluation, the Maslach Burnout Inventory - Human Services Survey (MBI-HSS). Administering the MBI-HSS incurs a cost associated with each survey used. Each time the survey is used, there is a cost of $2.75. As there are anticipated to be 30 participants in the first year of the program, 60 surveys must be purchased for pre- and post-test measures. During the second year of the program, attendance is expected to double, so 120 surveys would need to be purchased. All evaluations are purchased directly through Mind Garden, Inc. on their website. After the purchase of the MBI-HSS, the survey can be used online for participants of the program through the Mind Garden website.

As communication will primarily be conducted through email, a free Google

account will be utilized, and the occupational therapist running the program already has a laptop, eliminating any costs associated with email or electronic devices. A website will be designed to help market the program and include a portal where participants can log in to access course materials. The cost of the website will be $23 per month and will be through Squarespace. During the two weeks, the occupational therapist will create the course and work with a local college to assist with developing a website for the program. The total cost of the website will be $276 per year; this expense will recur annually throughout the program.

The internet is required for this program as it is all online. The cost of the internet is $35 a month, which totals to $420 per year. This will be an annual expense if the program runs. Zoom Pro membership will also have to be purchased for the program to run smoothly. As sessions are 45 minutes, the traditional free Zoom only supports 40 minutes per meeting. The Pro membership allows longer meetings and accommodates up to 100 participants per meeting. The total annual cost of Zoom is $191.88, and this expense will recur annually while the program is in operation.

Over the first two years of the program, a local high school will develop brochures in their graphic design and marketing class to promote the program. These brochures will be distributed at local occupational therapy conferences, hospitals, and schools that employ occupational therapists. These brochures will be printed each year at Staples. Each year, 250 brochures will be ordered and printed for $159.99. Additionally, a virtual form of the brochure will be available on the program's website and different Facebook pages for occupational therapists.

Table 7.1

Expenses for the Mindful Burnout Training program

Budgeted Item	Year One	Year Two	Justification
Salary	$1,600 *TOTAL: $1,600*	$1,800 *TOTAL: $1,800*	The occupational therapist will need to take time off for the creation of the program.
Evaluation	MBI-HSS $2.75 x 60 = $165 *TOTAL: $165*	MBI-HSS $1.93 x 120 = $231.60 30% discount due to bulk purchase *TOTAL: $231.60*	Purchasing the MBI-HSS allows the *Mindful Burnout Training* program to administer the MBI-HSS as an online survey using the Mind Garden Transform System.
Communication	Google (Gmail, documents)	Google (Gmail, documents)	The occupational therapist running the program will be using a free Gmail account to share weekly emails and updates about the program. There is no cost associated with this.
	Website through Squarespace $23/month for a total of $276 *TOTAL: $276*	Website through Squarespace $23/month for a total of $276 *TOTAL: $276*	A website will be used to market and include materials and an online portal for participants.
Supplies	Internet: $35/month for a total of $420	Internet: $35/month for a total of $420	Internet use is required for this program as it occurs virtually on Zoom.

	Zoom $15.99/ month for a total of $191.88	Zoom $15.99/ month for a total of $191.88	A pro membership will be required for Zoom as sessions will run over the 40-minute window as each session is 45 minutes. Additionally, training programs for volunteers will also take place over Zoom for an extended period of time.
	Laptop: $1000 (already purchased)		The occupational therapist currently owns a laptop.
	TOTAL: $611.88	*TOTAL: $611.88*	
Materials	Dissemination Brochures: $0.64 x 250 = $159.99	Dissemination Brochures: $0.64 x 250 = $159.99	https://www.staples.com/services/printing/sales-marketing/brochures/
	TOTAL: $159.99	*TOTAL: $159.99*	
Dissemination Plan	MAOT conference registration presenter fee, handouts for presentation, stamps, envelopes, and printed executive summary	MAOT conference registration presenter fee, handouts for presentation, stamps, envelopes, and printed executive summary	
	TOTAL: $333.60	TOTAL: $333.60	
Total Cost	**$3,146.47**	**$3,413.07**	

Available Local Resources

To reduce implementation costs, available resources will be utilized. Volunteers will be recruited to assist with running the program, as well as with administrative tasks, including managing Zoom meetings, sending materials virtually, and updating the program website. Additionally, a local high school will volunteer their time to develop marketing materials within their graphic design class. The school will build flyers and appropriate social media posts to help market the program. Additionally, local occupational therapy organizations will promote the program to help reduce marketing costs. The final local resource supporting the program is local colleges with occupational therapy programs. These local colleges will send information out to alums who graduated with occupational therapy degrees to encourage participation in the program.

Table 7.2

Grants for the Mindful Burnout Training program

Grant Title:	**Criteria for Grant that makes it Applicable:**
Systems-Based Approaches to Improve Patient Safety by Improving Healthcare Worker Safety and Well-Being (R01 Clinical Trial Optional) Department of Health and Human Services	The grant provides funding to programs that improve safety by improving healthcare worker wellbeing, the *Mindful Burnout Training* program directly supports occupational therapists' mental health and reduces burnout which can impact patient safety and quality of care provided. The grant focuses on systems-based interventions and the *Mindful Burnout Training* program can be scalable to support other health care professionals in a system including a hospital or community care facility. Max award: $500,000

AOTF Intervention Research Grant Program Intervention Research Grants (IRG)	Provides funding for early-stage intervention that lays the groundwork for larger studies. The *Mindful Burnout Training* is a new intervention aimed at reducing burnout which aligns with this grants goal to fund early intervention studies. Max award: $50,000 for a one-year project
Student Research Grant	Provides Sargent College students and postdoctoral fellows working with Sargent-primary faculty. Any Sargent College graduate student can apply and the grant supports ongoing research at Sargent Awards up to $5,000 in support

Conclusion

The *Mindful Burnout Training* program offers an evidence-based plan to address the critical issue of burnout among occupational therapists. Based on the polyvagal theory and using mindfulness and CBT strategies, this program supports occupational therapists by improving emotional regulation and promoting healthy coping skills. The funding plan above outlines the various resources and supports in place to ensure the program's success and sustainability.

All expenses for the program, including the evaluation, are appropriate and well-justified. The ongoing costs for program delivery and evaluation highlight the importance of commitment to quality and relevant assessments that demonstrate the program's impact. Grants from national institutions, organizations, and academic funding have been identified and align with the program's goals, supporting its implementation and research efforts. Overall, all funding and local resources will support the design and implementation of the *Mindful Burnout Training* program.

CHAPTER EIGHT – Conclusion

Burnout is a major issue for occupational therapists worldwide, impacting practitioners' well-being, the quality of care they provide, and sustainability in the workforce. Research has found that more than half of occupational therapists reported increased stress and emotional exhaustion after the COVID-19 pandemic (Ganesan et al., 2021). Despite recognizing its impact on therapists and their clients, few interventions are specifically designed for occupational therapists. The *Mindful Burnout Training* program was developed as an innovative solution to help reduce burnout among them. Rooted in the polyvagal theory and emphasizing evidence-based techniques like mindfulness and CBT, the program provides a new, creative approach to meet occupational therapists' needs.

The program addresses ongoing practice challenges unique to occupational therapists and helps them understand how to manage stressors. While other burnout interventions target various professions, few are specifically designed for occupational therapists. Unlike other programs, the Mindful Burnout Training combines live, synchronous learning with self-reflection and evidence-based coping skills used outside of weekly sessions. Its five-week format is intentionally created to be accessible to practitioners worldwide, with future plans to translate and adapt the program into different languages. Participation will enhance practice by reducing burnout, which will improve the quality of care and lower absenteeism among occupational therapists. This program is crucial to meet the needs of occupational therapists and provide an evidence-based approach to reduce burnout.

APPENDIX A – Burnout Reflective Worksheet

Burnout Reflective Worksheet

Recognizing Burnout

Common symptoms of burnout include irritability, depression, exhaustion, impaired focus, difficulty sleeping, inconsistent appetite, frequent headaches, and digestive issues.

Write the symptoms that you are experiencing below:

-
-
-
-
-

What is contributing to your level of burnout (ex., high productivity requirements, acuity of patients, lack of supervisor support, etc.)?

_____
_____
_____

Reflection

Describe how burnout is impacting your daily life, interactions at work, and client care:

_____
_____
_____

Coping Skills

Select two coping skills that we discussed in the online workshop that you plan to try this week.

Mindfulness meditation | CBT worksheet from TherapistAid | Mindful Walk | Journaling

Recording Stress Level

Stress level currently on a scale of 0–10 (0= no stress, 10= extreme stress): _____

After a week, please return to this worksheet and document your experience and how it made you feel.

_____

_____

_____

Stress level after a week of trying two coping skills on a scale of 0–10: _____

APPENDIX B – Executive Summary

Introduction

Burnout or occupational stress, characterized by emotional exhaustion, depersonalization, and hopelessness, is a serious concern that negatively affects the mental, physical, and emotional health of occupational therapists (Bouskill et al., 2022). Since COVID-19, burnout has increased, with 52.8% of occupational therapists internationally reporting experiencing it (Ganesan et al., 2021). Despite this, there is a lack of support and resources available for these practitioners. The *Mindful Burnout Training* program was created to address this gap, providing an evidence-based, simple online approach for occupational therapists to develop skills to manage burnout.

Project Overview

The *Mindful Burnout Training* program is a five-week, synchronous virtual program designed to reduce burnout among occupational therapists by enhancing their ability to cope using evidence-based techniques, such as CBT and mindfulness practices. The program is grounded in the polyvagal theory, which emphasizes the role of the autonomic nervous system in regulating emotional and physiological states (Porges, 1995). Based on this theory, the program uses mindfulness techniques and CBT to help occupational therapists better manage their burnout and cope with everyday stressors. Previous studies have found mindfulness programs highly effective in reducing burnout among healthcare providers, with participants reporting reduced burnout scores after completing in the mindfulness program (Goodman & Schorling, 2012; Fortney et al., 2013).

Each 45-minute weekly session includes guided mindfulness exercises, psychoeducation about burnout, and opportunities to practice CBT strategies. In addition to the live sessions, participants receive structured journaling prompts and coping skill logs to encourage review and reflection between sessions. For those unable to attend live sessions, virtual modules will be available online to review the weekly sessions' key points. The program is designed to be highly interactive and accessible, ensuring it can effectively support occupational therapists across different practice settings and at different stages of their careers.

Key Findings

Burnout affects both practitioners and their patients, impacting self-esteem, job performance, absenteeism, the quality of care provided, and job satisfaction (Brollier et al., 1987). Occupational therapists experiencing burnout are more likely to withdraw, which results in apathy, cynicism, rigidity, and decreased concern and empathy for clients and colleagues (Rogers & Dodson, 1988). More than half (52.8%) of occupational therapists worldwide reported increased levels of burnout post-pandemic (Ganesan et al., 2021). Furthermore, burnout has been associated with lower job satisfaction, elevated absenteeism, and a greater likelihood of turnover (Dreison et al., 2018), leading to heightened costs for employers of occupational therapists (Brollier et al., 1987). By introducing the *Mindful Burnout Training* program, employers can mitigate these costs and enhance the overall well-being of their occupational therapy practitioners.

Despite the negative impacts of burnout, few programs exist to support occupational therapists. Previous programs have concentrated on alleviating burnout

among other helping professions like nurses, social workers, and teachers. The *Mindful Burnout Training* program addresses this gap by utilizing well-established interventions that focus on stress regulation and emotional resilience. Historically, mindfulness interventions have proven effective in reducing emotional exhaustion in healthcare providers and enhancing psychological flexibility (Goodman & Schorling, 2012). CBT approaches have also been implemented to assist healthcare workers in managing work-related stress and improving mood regulation (Regehr et al., 2014).

The program is grounded in the polyvagal theory, which explains how the autonomic nervous system influences emotional regulation, stress responses, and social engagement (Porges, 2011). Based on this theory, individuals experiencing chronic stress or burnout may become stuck in a hyperarousal or inactive state that impacts their ability to self-regulate. The *Mindful Burnout Training* includes mindfulness-based practices to help occupational therapists return to the ventral vagal state, which supports feelings of calm and safety. CBT strategies, including cognitive restructuring and behavioral activation, will also help occupational therapists develop an awareness of their physiological states and adopt practical tools to manage stress effectively. The virtual meetings, journal prompts, and coping skills tracking promote both structured learning and the application of skills. Additionally, after the program, participants will have access to materials from virtual sessions to review in the future or share with others to spread awareness of burnout and share available resources.

Recommendations

To utilize the program, managers should incorporate it into the onboarding process for newly hired occupational therapists. Early training can help prevent burnout among new employees. Additionally, managers should recommend the program as a wellness initiative for those currently employed during work hours, reinforcing the significance of occupational therapists' well-being. Occupational therapy managers can also provide materials from the *Mindful Burnout Training* program's website to support healthy coping strategies, including journaling prompts and coping skill logs.

General Conclusions

The *Mindful Burnout Training* program is an innovative, convenient, evidence-based intervention and prevention tool for occupational therapy practitioners to address burnout. The program supports occupational therapists with practical tools to support their emotional well-being, job satisfaction, and retention through a combination of mindfulness and CBT strategies within a flexible virtual format. Proactive wellness interventions like the *Mindful Burnout Training* program are essential to meet the increasing burnout rates among occupational therapists, and this program is a reliable solution.

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APPENDIX C – Fact Sheet

BOSTON UNIVERSITY

Mindful Burnout Training: A Virtual Program to Reduce Burnout for OTPs

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Supporting OTPs

(Photo by Olivia Petrucci)

- The Mindful Burnout Training (MBT) is an evidence-based wellness program developed to reduce burnout in occupational therapy practitioners (OTPs).
- MBT incorporates mindfulness and cognitive behavioral therapy (CBT) strategies to help OTPs manage stress more effectively and enhance their overall well-being.
- The five-week virtual program, conducted via Zoom, includes weekly 45-minute sessions with psychoeducation on burnout, along with strategies to mitigate it.
- In addition to weekly sessions, participants will be encouraged to complete weekly reflective journaling prompts and coping skill logs to practice and apply the strategies learned in the program.
- The MBT addresses issues such as high burnout rates among OTPs and the limited availability of interventions to reduce burnout among practitioners.
- This program is designed for all OTPs, from entry-level to senior level, in various settings, including schools and hospitals.

Burnout Facts

- 52.8% percent of occupational therapists reported increased burnout following the COVID-19 pandemic (Ganesan et al., 2021).
- Burnout is defined as emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Bouskill et al., 2022).
- Burnout impacts both the OTPs and the patients they care for, as it affects self-esteem, job performance, absenteeism, quality of care provided, and job satisfaction (Brollier et al., 1986).
- Burnout is associated with increased turnover, lower client satisfaction, and reduced job performance (Salvagioni et al., 2017).

Implications for Occupational Therapy Practice

- The MBT program offers a sustainable and cost-effective model for occupational therapists, which can be easily integrated into settings in both healthcare and other work environments where OTPs are employed.
- Grants for wellness initiatives support the program, which is accessed entirely online.
- By reducing burnout among OTPs, they can continue to care for clients, which helps the long-term support and provision of OT services.

Sample Schedule

The sample schedule below in Table 1 reviews the program and how the issue of burnout is addressed. The program takes place once a week for 45 minutes, and there are two options for OTPs to attend, either in the afternoon or on the weekends, to accommodate different schedules.

Table 1

Sample Schedule of the Mindful Burnout Training Program

Week	**Topics**	**Activities**
Week 1	Understanding Burnout	Discussion regarding burnout signs and symptoms, overview of the program, and a baseline burnout measure is taken.
Week 2	Mindfulness	Training on mindfulness techniques including meditation, mindful breathing, and a body scan.
Week 3	Cognitive Behavioral Therapy (CBT)	Introduction to CBT and how it can be utilized to support feelings associated with burnout.
Week 4	Mindfulness and CBT	Review of previously learned mindfulness skills and learn new CBT strategies including cognitive reframing.
Week 5	Program Reflection	Review techniques learned in the program and develop a plan to continue to use skills. Final burnout measure is recorded.

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