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A new hire support program for mental health occupational therapists: preventing burnout and building resilience

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BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION SCIENCES

Doctoral Project

**A NEW HIRE SUPPORT PROGRAM FOR
MENTAL HEALTH OCCUPATIONAL THERAPISTS:
PREVENTING BURNOUT AND BUILDING RESILIENCE**

by

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Submitted in partial fulfillment of the
requirements for the degree of
Doctor of Occupational Therapy

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DEDICATION

I would like to dedicate this work to the many courageous clients that I have worked with throughout the last decade in the area of mental health. Your tenacity, resilience and strength inspire me to be a better clinician, leader and human.

ACKNOWLEDGMENTS

I would like to thank my professors and peers who have journeyed with me and supported me throughout this academic marathon. A big thanks to Dr. Karen Jacobs, who provided me with academic guidance and wisdom, while helping to ensure I took care of myself along the way. I would also like to thank my family, who have supported me with unwavering love, grace, patience, and care; my gratitude to you is endless.

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ABSTRACT

Burnout is widespread among mental health clinicians, including Occupational Therapists (Morse et al., 2012; Scalan & Hazelton, 2019). Newer mental health clinicians tend to be at higher risk of burnout than experienced clinicians (McCombie & Antanavage, 2017). This risk of burnout has been heightened during the recent COVID-19 pandemic, as demands for mental health services in Canada have increased and healthcare staffing shortages have reached critical levels (Statistics Canada, 2022a; Statistics Canada 2022b). There are multiple factors that contribute to increased burnout for mental health OTs, including the demands of the job, nature of the work, lack of rewards, limited opportunities for training, resource shortages and decreased professional identity/discipline-specific supports (Abendstern et al., 2017; Devery et al., 2018; Gupta et al., 2012; Lloyd et al., 2005; Scanlan & Still, 2013). Burnout prevention literature, though limited, indicates that a multi-pronged approach can be helpful (Morse et al., 2012).

The *New Hire Support Program for Mental Health OTs* provides a multi-intervention approach to help reduce burnout risk and bolster professional resilience for OTs who are new to mental health. This supportive, comprehensive program involves three evidence-based components: i) a resource support toolkit; ii) professional development and self-care plans; iii) a mentorship program. This program is positioned to not only directly address the issue of burnout and resilience for mental health OTs, but is also projected to have an important impact on retention rates and patient care. It will also add to a limited body of existing literature focused on clinician burnout prevention.

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CHAPTER ONE – Introduction

Occupational therapists (OTs) working in mental health settings, especially those newer to the area of mental health, are vulnerable to high stress levels, burnout and professional isolation (Bassett & Lloyd, 2001; Gupta et al., 2012; Jahrami, 2009; Yang et al., 2015). These issues can impact skill development, quality of care and lead to high turnover rates. The intended outcomes of this support program are to minimize burnout risk and build professional resilience for mental health OTs who are new to the field and are working in Ontario, Canada. For reference, “burnout” can be defined as the end state of prolonged stress, and is characterized by emotional exhaustion, depersonalization and decreased feelings of personal accomplishment (Maslach & Jackson, 1981). Moreover, “resilience” can be defined as a personal trait that helps people bounce back and adapt to stressful events or adversities, often through flexibility and adjusting to demands (American Psychological Association, 2022; Connor & Davidson, 2003).

This problem is important because professional isolation, burnout and lower resilience can impact mental health clinicians’ ability to maintain competence in providing quality care and can significantly impact their well-being. This problem can also impact productivity levels, lead to higher rates of absenteeism and can lead to retention issues at the organizational level (Dreison et al., 2018).

It is important to note that mental health settings have unique stressors for professionals, especially given the level of exposure to emotional suffering, stories of trauma, and the complexity of cases (Dreison et al., 2018). Literature highlights that clinician burnout is widespread in the area of mental health (Morse et al., 2012). In recent

years, there have been increased demands for mental health services (e.g., during the COVID-19 pandemic and beyond), as many Canadians have reported worsening mental health during the pandemic, while at the same time the mental health sector has experienced immense challenges with staffing shortages and clinician burnout (Statistics Canada, 2022a; Statistics Canada, 2022b).

That being said, this problem of burnout is important beyond the area of mental health, as it can apply to OTs working in many other settings. It is documented that OTs, especially new/less experienced individuals, are under high-stress levels in multiple practice areas (e.g., McCombie & Antanavage, 2017; Painter et al., 2003) due to the demands of the job and resource/staffing shortages across the healthcare industry in Canada. This has been particularly true during the recent COVID-19 pandemic, which contributed to increased vulnerability for high-stress and burnout levels, unprecedented healthcare demands, increased shortages in health human resources and significant issues with job retention across healthcare in Ontario (Canadian Institute for Health Information, 2022; Statistics Canada, 2022b).

From an American Occupational Therapy Association (AOTA) *Occupational Therapy Practice Framework* perspective (Gibbs et al., 2020), high-stress levels and professional isolation can have a transactional impact on all aspects of an OT's domains. This includes an OT's work occupation, environmental factors (e.g., relationship with colleagues), personal factors (e.g. professional identity), performance skills (e.g., social interaction skills), values/beliefs (e.g., valuing meaning of work) and performance patterns (e.g., developing unhealthy coping habits). When an OT's own well-being and

resilience is jeopardized, this can have a significant impact on their ability to follow the cornerstones and contributors of occupational therapy, including demonstrating client-centred practice and maintaining professionalism.

The New Hire Support Program for Mental Health OTs will be developed to address the problem described. This support program will be available for new mental health OTs working in Ontario, Canada. It will be a voluntary program geared for OTs who have less than two years of experience working in the area of mental health and will be piloted at the author's place of employment, which is a large mental health hospital in Ontario. OT participants will be encouraged to enroll in the program as soon as they start working in the mental health field. The program will adopt a self-directed learning format that is based in Adult Learning Theory principles (Knowles, 1980). That is, each OT participant will be expected and encouraged to go through the program's support toolkit at their own pace and focus on the topics that are most in line with their learning needs. The program will include the three main components: i) An electronic resource support toolkit; ii) A professional development plan and clinician self-care plan; iii) A mentorship program.

The toolkit will be an easy-to-access, discipline-specific resource hub comprised of pertinent mental health occupational therapy resources in Ontario. This toolkit will be easy to navigate in a self-directed manner and will be organized into e-modules. Moreover, the professional development plan will enable new OTs to reflect on and outline their short- and long-term professional goals, along with action steps to work towards these goals. Similarly, the self-care plan will proactively allow new OTs to

reflect on and outline their self-care goals and personalized wellness and resilience strategies. Participants will be expected to review their professional development and self-care plans with their assigned mentor.

Finally, participants will also engage in a group mentorship program, with one mentor assigned to a couple of mentees. The mentorship program will be scheduled during work hours (with employer approval) and will focus specifically on reflection, professional connections, psychosocial support, strengthening professional identity and development, and building resilience. The OT mentors will be experienced clinicians, with more than four years of clinical experience working in mental health. The mentorship program will require a level of commitment from the mentor and mentee – e.g., mentors must complete a mentorship training beforehand, mentors/mentees will have mutually agreeable goals/expectations, mentors/mentees will meet on a regular basis for a minimum of six months.

The following is a *sample outline* of a typical mentorship session:

- check-in
- reflective practice – review complex cases and/or discuss the recent application of specific skills and occupation-focused intervention
- discuss progress of professional development goals
- reflect on professional identity and the meaningfulness of their role
- discuss clinician self-care and professional resilience strategies
- check-out / summarize learning takeaways

The problem of increased burnout risk for OTs new to the area of mental health is an important issue to address, especially given how it can impact clinician well-being, quality of care, productivity levels and retention rates. To help address this issue, *The New Hire Support Program for Mental Health OTs* will be implemented. This program will incorporate a resource support toolkit, development plans, and structured mentorship to help minimize burnout risk and build professional resilience for newer mental health OTs.

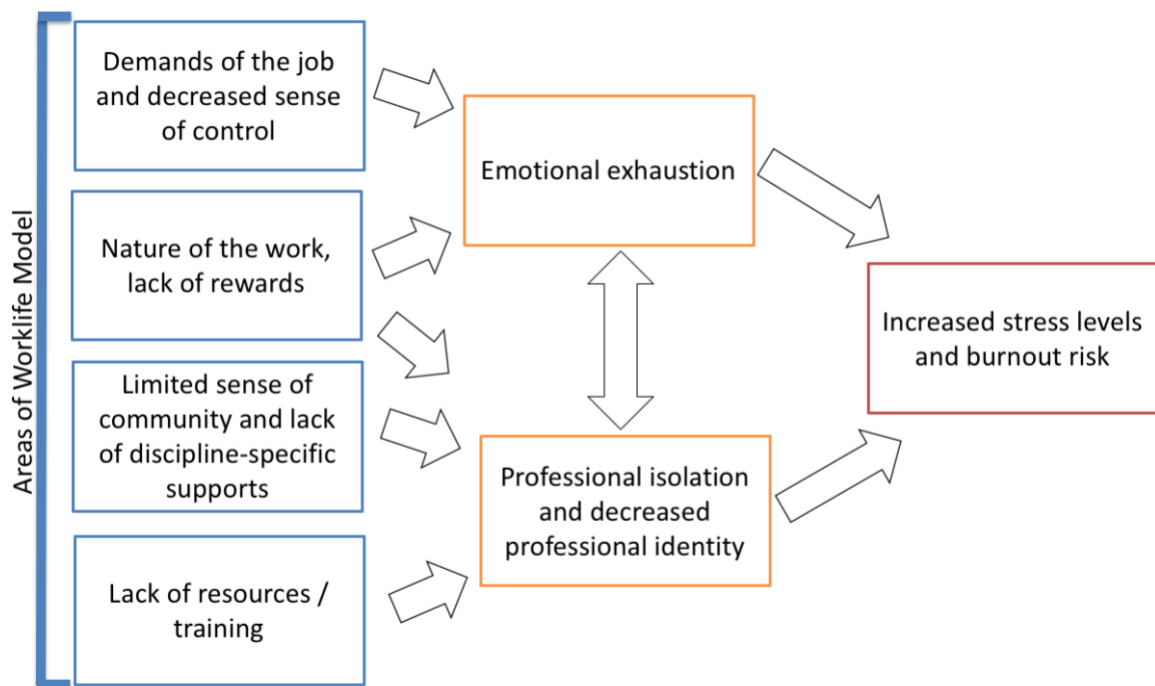
CHAPTER TWO – Project Theoretical and Evidence Base

Overview of the Problem

As stated, occupational therapists (OTs) working in the area of mental health are at risk of experiencing high stress levels and burnout. Figure 2.1 is a visual model that depicts and helps to explain this problem. It also presents a visual representation of the causal pathway.

Figure 2.1

A visual pathway of factors related to burnout.



The demands of the job (e.g., workload, long waitlists, working late, pressures around discharge), nature of work (e.g., trauma exposure, complex cases, role-blurring/generic roles) and lack of rewards (e.g., few formal rewards from employers) can be overwhelming for OTs working in mental health, and can lead to emotional

exhaustion (Devery, Scanlan & Ross, 2018; Gupta et al., 2012; Lloyd et al., 2005; Scanlan & Still, 2013). Many OTs working in mental health also work on interdisciplinary teams where they are the only OT and receive minimal discipline-specific support. This lack of support can result in a limited sense of community, which in turn can lead to a sense of professional isolation and decreased professional identity (Abendstern et al., 2017; Parkinson, et al., 2010). In terms of the nature of the work, getting placed in a generic role, such as case management, can also impact professional identity and feelings of isolation (Cosgrave et al., 2015). Lastly, the lack of access to resources/training, such as a dearth of clinical resources, administrative support, staffing shortages and limited professional training options can also impact professional identity levels. Emotional exhaustion, professional isolation and decreased professional identity can lead to increased stress and burnout levels (Edwards & Durette, 2010; Gupta et al., 2012; Wressle & Samuelsson, 2014).

Theoretical and Evidence Base

The conceptual framework that was used to understand the problem of burnout among mental health OTs was the Areas of Work-life Scale (AWS) Model, which is supported by empirical research, and theorizes that an employee's engagement and burnout levels are largely influenced by the 'person-job match' (Brom et al., 2015; Gascon et al., 2013; Leiter & Maslach, 2004). That is, the greater the mismatch between the employee and their job, the greater the risk of burnout. In the visual pathway, the areas of the AWS Model have been mapped onto the variables that influence burnout, which is labeled accordingly.

Evidence to Support

The three research questions that were devised to provide evidence for this problem are outlined as follows:

- 1) *Is there evidence that the demands of the job and nature of the work for mental health clinicians/OTs increase the risk of experiencing emotional exhaustion?*
- 2) *Is there evidence that a limited sense of community and lack of resources for mental health clinicians/OTs increase the risk of experiencing professional isolation/diluted professional identity?*
- 3) *Is there evidence that emotional exhaustion and professional isolation/diluted professional identity increase the risk of experiencing burnout for mental health clinicians/OTs?*

A literature search was conducted for all research questions using the following databases: APA PsycINFO, CINAHL, PubMed, Google Scholar, and JSTOR. The selection inclusion criteria for all three research questions included: i) The study pertained to burnout or high-stress levels among health professionals; ii) The participants/focus population were either occupational therapists or broader mental health professionals; iii) The results were relevant to the research question at hand; iv) Full-text publications were available in English. Further, my exclusion criteria for all three research questions included: i) The results were irrelevant to the research question at hand; ii) There were significant methodological flaws or unclear methodology, making the results unreliable; iii) The participants were outside of a health professional

discipline. Of note, although initially studies that were more than 10 years old were excluded, when it was discovered that many of the current burnout studies continue to cite pivotal older studies, and in light of the limited existing studies on this topic, this exclusion criteria was removed.

For the first research question, “*Is there evidence that the demands of the job and nature of the work for mental health clinicians/OTs increase the risk of experiencing emotional exhaustion?*”, a total of nine studies were selected for further review with respect to this question. Overall, among mental health clinicians/OTs, there is clear evidence supporting the notion that demands of the job, including heavy caseloads, recipient contact demands, and demands on time, contribute to increased emotional exhaustion (Devery et al., 2018; Gupta et al., 2012; Lexen et al., 2020; Lloyd & King, 2004; Scalan & Still, 2013; Yang & Hayes, 2020). For example, Scanlan & Still (2013) conducted a study examining burnout and turnover intention in OTs working in mental health in Australia. The study found that the factor most significantly associated with burnout and emotional exhaustion was the perception that contact with clients was emotionally demanding, as well as feelings of stress/fatigue, and these factors then led to higher rates of wanting to leave the role. A literature review by Yang & Hayes (2020) found that there is a significant relationship between *job demands*, including the physical demands (e.g., workload and caseload) and psychological demands (e.g., demonstrating compassion), and *emotional exhaustion*, even after controlling for professional support and supervision.

There is also evidence to support the notion that the *nature of the work* in the area

of mental health contributes to increased *emotional exhaustion*. For example, in the literature review by Yang & Hayes (2020), it was found that mental health professionals are more at risk of emotional exhaustion and burnout when they work with clients with complex disorders (e.g., trauma, comorbidities, addictions, cognitive impairment), clients who demonstrate slow progress to treatment, and clients with difficult personality structures. Additionally, Devery et al. (2018) reported that among OTs working with individuals with eating disorders, there were strong links between difficulties from the client group and emotional exhaustion, with OT participants expressing that challenging client behaviors, comorbidities, clients' histories of trauma, managing suicide risk and experiencing countertransference as factors that make the nature of the role challenging.

For the second research question, which was "*Is there evidence that a limited sense of community and lack of resources for mental health clinicians/OTs increase the risk of experiencing professional isolation/diluted professional identity?*", a total of 10 studies were selected for further review with respect to this question. The review of the literature found that there is evidence to support that limited sense of community/limited discipline-specific support leads to professional isolation and a diluted professional identity (Abendstern et al., 2017; Ashby et al., 2013; Bassett & Lloyd, 2001; Gupta et al., 2012; Parkinson et al., 2010). Additionally, there is evidence to support that a lack of resources increases the risk of professional isolation and diluted professional identity (Devery et al., 2018; Gupta et al, 2012; Steenbergen & Mackenzie, 2004). Abendstern et al. (2017) found that OTs working on community mental health teams reported feeling misunderstood by their teams, thus lacking a sense of community/support, and feeling

professionally isolated. In this study, many OTs reported that they were the only OT on their team, and 32% of OT participants reported that they felt professionally isolated.

Similarly, Gupta et al. (2012) found that among OTs practicing in Ontario, Canada, there was a reported mismatch between the OTs' professional values and demands of the employers. That is, the OTs reported that lack of proper orientation/insufficient support, lack of healthcare resources, and lack of knowledge by management regarding the scope of OT practice (i.e., lack of discipline-specific support) contributed to a sense of conflict and burnout. On the other hand, the study found that seeking support from formal and informal social networks (i.e., reduced isolation), as well as professional development activities, helped to sustain the participants.

Further, Devery et al. (2018) found in their qualitative analysis that all OT participants discussed difficulties accessing resources and funding, which impacted the ability to facilitate occupation-based interventions, which had an effect on their professional identity. In addition, participants reported challenges with being the only OT on their teams, experiencing misconceptions from team members about the OT role, and difficulties with accessing supervision support. Similarly, Steenbergen & Mackenzie (2004) found that newly graduated OTs reported difficulties establishing a sense of professional identity without professional support, and that limited resources and a lack of continuing education directly contributed to a reduced sense of professional support, which is a similar concept to professional isolation.

From this research question, it was also discovered that there is evidence literature that many OTs working in mental health take on role-blurring positions or generic roles

(as part of the nature of their work), which also contributes to a diluted professional identity. As such, in the explanatory model, an arrow between *Nature of the work* and *Professional isolation and decreased professional identity* was added. For example, studies by Ashby et al. (2013), Cosgrave et al. (2015) and Parkinson et al. (2010) suggest that OTs working in the area of mental health are often asked to take on generic case worker roles, that include work that is outside of their typical professional domain, which can lead to feelings of professional isolation and decreased professional identity especially without adequate discipline-specific support.

The third research question, which was “*Is there evidence that emotional exhaustion and professional isolation/diluted professional identity increase the risk of experiencing burnout for mental health clinicians/OTs?*”, a total of seven studies were selected for further review with respect to this question. There is evidence to support that emotional exhaustion increases the risk of burnout for mental health clinicians/OTs, and that emotional exhaustion is often considered one of the main indicators of burnout (Edwards & Durette, 2010; Poulsen et al., 2014; Volpe et al., 2014; Yang & Hayes, 2020). For example, Poulsen et al. (2014) examined burnout and work engagement in OTs and one of their findings was that perceived workload creates internal pressure and is significantly correlated with emotional exhaustion, and thus burnout vulnerability. There is also evidence to support that professional isolation/diluted professional identity increases the risk of burnout. For example, Edwards and Durette’s (2010) study found a significant relationship between professional identity and burnout, in that as professional identity decreased, burnout increased for OT participants. A widely cited review by

Bassett and Lloyd (2001), which is one of the foundational papers on burnout, occupational therapy and mental health, found that the lack of supervision, discipline-specific support and role blurring can lead to professional identity issues and professional isolation, which in turn can contribute to burnout.

Quality and Limitations

It is important to highlight that in general, there is a significant shortage of research on occupational therapy and burnout, and there is even less research on burnout specific to OTs working in the area of mental health. As such, some of the articles included in this synthesis of evidence are dated, due to the limited existing research, and many of the studies are conducted in the West (Australia, United Kingdom and United States), thus limiting the diversity of geographic representation. In addition, the majority of the articles included in the literature search are descriptive or cross-sectional in design. As such, these types of studies limit the ability to detect changes over time and do not allow one to draw conclusions about causality. In addition, a number of the studies had small sample sizes and lower response rates, which increases risk of bias, and limits generalizability.

Of note, some studies included in this synthesis did not focus on occupational therapy specifically, and had a broader focus on mental health professionals, such as social workers, nurses and psychologists. While broadening participant groups allowed for a greater breadth of literature, these studies may not necessarily be generalizable to OTs working in mental health, as each discipline brings forth different experiences. Another point that is important to highlight is that, in terms of methodology, a number of

studies were qualitative or mixed methods. In these studies, qualitative data provided rich information about the lived experience of participants related to burnout, however these studies often involved small sample sizes and provided a deep but narrow focus that may not be more widely applicable. As such, while there was adequate research to support the research questions, and while burnout is an area that is continuing to expand in terms of research, much of the existing studies have clear limitations that need to be taken into consideration when drawing conclusions and thinking about implications.

Summary and Conclusion

There are many factors that lead to increased stress levels and burnout risks in newer mental health OTs, including: the demands of the job and decreased sense of control, nature of the work, lack of rewards, limited sense of community, lack of discipline-specific support, lack of resources/training and professional isolation/decreased professional identity. Figure 2.1 provides a visual model that represents the causal pathway. The conceptual framework that helps to explain the problem is the AWS Model, which theorizes that the person-job match has a significant impact on burnout levels. In Figure 2.1, the areas of the AWS Model have been mapped onto the factors that impact burnout risk for mental health OTs.

Moreover, when examining the literature, there is existing evidence to support the notion that the demands of the job and nature of the work for mental health clinicians and OTs increases the risk of emotional exhaustion, and that a limited sense of community and lack of resources increases the risk of professional isolation/diluted sense of professional identity. Further, there is also existing evidence to support the notion that

emotional exhaustion and professional isolation/diluted professional identity increases the risk of experiencing burnout for mental health clinicians and OTs. Some important considerations, however, are that the number of mental health and occupational therapy burnout studies is quite limited, studies tend to be dated and had smaller sample sizes, and most of the studies were conducted in the West, thus limiting geographic representation.

CHAPTER THREE – Overview of Current Approaches and Methods

Literature Search Questions

As stated, burnout among mental health OTs and clinicians remains prevalent, and given the impact this can have on clinician well-being, productivity, patient care and retention, it is crucial that this issue gets addressed. The three research questions that were formulated to provide evidence for addressing this problem are outlined as follows:

- i) *What interventions or strategies help to prevent burnout for occupational therapists/health professionals, particularly those working in the area of mental health?*
- ii) *What interventions or strategies help to build professional resilience for OTs/health professionals, particularly those working in the area of mental health?*
- iii) *Is there evidence about what interventions and what element(s) of the interventions are most associated with positive outcomes?*

For the first research question, “*What interventions or strategies help to prevent burnout for occupational therapists/health professionals, particularly those working in the area of mental health?*”, a total of 10 studies were selected for further review with respect to this question. Overall, many of the studies had similar findings in terms of the strategies that help to prevent or minimize burnout for OTs/mental health clinicians. The most common strategies that the literature supported were social support/peer support (Gupta et al., 2012; Maslach & Leiter, 2016; Steenbergen & Mackenzie, 2004); mentoring and supervision (Dreison et al., 2018; Edwards & Durette, 2010; Steenbergen

& Mackenzie, 2004; Woo et al., 2019); access to trainings and professional development opportunities (Dreison et al., 2018; Gupta et al., 2012;); self-care activities/work-life balance (Devery et al., 2018; Gupta et al., 2012; Maslach & Leiter, 2016); maintaining self-awareness (Gupta et al., 2012; Maslach & Leiter, 2016); and strategies to strengthen professional identity (Devery et al., 2018; Edwards & Durette, 2010; Scanlan & Hazelton, 2019).

By far, the most widely supported strategies to help with burnout were social support/peer support, along with mentorship and supervision. A mixed methods study by Gupta et al. (2012) examining the experiences of burnout and coping strategies utilized by OTs in Canada found that seeking support at work from both formal and informal networks, as well as spending time with family outside of work, were significant coping strategies. Similarly, a study examining perceptions of new graduate OTs working in rural settings in Australia found that support from colleagues was directly linked to retention of these OTs, and that discipline specific support from more senior OTs was especially helpful (Steenbergen & Mackenzie, 2004). It is clear that receiving social support from colleagues, especially colleagues of the same discipline, is a key strategy for burnout prevention. De Saxe Zerden et al. (2020) examined strategies to address burnout during the COVID-19 pandemic, and one relevant finding from their scoping review was that group support and peer support from fellow health professionals was an effective, commonly used burnout prevention strategy.

Dreison et al.'s (2018) meta-analysis of burnout intervention research specific to mental health professionals found that increasing social support, as well as clinical

supervision, were both effective interventions at reducing burnout and improving clinician well-being. Similarly, Morse et al. (2012) found evidence that routine, collaborative clinical supervision provided by trained supervisors was a helpful strategy for burnout prevention in the area of mental health. Clinical supervision was also found to be an important strategy to help mitigate job stress in OTs working with people with eating disorders (Devery et al., 2018). Further, mentoring has also been a key strategy in reducing clinician burnout. For example, Cavanaugh et al. (2021) found that clinicians and other staff members working at a large cancer hospital in the United States who participated in a mentoring program were significantly less likely to report burnout than those who did not participate. Woo et al. (2019) similarly found that mentoring moderated the link between burnout and turnover intentions for university counseling staff. As such, the benefits of both supervision and mentorship for OTs/health professionals are evident.

Access to professional development and trainings was another commonly documented strategy to help prevent clinician burnout. OTs identified that an important strategy that helped sustain them in practice was participating in professional development activities (Gupta et al., 2012). The literature review by Bassett and Lloyd (2001), which was one of the first reviews to examine burnout in mental health OTs, also identified that access to training was a key strategy to prevent burnout. Specific to the area of mental health, studies show that job training and education were effective organizational interventions at directly addressing burnout, which included providing training on topics such as psychosocial interventions and communication skills (Dreison

et al., 2018; Gilbody et al., 2006).

Literature also supports strategies that strengthen professional identity as having an impact on burnout prevention. For example, Scanlan and Hazelton (2019) found that OTs working in mental health who had a stronger professional identity also rated their job satisfaction as higher, and Devery et al. (2018) found that maintaining an occupational focus was a strategy that reduced job stress for OTs working in mental health. Edwards and Dirette (2010) also found that burnout among OTs was directly linked to decreased professional identity, and claimed that factors that nurture professional development, such as discipline-specific mentoring and supervision, should be promoted.

Moreover, several studies also supported self-care, work-life balance and self-awareness strategies as effective for preventing clinician burnout. However, these interventions lacked detailed descriptions, which was a clear limitation. Interestingly, some review studies found evidence for the use of combined interventions, such as Morse et al. (2012), who concluded that the most effective burnout prevention programs for mental health professionals are those that combine individual interventions (e.g., coping skills, peer support, increased self-awareness) and organizational interventions (e.g., clinical supervision, collaborative team meetings, etc.). Dreison et al., (2018) also noted studies that supported a combined approach, but cautioned that combined interventions can be quite comprehensive and laborious, and may be difficult to implement.

Overall, there was a wide range of studies examining burnout prevention among health professionals (including OTs) more generally, as well as specific to the area of

mental health, and the studies were often varied in terms of methodology. Across studies, the literature clearly supported strategies such as social support, access to professional development/trainings and strengthening professional identity. However, there were some notable limitations, such as small sample sizes and the use of primarily cross-sectional or quasi-experimental designs, thus limiting conclusions regarding causality. In addition, most studies used the Maslach Burnout Inventory to measure burnout, which restricted the outcomes to one burnout measure. Further, there were very limited studies that specifically examined burnout in OTs working in mental health. Most of the studies either examined OTs and burnout, or mental health professionals (more broadly) and burnout, but not specifically mental health OTs. Many of these limitations will be expanded on in subsequent sections of this chapter.

For the second research question, “*What interventions or strategies help to build professional resilience for OTs/health professionals, particularly those working in the area of mental health?*”, a total of five studies were selected for further review with respect to this question. Overall, many of the findings were similar to the first research question, which examined burnout prevention strategies. The most common resilience-building interventions that the studies supported were clinical supervision and mentoring (Ashby et al., 2013; Apostol et al., 2021; Rogers, 2016); support networks and teamwork (Ashby et al., 2013; Goh et al., 2019; Matheson et al., 2016); access to professional development (Apostol et al., 2021; Matheson et al., 2016); resilience-specific training (Matheson et al., 2016; Rogers, 2016); and strategies to increase professional identity (Ashby et al., 2013; Goh et al., 2019).

Formal and informal social support, including clinical supervision, mentoring, support networks and team collaboration were the interventions most commonly applied across resilience studies, with studies demonstrating the effectiveness of these interventions. Ashby et al. (2013) found that for OTs working in the area of mental health, establishing professional support networks, accessing high-quality supervision, attending in-service meetings and engaging in informal socialization with peers were all strategies that helped sustain resilience. This study found that supervision enabled space for reflective practice and professional reasoning, and that supervision with an OT colleague was more effective than supervision from a different discipline. Similarly, Goh (2019) identified the importance of having access to clinical supervision and peer support for OTs working in mental health, noting that participants specifically valued connections made with other OTs. Matheson et al. (2016) reported that a team approach, as well as maintaining social networks were invaluable for promoting resilience among healthcare professionals working in challenging environments. As such, it is evident that social support is a key strategy in building professional resilience.

Access to training related to mental health, occupational therapy, and resilience, was identified as an effective intervention for building resilience. For example, while Ashby et al. (2013) identified that regular in-service meetings led by mental health OTs was a helpful strategy to increase resilience, Rogers (2016) found that resilience enhancing workshops (that focused on topics such as coping strategies, self-care and cognitive behavioral techniques) had positive outcomes. Matheson et al. (2016) also identified the importance of ongoing professional training as well as the value of

resilience-specific training (e.g., mindfulness strategies, communication skills, etc.).

Further, similar to burnout prevention literature, strengthening professional identity has been shown to bolster professional resilience. Studies indicate that when OTs are able to apply a discipline-specific focus, such as utilizing occupation-based interventions and being able to promote the profession, their ability to thrive is amplified (Ashby et al., 2013; Goh et al., 2019). There is a key link between professional resilience and professional identity, which highlights the importance of ensuring that OTs are working within their professional domain (Ashby et al., 2013). Interestingly, a combined approach was also recommended by some resilience studies. Rogers (2016) provided examples of effective combined interventions, such as providing mentorship along with relaxation techniques and resilience workshops.

In general, similar to the first research question, the second research question also included studies with methodological limitations, such as small sample sizes and lacking rigor in terms of study design. Most of these studies were also conducted in Western countries, thus limiting the diversity of geographic representation. Some of these studies were specific to occupational therapy and resilience, and other studies more broadly examined healthcare professionals and resilience, and there were only a few studies that focused on resilience in OTs working in the area of mental health. Nevertheless, the studies pointed to similar conclusions, and it is evident that many interventions have multiple benefits in terms of both protecting against burnout *and* building professional resilience for OTs/health professionals.

For the third research question, “*Is there evidence about what interventions and*

what element(s) of the interventions are most associated with positive outcomes?”, a total of five studies were selected for further review with respect to this question. There was significant overlap between the findings of this research question and the previous two questions. From examining the literature on burnout prevention and resilience-building for OTs/clinicians, it is clear that the interventions most associated with positive outcomes are discipline-specific clinical supervision and mentoring (Devery et al., 2018; Dreison et al., 2018; Rogers, 2016; Velando-Soriano et al., 2020); social support (Dreison et al., 2018; Velando-Soriano et al., 2020); and maintaining professional identity (Devery et al., 2018; Scanlan & Hazelton, 2019).

Accessing clinical supervision was the most commonly reported method of reducing job challenges for OTs. OTs identified that it helped provide opportunities to increase knowledge, maintain a discipline focus (occupational focus) and debrief with OT colleagues (Devery et al., 2018). In addition to enabling a forum for reflective practice and discussing clinical skills, clinical supervision also allowed for a discussion on professional goals and the identification of potential continuing education opportunities (Ashby et al., 2013). In terms of mentorship, Rogers (2016) found that when mentoring was combined with other interventions, such as mindfulness, it was found to be effective in building resilience. Rogers (2016) highlighted that mentoring should involve an element of reflection, and Cavanaugh et al. (2021) described mentoring as helping professionals to manage their own development by offering perspective and guidance, as well as exploring specific strategies to manage burnout.

Maintaining professional identity was clearly associated with positive outcomes both in terms of burnout prevention and resilience building for OTs/health professionals. Specific to OTs working in the area of mental health, Devery et al. (2018) summarized strategies that can help OTs maintain their identity, including the use of occupation-specific interventions, the ability for OTs to use a functional perspective when describing their role, engaging in discipline-specific supervision and networking with fellow OTs, and participating in OT special interest groups.

Overall, it was affirming that the literature supporting all three research questions pointed to very similar conclusions. Findings also indicated that many of the strategies that positively impact clinician burnout also, in turn, help to bolster professional resilience. While there are benefits to including studies that focus on health professionals and healthcare sectors more broadly, there are also potential risks, such as that the findings may not necessarily be generalizable to OTs working in mental health. Further, it is also important to highlight that there is a significant lack of research on mental health occupational therapists and burnout, and as a result, some of the articles included in this synthesis are quite dated due to the limited existing research.

As previously highlighted, another limitation was that many of the existing studies on clinician burnout prevention and resilience lack methodological rigor. Many of the studies include convenient/ purposive sampling, high rates of participant attrition, and cross-sectional instead of longitudinal designs. There are a very limited number of controlled studies, making it difficult to draw conclusions about causality or change over time. In addition, many of the studies lack details on the interventions used,

making it difficult to replicate. While there was adequate research to support the research questions, this is clearly an area that would benefit from further exploration and more controlled studies, and the stated limitations should be considered when drawing conclusions.

Implications for Program Design

The *New Hire Support Program for Mental Health OTs* will be developed to minimize burnout risk and to build professional resilience. This support program will be available for mental health OTs who are new to the field working in Ontario, Canada. The program will include many of the burnout prevention strategies and resilience interventions supported by literature, including mentoring, discipline-specific resources and support, access to professional development, self-care strategies, and strengthening of professional identity. Mentoring will be consistent with Rogers (2016) and Cavanaugh et al. (2021), in terms of providing a space for facilitating professional development through guidance and reflection, while also specifically supporting burnout management and self-care strategies. As recommended by Morse et al. (2012), a multi-pronged, combined intervention approach will be applied. The table in Appendix A provides an overview of the core features of the program supported by literature, along with the evidence that supports it.

Summary and Conclusion

In conclusion, the three core components of the *New Hire Support Program for Mental Health OTs* are rooted in the evidence literature on burnout prevention and resilience building for clinicians. A combination of strategies and interventions will be

used for optimal outcomes. Each of these interventions are not to be used in isolation, but rather are intended to be applied in a complementary manner.

Some of the key types of evidence-based interventions embedded in this program include social support (e.g., mentorship), discipline-specific support and resources, access to training and professional development, strategies to strengthen professional identity and support with building self-care and resilience skills. This program purposely places an emphasis on OT-specific resources and OT social support to help reduce professional isolation and to foster increased professional identity, which is line with current evidence. It is intended that participants in the program will not only experience short-term gains, but through being connected with relevant resources and OT networks, and by having established self-care plans, participants will ideally experience long-term, sustainable gains.

CHAPTER FOUR – Description of the Proposed Program

Basis of the Proposed Program

The author's proposed program is the *New Hire Support Program for Mental Health Occupational Therapists (OTs)*. This support program is an intervention that is intended to minimize burnout risk and build professional resilience for mental health OTs who are new to the field and are working in Ontario, Canada. This program will involve a self-directed learning format based on Adult Learning Theory (ALT) principles (Knowles, 1980). ALT provides theoretical guidance regarding how adults learn and how to enhance the learning process to reach full potential for adult learners. It promotes a learner-centered approach that emphasizes self-directed learning. It also endorses key learning principles, including building on prior experiences, ensuring learning is relevant and recognizing the importance of internal motivation (Knowles, 1980). Based on these principles, this support program will encourage participants to review the resource support toolkit in a learner-centric manner; that is, learners can choose to focus on the modules that are most relevant to their professional learning and development goals, and can pace themselves accordingly.

The program will include many of the burnout prevention strategies and resilience interventions supported by existing evidence literature, including mentoring, discipline-specific resources and support, self-care strategies and strengthening of professional identity. As recommended by Morse et al. (2012), a multi-pronged intervention approach will be applied. The program will be piloted at the author's place of employment, which is a large mental health hospital located in Ontario, Canada.

Explanation of the Issue

The area of mental health can be an extremely stressful work environment, especially given the level of exposure to emotional suffering and stress of the job (Dreison et al., 2018). The mental health sector is significantly underfunded, which can lead to staffing shortages and limited resources, and can further exacerbate high stress levels (Dreison et al., 2018). Burnout is widespread in the area of mental health. For example, one study found that 21-67% of mental health professionals reported high levels of burnout (Morse et al., 2012). The evidence-based literature supports that occupational therapists (OTs) are at risk of burnout, and OTs working in the area of mental health are at a heightened risk when compared to those working in other practice areas (Scalan & Hazelton, 2019). This issue is concerning as there are a number of adverse outcomes associated with burnout for mental health professionals, such as being at risk of mental and physical health problems, providing lower quality of care and decreased productivity, increased turnover intention, and higher rates of absenteeism (Dreison et al., 2018).

Program Practice Scenario

The following practice scenario provides an example of the type of situation in which this program could be particularly beneficial:

“Mika” is a newly graduated OT who has started working a month ago at a large mental health hospital in Ontario. As this is her first OT job out of school, and considering that Mika is new to the area of mental health, she quickly feels overwhelmed. Mika reaches out to the Occupational Therapy Discipline Chief at the hospital and appears distressed, stating she is thinking about resigning. She reports that the learning

curve has been overly steep; she took on a full caseload of complex clients too rapidly, and feels that she cannot manage the workload.

Mika also reports that she has been exposed to extremely painful and traumatizing stories from her clients, and that there is minimal support from other occupational therapists and leaders at the organization, making her feel isolated and unsupported. She is the only OT on her team. Additionally, she feels like she is doing the job of an OT and social worker, and has not been able to distinguish the difference between roles at the clinic, which is making her question her career choice. The OT Discipline Chief takes time to listen to Mika's concerns, and then informs her about the New Hire Support Program for Mental Health OTs. The OT Discipline Chief describes the program in detail and encourages her to sign-up. Mika is relieved to hear that this type of program exists, stating it sounds like the right fit and she can foresee the benefits of enrolling, and agrees to participate.

Main Objectives of the Program

The author intends to address the previously program practice scenario by providing a support program that will be available for OTs who have less than two years of experience working in mental health. Participants will be encouraged to enroll in the program as soon as they start working in the mental health field. The program's objectives will be to help reduce burnout risk and build professional resilience for new mental health OTs using interventions including mentorship, a discipline-specific resource tool kit and a professional development plan/clinician self-care plan.

Full Program Logic Model

Figure 4.1 provides a logic model that illustrates how the author's proposed program will work, including the program's anticipated resources, activities and outcomes.

Program Participants and Resources

Intended Program Participants

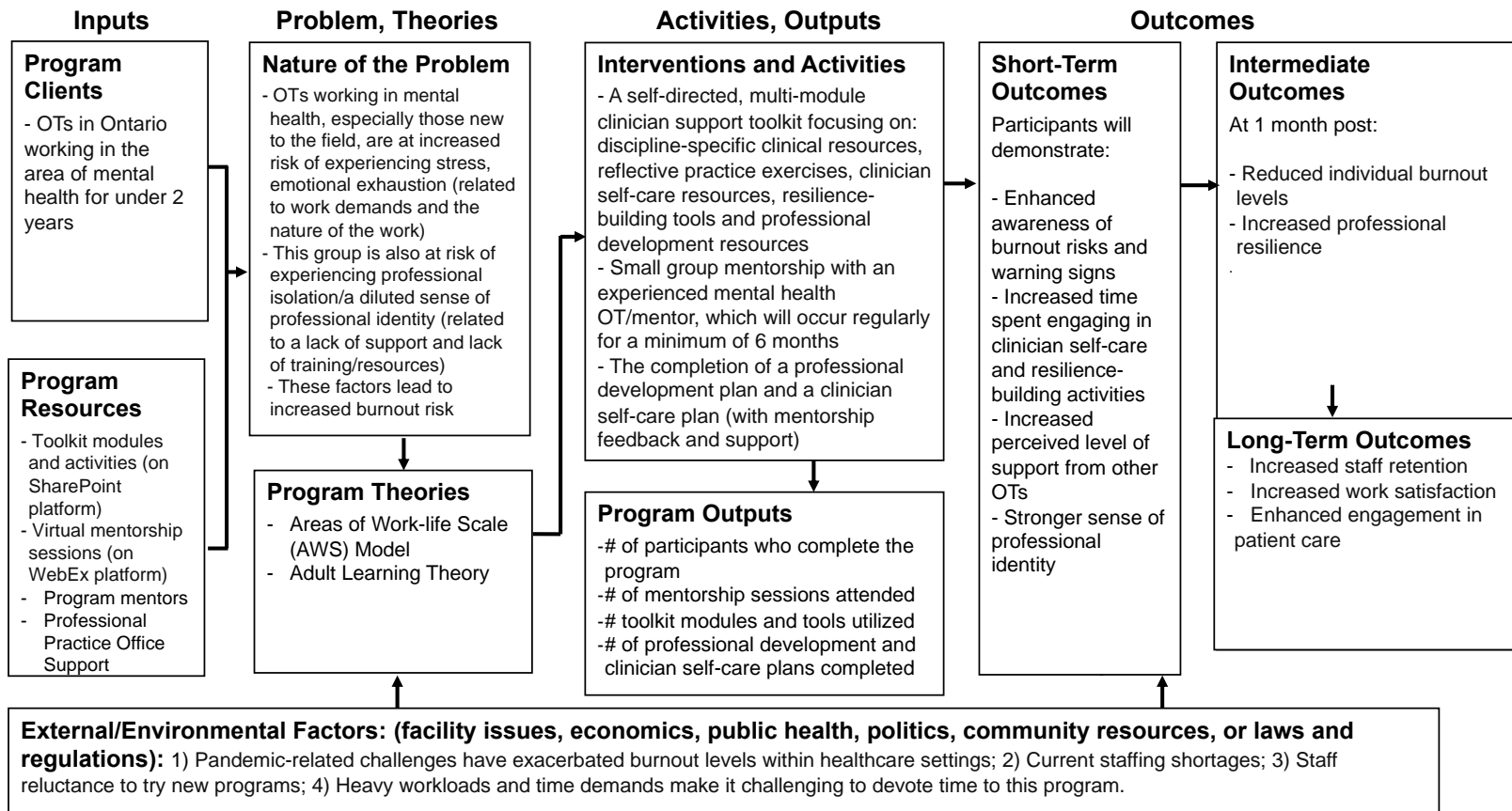
This program is designed for OTs who are relatively new to the area of mental health. More specifically, the program will be offered to OTs who have less than two years of experience working in mental health. The pilot phase of the program will be implemented at a large, urban mental health hospital in Ontario. Over 90 OTs currently work at this hospital, including a large number of new OTs. The author will aim to recruit 10-12 participants for the pilot program, and the participants will be recruited through the author reaching out via email communication and offering an information session at one of the Occupational Therapy Committee meetings. Following the pilot phase of the program, if the program results are promising, then there will be a consideration to expand the program to other hospitals and organizations across the province.

Personnel Carrying Out Program

The program will be delivered by the author and other Professional Practice staff members at the author's organization. Professional Practice, which the author is connected to through his leadership role at the organization, helps to support new hire initiatives, contributes to advancing practice, and facilitates quality improvement/research projects across the hospital. Professional Practice is staffed by an interprofessional team

Figure 4.1

A full program logical model.



of practice leaders from diverse clinical backgrounds, who would be able to help the author in coordinating and delivering this program, as it is in alignment with Professional Practice's mandate. There is also the availability of administrative support and research assistance. These resources are typically offered after applying to complete a program evaluation/quality improvement project that would benefit the organization. The application must be approved by the Director of Professional Practice. In addition to the author, a minimum of one additional Professional Practice staff member (e.g., the Manager of Professional Practice) as well as one Professional Practice administrative staff member will be requested to help with this program. Further, if the program is eventually able to be expanded across the province, then the author will seek implementation support from the Ontario Society of Occupational Therapists, which is the provincial association for occupational therapy.

In terms of the occupational therapy mentors who will help facilitate the mentorship component of this program, this group will be recruited internally and on a voluntary basis. Mentors will have at least four years of experience working as mental health occupational therapists, will be screened by Professional Practice to ensure they are able to commit to the program and will go through a short training process to become a mentor. One of the major incentives for mentors will be that this will be an important professional development opportunity that can help strengthen their own professional development. The author will also explore whether the organization can provide a small education stipend for all mentors. Mentors will be nominated by their managers and the OT Discipline Chief.

Program Setting

The pilot program will be primarily delivered virtually through the secure and confidential WebEx platform. This was chosen for accessibility purposes since OTs often work at different sites across the pilot organization and some outpatient OTs work primarily virtually. However, if mentors and mentees prefer to meet in-person, depending on the state of the pandemic and pandemic-related hospital policies regarding room bookings, they may be permitted to meet onsite in one of the consultation rooms in the Professional Practice Building. There is ample availability and space in this building, and rooms would be pre-booked by the Professional Practice administrator. The toolkit modules and professional development/self-care plans will be accessed and completed virtually. Participants will be provided protected time during working hours to participate in the program, and will also have the option to access the virtual support toolkit modules outside of work hours as needed.

Plan for Outreach

As a starting point, stakeholder groups, including those at the pilot organization, would be sent via email a one-page information handout outlining the *New Hire Support Program for Mental Health OTs*, its interventions/activities, and benefits. The body of the email communication will include a few brief lines highlighting the purpose of the proposed program and why it is of value, as a means of quickly engaging the stakeholders and increasing likelihood that they will open/review the attachment. The handout will be tailored to each stakeholder group and will shed light on the current realities of burnout and the potential consequences associated with it.

The handout would be part of the initial engagement/buy-in strategy to help spark stakeholders' interest, and will include statistics highlighting the current burnout rates among OTs at the pilot organization and more broadly across the mental health sector in Ontario. More specifically, the handout will include statistics related to the number of OTs that have left the field of mental health in Ontario within their first two years of employment as well as throughout the pandemic. This information will highlight the serious retention challenges in the mental health sector.

In terms of the OT group, they will likely care about how they will gain from the program in terms of helping to protect them from burnout, bolstering their resilience, building connections with other OTs, and promoting professional growth and development. As such, the OTs will receive a tailored information handout focusing on a wide range of potential short-term and long-term benefits associated with participating both as a mentee and mentor. The author will then organize a virtual information session for OTs interested in the program to provide more detailed information about it, including what is entailed, its short- and long-term benefits and how to enroll. The author will organize a separate information session for OTs interested in becoming mentors.

In terms of the managers and hospital administration group, who will need to approve the involvement of the OTs, the author will engage with these stakeholders via email communication and will also setup a separate meeting with these groups to provide information about the program to increase stakeholder engagement and buy-in. Once the program commences, the author will arrange quarterly virtual meetings to provide regular updates to these stakeholder groups in terms of the progress of the program outputs.

Interventions and Activities

The *New Hire Support Program for Mental Health OTs* is heavily supported by and built on the existing evidence literature focused on burnout prevention and resilience building for healthcare providers and mental health clinicians. A combination of strategies and interventions will be applied in the program for optimal outcomes. The program has three main components: i) An electronic new hire support toolkit; ii) A structured mentorship program; iii) Professional development and self-care plans. These components are described in more detail next.

Component 1: New Hire Support Toolkit

The program will include an electronic, easy-to-access, discipline-specific toolkit via the SharePoint platform. This toolkit will be comprised of pertinent mental health OT resources, self-care resources and professional development exercises and tools. It will be designed to be easy to navigate in a self-directed manner, and will be organized into e-modules based on relevant topics. Participants will have up to six months to review and complete each of the e-modules on their own and, in line with Adult Learning principles (Knowles, 1980) will be encouraged to complete all modules that are applicable to their goals. Participants will be encouraged to discuss each module with their mentor to help reflect on and consolidate their learning and to ask any relevant questions.

The following are some of the topic areas that will be included in this toolkit:

- information and resources on burnout warning signs and burnout prevention strategies; professional development and self-care plans

- occupational therapy and mental health best practice guidelines and clinical resources
- lists of professional development/training options
- professional networking resources – e.g., the Ontario Society of Occupational Therapists, information on special interest groups and other OT networks, local/regional mental health associations, etc.

Sample topic handouts and worksheets are included in Appendices B, C and D for reference.

Component 2: Mentorship

A major component of the program will involve group mentorship, with one OT mentor assigned to a couple of OT mentees. Group mentorship will allow newer OTs to gain support from both their mentor and peers. The OT mentors will be senior OTs with at least four years of experience working in mental health, and who are nominated by their managers/supervisors. The author and the Professional Practice team will organize the assignment between mentor and mentees, aiming to match OTs working in a similar service area. The mentors will complete a mentorship workshop by the author and the Professional Practice team before program enrollment and will be expected to review mentorship literature, which will be provided during the workshop. Mentors will be expected to commit to this role for the duration of the program, which officially ends at six months but can continue up to one year. The mentorship program will focus on discipline-specific skill acquisition, psychosocial support, strengthening professional

identity, exploring self-care strategies and building professional development/professional resilience for new mental health OTs.

Mentors and mentees will work together to collaboratively set mutually agreeable expectations and objectives, and will meet at least once every few weeks for a minimum of six months and a maximum of one year. Mentees and mentors will be expected to track each of the sessions using a mentorship log template. At the end of the six-month term, the mentor and mentees can discuss whether there is a need to continue meeting, reduce frequency of the sessions, or wind down the mentoring sessions. At the end of one year, the mentorship component will be completed. The mentorship sessions will mainly be virtual for accessibility purposes; however, the session can also be organized in-person if feasible.

Sample topics that may be covered in a typical mentorship session include: reflective practice (e.g., review of complex cases and discussion about recent application of specific skills and occupation-focused interventions), discussion about the progression of the mentee's professional development goals, reflecting on professional identity and the meaningfulness of their role, and a review of the clinician self-care and resilience strategies that are available in the modules. Mentors and mentees will also discuss their self-care/professional development plans. If the mentees or mentors experience any issues or challenges during the mentorship program, they will be encouraged to reach out to the author and the Professional Practice team for support and troubleshooting.

Component 3: Professional Development and Self-care Plans

Another important component of the program is the professional development plan and clinician self-care plan, which each participant will be expected to complete. The professional development plan will be loosely based off the template established by the College of Occupational Therapists of Ontario, which helps new OTs to reflect on and outline their short- and long-term professional goals, along with action steps, and resources to help accomplish these goals. The templates will be located within the first e-module of the toolkit.

Further, the self-care plan template will be distinct from the professional development plan and will provide the opportunity for new OTs to outline their self-care goals, action steps and related resources, as well as personalized wellness and resilience-building strategies. This self-care plan will aim to address work-life balance, different holistic dimensions of wellness (e.g., physical, emotional, mental, spiritual, etc.), and will aim to increase accountability with respect to implementing their self-care plan. Participants enrolled in the program will be expected to review and track their professional development and self-care plans with their assigned mentor and co-mentee. Mentees and mentors will be asked to keep a copy of the mentees' professional development and self-care plans, along with a record of tracking. The plans must be drafted by the end of the first month of the program, and mentors will be expected to check-in with their mentees about the status/progress of the plans at each mentorship session. Sample copies of the professional development plan and clinician self-care plan are included in Appendices E and F, respectively, for reference.

Both the support toolkit and professional development/self-care plan templates will be available for the duration of the pilot program (i.e., up to the end of six months). After the end of the six months, participants will be able to save resources from the toolkit as needed, as well as copies of their development/self-care plans. Participants' mentorship relationship will formally be reassessed at six months, and conclude at the one-year point. If the mentor and mentees choose to keep their mentorship sessions going past the six months point, they will be permitted to do so with their managers' support. The author will facilitate a check-in session with all participants at the program's halfway point to connect about how the program is going and to discuss any challenges that may have arisen.

Program Outputs and Outcomes

Anticipated Outputs

The *New Hire Support Program for Mental Health OTs* will have several anticipated outputs as direct products of the program activities. These outputs include: The number of participants who complete the pilot program, the number of mentorship sessions attended, and the number of toolkit modules completed. These outputs will help the author determine participation levels as well as attrition and completion rates within the program. Other outputs include: The number of professional development/self-care plans completed, as well as tracking how many of the goals are met. Another output would be the number of tools from the toolkit that are utilized. For example, if a participant reviews and applies of some of the strategies listed on the clinician self-care

tips sheet in Module 6, they will indicate in the Module that this item was both reviewed and utilized, and this information will be tracked.

Anticipated Outcomes

Following completion of the program, there are many anticipated short-term outcomes, including that participants will have an increased awareness and understanding about burnout risks, and an increased understanding of burnout warning signs and prevention strategies. Participants will also have a stronger network of support from other OTs and a self-perceived increased connection with the occupational therapy community, as well as a bolstered sense of professional identity. These outcomes will be captured via participant surveys with a blend of quantitative and qualitative questions. Further, participants will have increased investment/ time spent engaging in self-care, professional development and resilience-building activities based on their development/self-care plans and tracking progress in these areas.

At 1-2 months post-program completion, anticipated intermediate-term outcomes include reduced individual burnout levels for participants, relative to pre-program burnout levels. This will be evaluated by using a standardized burnout outcome measure, the Maslach Burnout Scale for Human Services (Maslach et al., 1996). This burnout scale defines burnout as having three main domains: emotional exhaustion, personal accomplishment and depersonalization. Another anticipated intermediate-term outcome is strengthened professional resilience, relative to pre-program professional resilience levels. This will be evaluated based on a resilience outcome measure, the Connor Davidson Resilience Scale (Connor & Davidson, 2003). This scale defines resilience as

adaptive functioning following hardships and adversity.

At seven-months to one-year post program completion, anticipated longer-term outcomes include increased retention of the occupational therapy participants, increased work satisfaction and an overall enhanced engagement in patient care/improved quality of care. Staff retention rates will be defined as the percentage of participants that remain at the organization throughout the duration of the program and for a year following program completion. Work satisfaction will be defined as overall satisfaction with one's job and their specific occupational therapy role, and will be measured through a 5-point Likert scale. Engagement in patient care will be defined as self-perceived engagement and investment in patient care activities, and will also be measured through a 5-point Likert scale.

Anticipated Barriers and Challenges

One anticipated serious challenge is the current issue related to healthcare staffing shortages in Ontario and throughout all of Canada. The staffing shortages, which includes a shortage of OTs, make it difficult for staff members to participate in any "extra activities" that are outside of direct clinical practice due to exceedingly high caseloads and work demands. Increased workload and limited resources have heightened burnout rates among OTs and other healthcare professionals, highlighting the need for this program. At the same time, the heightened burnout rates create challenges for program participation, as ironically OTs experiencing burnout may be less inclined to be a mentor or participate in the program due to feeling stretched and overwhelmed. Additionally, the staffing shortages have created many other competing priorities for OTs working in

mental health. That is, in addition to managing heavy workloads, OTs are often being requested to take on additional tasks such as covering for other clinicians, taking on student learners, and helping with non-clinical and administrative tasks. These added stressors and competing priorities may decrease interest levels to participate in this program from both mentors and mentees. Prospective participants may view this program as “just one more commitment” to add to their overly full plates, which can be a significant deterrent.

To mitigate these challenges, it would be important for the author and the Professional Practice team to have clear messaging on the important benefits of the program, especially related to how this program can help break the cycle of burnout, and can directly assist with staff retention. It would be important for the team to emphasize how, unlike other types extra professional activities that staff are asked to take on, this program aims to build up OTs, strengthen connections and professional identity, reduce burnout and bolster resilience. It would also be important for the team to emphasize that participants will be granted protected time to participate in the program.

Managers/hospital administration will be strongly encouraged to help promote this program and acknowledge it as an organizational priority.

Other related challenges may include getting buy-in from all of the managers/hospital administration to endorse and prioritize the program. While it is expected that most managers will recognize the value of the program, a handful of managers may be reluctant to allow their already stretched, extremely busy staff members to attend an additional program during work hours. However, if the program is

recognized as being in line with organizational priorities, then it will increase managers' uptake of the program. Also, if initial positive results are shared with these managers, they will likely be more inclined to support it. Regardless of management support, in terms of logistics, it may be difficult for mentors and mentees to schedule their mentorship sessions given their heavy schedules. To mitigate this challenge, mentors and mentees will be encouraged to create a mutually agreeable recurring meeting series well in advance, based on a time that works best for them. Having the option to meet virtually might also help with scheduling as it prevents the need to complete room bookings.

Summary and Conclusions

Occupational therapists working in the area of mental health are at elevated risk of experiencing burnout. This issue is especially concerning given the many adverse outcomes that can be linked to burnout (e.g., lower quality of care and high turnover rate), during a time in which Ontario healthcare is experiencing the most severe staffing shortages in decades. Some of the contributing factors to the increased burnout risk for OTs working in mental health include: The nature of work and demands of the job, lack of rewards, limited sense of community/limited discipline-specific support, and lack of training/resources. These factors can lead to increased feelings of professional isolation, a diluted sense of professional identity and increased emotional exhaustion, which can ultimately lead to increased stress and burnout risk.

The proposed *New Hire Support Program for Mental Health Occupational Therapists (OTs)* aims to address the aforementioned issues, and will specifically target OTs who are new (less than 2 years) to the area of mental health. The program's

objectives are to minimize burnout risk and build professional resilience for new mental health OTs employed in Ontario, Canada. The program includes three key components that integrate burnout prevention and resilience strategies supported by the evidence literature. These interventions include a self-directed, new hire support toolkit (with topics such as clinical resources, professional development and clinician self-care resources), a robust mentorship program, and a professional development and self-care plan.

Each of these interventions are completed by participants in an integrated manner — that is, participants will work through modules in the support toolkit, while simultaneously participating in the structured mentorship program, and while working to complete their professional development/self-care plans. Some key anticipated program outcomes include: An increased understanding of burnout risks and prevention strategies, increased network of support from other OTs, reduced burnout rates, increased resilience levels and improved retention rates. If the results from the six-month pilot program are successful, then the hope is to expand this program to mental health settings across the province of Ontario.

CHAPTER FIVE – Program Evaluation Research Plan

Program Scenario and Stakeholders

Program Details

The *New Hire Support Program for Mental Health Occupational Therapists (OTs)* is an intervention intended to reduce burnout risk and build professional resilience for occupational therapists (OTs) who are new to working in the area of mental health. This program will be piloted in a large, urban mental health hospital in Ontario, Canada, with the hope of eventually expanding it to other mental health settings across Ontario. This will be a voluntary program that will involve a self-directed learning format based on Adult Learning Theory principles (Knowles, 1980). The program will include many of the burnout prevention strategies and resilience interventions supported by existing evidence literature.

Those who will be directly served by the program will be OTs who have worked in the area of mental health for two years or less. By helping to minimize burnout risk and bolster resilience among this group of OTs, many other groups also benefit, such as hospital administration and clients/families. Hospital administration will benefit from this program as it will likely result in increased retention rates and lower attrition among staff, and clients/families will benefit from it as reduced burnout among staff can have a positive impact on the quality of care for clients. Those who will be directly involved in delivering the pilot phase of the program will include the author, the OT Discipline Chief, the Professional Practice team, administrative staff/research support from Professional Practice, and several experienced OTs, who will be recruited as mentors in the program.

The pilot program will be primarily delivered virtually through the secure and confidential WebEx platform. This was chosen for accessibility purposes since OTs often work at different sites across the pilot organization and some outpatient OTs work primarily virtually. The New Hire Support Toolkit and professional development/self-care plans, which are two additional components of the program, will be accessed in electronic SharePoint folders. The toolkit will include multiple modules on different topics such as burnout prevention, professional networking and professional development. The author, the Manager of Professional Practice, and 1–2 administration support staff in Professional Practice will be involved with coordinating the delivery of the program (e.g., matching the mentors and mentees, providing mentorship training, conducting routine check-ups with the mentorship groups, responding to questions about the online toolkit modules, etc.).

In terms of intended users of the program evaluation research findings, there is a diverse range of groups who would benefit from these findings. These groups include: i) OTs at the pilot organization; ii) Professional Practice and the Occupational Therapy Discipline Chief; iii) hospital administration and clinical managers; iv) clients and families; and v) the Ontario Ministry of Health. The following descriptions provide additional context to why each of these groups would be considered key stakeholders and how these groups would benefit from the findings:

- Occupational Therapists (*micro level*) – OTs at the pilot organization will directly benefit from the program. New OTs at the organization will be asked to participate in the program, and will have the opportunity to gain benefits related to reduced burnout

risk and resilience building. Experienced OTs who would not qualify to be participants in the program, since it is geared toward new OTs, would still be important to engage as stakeholders as they would be able to provide useful input regarding program activities, implementation strategies and program planning. Some of the experienced OTs will also be asked to take on the mentor role. Both the new OTs and experienced OTs will benefit from the program's results as it is anticipated that the results will highlight the program's impact and will hopefully help to validate the value of participating, thus helping to spur additional interest and promoting future participation.

- Professional Practice team and the Occupational Therapy Discipline Chief (*meso level*) – The Professional Practice team and the Occupational Therapy Discipline Chief would be involved in the program delivery and evaluation, and would therefore be an important stakeholder group. This group would benefit from the program's findings as the program is intended to be directly aligned with their mission to advance practice, foster professional development and support staff retention. As such, the findings will help to further validate that the program helps to achieve Professional Practice's mission.
- Hospital Administration and Clinical Managers (*meso level*) – Engaging hospital administration/management is key as they would be involved in approving the entire project, including the allocated time and budget, and thus they will have an invested interest in its outcomes. This group would likely want to determine whether the program accomplishes what it intends to – that is, having frontline staff feel supported

- by the organization and experience less burnout, which in turn would lead to increased staff retention and improved productivity/quality of care.
- Clients and families (*meso level*) – As service users, clients and families may be interested in hearing about how the organization is supporting its own staff, so that the staff can then better support the clients. As such, they will likely have an invested interest in the program’s findings.
 - Funding sources and Policymakers from the Ontario Ministry of Health (*macro level*) – It would be important to engage and update representatives from the Ontario Ministry of Health, as they are the main funding source for the organization in which the program will be piloted, and would thus be helping to fund this program. To increase buy-in, it would be important for the Ministry to understand both the intended and actual short- and long-term outcomes of this program, so that they can recognize this program as an investment and a cost-saving measure.

Research Practice Scenario

The following scenario highlights the current staffing shortages and high levels of burnout in the area of mental health, and how this pilot program can help fill this gap:

A clinical manager, Jules, of a large psychiatric inpatient team is experiencing a dilemma. Although there are three OT positions on her team, two of her OTs recently resigned due to issues related to burnout and feeling overwhelmed. The remaining OT, Gerri, is brand new to the area of mental health and has indicated she is already starting to feel burnt out. Jules has been trying to recruit new OTs to backfill the two vacant positions, but has not had much interest among applicants. As such, in spite of Gerri

being a new grad, she has been asked to temporarily cover for the two other OTs, making her feel overstretched within the role.

Gerri inquires if there is any discipline-specific support available, as Jules is a social worker by training and there are not any other OTs on the team who can offer support to Gerri. Gerri states that she is starting to feel quite isolated and that this is beginning to impact patient care; she indicates that she would benefit from consulting with more experienced OTs, engaging in discipline-specific reflective practice activities, and occupational therapy-specific skill acquisition. Jules urgently reaches out to the OT Discipline Chief and the Professional Practice team at the hospital to verify whether any such mentorship or discipline-specific support program exists, stating that this type of program would directly help support retention issues in her service area as well as overall patient care. Jules and Gerri are both very grateful when they learn about the New Hire Support Program for Mental Health OTs. Jules states that she wishes such program exists at all hospitals and mental health settings across the province, as she is able to foresee the benefits related to burnout prevention, professional resilience, work satisfaction, retention and quality of care.

Vision

When qualitative and quantitative information is collected and analyzed for the pilot phase of the *New Hire Support Program for Mental Health OTs*, there are many short- intermediate-, and long-term outcomes anticipated. In terms of short-term outcomes, participants are anticipated to experience an increase in awareness and knowledge about burnout warning signs, burnout risks, and prevention strategies, as well

as stronger connections with the occupational therapy community, and an improved sense of professional identity. It is anticipated that participants will also demonstrate increased engagement in self-care and resilience-building activities. In terms of intermediate-term outcomes, it is anticipated that participants will experience reduced individual burnout levels, as well as strengthened professional resilience levels. Finally, in terms of long-term outcomes, it is anticipated that there will be increased retention rates among participants, increased levels of work satisfaction and overall enhanced engagement in patient care/improved quality of care.

The program research findings may contribute to the occupational therapy knowledge base as there is a significant lack of literature on occupational therapy and burnout prevention, and especially a lack of literature on burnout prevention for OTs working in the area of mental health. This program also incorporates mentorship as one of the major components to help minimize burnout and build resilience, whereas most existing burnout prevention programs incorporate education, workshops, and self-care strategies, without incorporating a mentorship element. As such, this multi-pronged burnout intervention program, which incorporates several diverse burnout prevention and resilience-building strategies, is unique in nature and will be one of the first of its kind to be delivered in a mental health setting and specifically targeting OTs. If the program's anticipated outcomes are achieved, this will add to this limited body of literature and may highlight an important intervention approach worth investigating further. This program and its anticipated outcomes are especially timely and relevant given the current staffing shortages and increase in burnout rates across healthcare disciplines in Canada, as well as

the heavy focus on resilience-building and burnout prevention for healthcare professionals.

Engagement of Stakeholders

To recap, there is a diverse range of groups that would likely be interested in the program evaluation research findings, ranging from hospital administration/management, to occupational therapists, to Professional Practice staff, to funders, to clients and families. In terms of hospital administration/management, it will be integral to have this group's support as they oversee all of the main clinical program areas. As such, this would be an important group to engage from an approval perspective and in terms of resource/time allocation.

Occupational therapists at the organization are obvious stakeholders as they will be benefitting from the program directly, and some of the experienced occupational therapists will be asked to be volunteer mentors. Occupational therapists who have been working in the area of mental health for less than two years are eligible to be participants in the program. Occupational therapists who have at least four years of experience working in the area of mental health will be screened by Professional Practice to ensure they are able to commit to the program and are able to provide effective mentorship. They will also go through a short training process to become a mentor. The Professional Practice team, especially the Director and Manager of Professional Practice would also be key stakeholders, as they have significant influence over all professional practice initiatives, including projects that support new hires and staff development. These stakeholders also have significant influence in terms of working closely with hospital

administration to effect practice changes.

The Occupational Therapy Discipline Chief at the organization, in charge of supporting over 90 occupational therapists, will also play a significant role in helping to advocate for the approval of this program and working closely with the Professional Practice team and hospital administration to push for its implementation. Both the author and other Professional Practice staff, along with research assistants, will play a direct role in coordinating the pilot program, recruiting study participants and mentors, and conducting the data collection. Professional Practice research assistants will also help with carrying out the methodology. The Research Department at the pilot organization will be responsible for the Institutional Review Board approval, and can also offer guidance to the author and Professional Practice staff regarding this process.

Funders and policymakers from the Ontario Ministry of Health would also be key stakeholders, in terms of providing and approving the hospital's budget, including the Professional Practice budget. Without their endorsement, it will be difficult to proceed with this program. They usually approve a large pool of funds to the organization, which will then be distributed across different programs areas. It would be important to advocate for ongoing funds to Professional Practice, so that a portion of the Professional Practice funds can be earmarked for this program. Both hospital administration and Professional Practice staff can help play a role in terms of advocating for sustainable funding from the Ministry to the Professional Practice portfolio.

Although clients and families do not directly benefit from this program, they do indirectly benefit from it, as staff wellness/resilience-building initiatives tend to foster

better quality of care for clients. As such, it would be important to seek client and family input into the process. At a minimum, it would be important to keep this group informed about the efforts that are being made to provide clinician support.

Stakeholder Strategies

As outlined in Chapter 4, stakeholder groups, including those at the pilot organization, would be sent via email a one-page information handout outlining the *New Hire Support Program for Mental Health OTs*, its interventions/activities, and anticipated benefits. The handout would be tailored to each group to help spark stakeholders' interest in the program and create buy-in. Chapter 4 described the outreach plan pertaining to two of the most important stakeholders – the occupational therapist group as well as the managers and hospital administration group. This section will further describe the outreach plan pertaining to other important stakeholder groups, including Professional Practice, funders and policymakers, and clients/families.

The Professional Practice team will likely care most about whether the program achieves its objectives regarding minimizing burnout risk and building resilience, as this helps to support its mandate of promoting professional practice growth and building capacity in new hires. The Professional Practice staff will also want to hear about the program evaluation research findings, and whether this program model could eventually be replicated in other contexts and with other disciplines, since Professional Practice provides interdisciplinary practice support.

In terms of funders and policymakers, similar to hospital administration, they will likely care most about whether their funding is being utilized in the most streamlined,

efficient and sustainable way possible. As such, it would be important to highlight in this group's information handout how the program is a cost-saving investment, and has the potential for long-term gains. It would be important to highlight how the program is projected to increase staff retention and reduce the number of staff members going on sick leave, thus yielding cost-saving effects.

In terms of clients/families, this group will likely care most about how the program helps to promote staff consistency and continuity of care, as well as improved quality of care. As such, in this group's information handout, the client/family benefits will be clearly outlined.

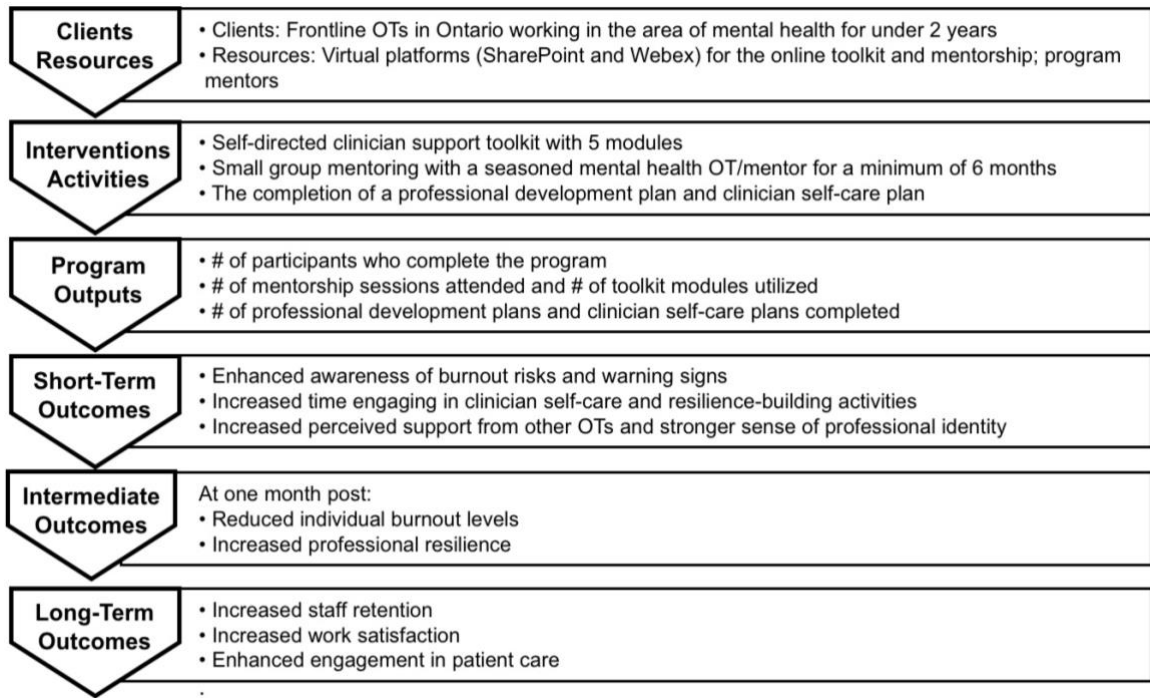
Simplified Logic Model for Use with Stakeholders

A simplified version of the logic model will be presented to stakeholders to provide a high-level overview of the program's activities and projected outcomes/benefits. Stakeholders should be able to quickly identify that the resources required for the program are relatively minimal, especially compared to the number of expected gains. The simplified logic model, Figure 5.1 should be able to capture the attention of the various stakeholder groups and touch upon the different interests of these groups. For example, the hospital administration, management, and funders' stakeholder groups will likely be able to better understand how the program contributes to increased staff retention, work satisfaction, and improved engagement in patient care. Occupational therapists will likely be able to better understand how the program helps to increase clinician engagement in self-care activities and build awareness of burnout risks. In general, the simplified logic model should be a useful tool when engaging stakeholders

and aiming to help them recognize the value of the program and the theory behind its effectiveness.

Figure 5.1

Simplified logic model for the proposed program evaluation research demonstrating resources and outputs, as well as expected outcomes.



Preliminary Exploration and Confirmatory Process

Before the confirmatory meetings with stakeholders, the author will send them the following background information as part of the preliminary exploration process: a brief information sheet on the benefits of the program; a research snapshot on burnout prevention strategies in the area of mental health; a simplified logic model; and information about upcoming stakeholder meetings. It is anticipated that this background information will spark their interest and help with increasing uptake to attend the stakeholder meetings.

In terms of the confirmatory meetings, to make attending the meetings highly accessible, all of the stakeholder meetings will take place virtually through the secure WebEx platform. Meeting invitations will be sent to stakeholders via Outlook email. There will be multiple virtual meetings planned to ensure sufficient time to provide information, and then to review and discuss program objectives, activities, outputs, outcomes, program evaluation research design, and methodology. To create optimally productive meetings, the author will divide the stakeholder groups into the following subgroups, and would meet separately with each subgroup:

- Group 1: Professional Practice staff and all occupational therapists at the organization;
- Group 2: Hospital administration/management, funding sources;
- Group 3: Clients and their families.

The author, along with other practice leaders supporting this program, would meet with Group 1 first, since this group is directly involved in and impacted by the program, and it would be important to seek their initial input. It would also be vital to be in alignment with the Professional Practice staff since the author works out of Professional Practice, and the author would need Professional Practice's endorsement in order to move the program forward. Secondly, the author would meet with Group 2, since this group will need to approve the budget to make the program happen, and so it would be essential to have their support. Thirdly, the author would meet with Group 3, since this group indirectly benefits from this program and is the group that the pilot organization exists to serve. It would be important to get this group's support and input on the program, and to

highlight the link between staff wellness and quality of care/patient outcomes.

During the confirmatory meetings, the author would distribute a brief research snapshot highlighting the current rates of burnout, along with information on the causes and implications of burnout, as well as strategies to minimize burnout risk. The goal of the research snapshot would be to build a case for this program, so that stakeholders can understand its need and value, and to demonstrate that there are evidence-based strategies that can help with the issue of burnout. The author would also use the research snapshot as a guideline for the presentation to the group. More specifically, the snapshot would outline some of the contributing factors to burnout among mental health OTs that can impact performance and quality of care, including: the demands of the job, the nature of the work, the limited sense of community/professional supports, professional isolation, and a decreased sense of professional identity (Abendstern et al., 2017; Devery et al, 2018; Edwards & Dirette, 2010; Gupta et al, 2012; Lloyd et al, 2005; Parkinson et al. 2010). In addition, the snapshot will provide information on evidence-based strategies to prevent burnout, highlighting that many of these strategies, such as mentorship and clinician self-care activities, will be embedded in the proposed program.

Other studies that will be outlined in the research snapshot include a study by Gupta et al. (2012), which found that among a group of occupational therapists in Ontario, a large proportion experienced high levels of burnout. This mixed-methods study also identified key coping strategies/burnout prevention strategies from participants, such a maintaining personal/professional balance and engaging in self-monitoring – strategies that will be incorporated in the proposed program. The snapshot

would also include the study by Scanlan & Hazelton (2019), which examined the link between burnout, job satisfaction, professional identity and meaningfulness of work activities for mental health occupational therapists. Further, the snapshot would include studies on professional resilience that are in line with some of the additional program activities included in my proposed program. For example, Ashby et al.'s (2013) study found that occupational therapy support networks, as well as efforts to build professional identity, were factors that helped strengthen resilience among mental health occupational therapists.

During the author's presentation to stakeholders, the author would also highlight the relatively low-cost program budget, emphasizing that the main cost associated with the program is *time* – i.e., providing new occupational therapists and mentors with the protected time to participate in the program during work hours. The author would come prepared to present projected resources needed and projected cost savings associated with the program outcomes. When presenting to groups 1 and 2, the author would link the program to the pilot organization's Human Resources and Staff Wellness policies. These policies clearly state that staff wellness is a current priority for the organization (as it is across most hospitals in Canada), and that the organization must do everything possible to ensure staff needs are addressed in an equitable and timely manner. By showing the link between the pilot organization's stance on staff wellness and the goals of this program, this would likely help increase buy-in from the stakeholders, especially hospital administration and management.

Further, the author would review the simplified logic model with stakeholders,

and would especially focus on the program goals/objectives, activities, and outcomes.

The author would spend ample time reviewing the projected outcomes of the program as well as reviewing the program evaluation research questions, design and methodology.

The author would provide a high-level overview of the formative and summative data collection process, including how the data will be used to ultimately improve and potentially expand the program. For example, the author would describe how the formative data collection process will involve conducting semi-structured interviews following the initial launch with the program participants to get a sense of whether the program is achieving its objectives and to get their feedback on areas for improvement.

The author would describe how the summative data collection process will involve pre- and post-tests using validated measurement tools, as well as a survey focused on work satisfaction and meaningfulness of their work. The author would seek stakeholder feedback on the program evaluation methodology and data collection process to determine stakeholders' perception on whether it will be feasible and effective. The author would also describe to the stakeholder groups the plan to keep them updated on the formative and summative results throughout each step of the process, with regular updates provided in follow-up meetings.

The author would spend time to clarify the goals from the viewpoint of the stakeholders and determine whether the goals are realistic and achievable. The author would also aim to help stakeholders recognize the link between the program's goals and their own goals/interests, e.g., staff wellness, retention and cost savings. Throughout this process, the author will actively invest in hearing stakeholder feedback and will

demonstrate good listening skills to really understand what their concerns are. The author would make sure to add a standing agenda item for every stakeholder meeting that focuses on hearing feedback and concerns. The author would obtain consent from stakeholders to record each of these meetings, as the recording will provide the ability to later review the meeting in case any important points were missed. The Professional Practice administrative staff would take meticulous notes and the author would flag areas in which the group is not in sync or where there are specific concerns that remain uncertain, such as financial concerns or concerns around program components or logistics. The author would work collaboratively with the stakeholder groups to troubleshoot, explore options/solutions and engage other subject matter experts as necessary. The author would be sure to come prepared with a few potential options/solutions to their concerns in advance.

With the OT stakeholder group, who will be potential participants in the program, the author will conduct a few focus groups to ensure they are understanding the needs of this important stakeholder group, and to gain their input on the design and intervention activities included in the program. These focus groups will occur a few months prior to the program start date and will be moderated virtually by the author and a Professional Practice research assistant, and will include several open-ended questions designed to better understand this stakeholder group's views on what is contributing to burnout and whether the program activities will be sufficient in meeting their needs.

Program Evaluation Research Questions

Appendix G provides a list of the qualitative and quantitative research questions pertaining to each program stakeholder group's interests. Each research question will be answered using information gathered as part of the program evaluation methodology.

Overall research questions that will be answered at the completion of the program evaluation research and data analysis include:

Qualitative

Was the program content and delivery sufficient for the OT participants to apply the strategies that were taught?

How did participants benefit from the mentorship component? How did they benefit from the toolkit component?

Quantitative

To what extent did program participants experience lower burnout rates and higher resilience levels after completing the program?

To what extent did staff retention and work satisfaction improve after completing the program?

Research Design

This program evaluation research design will be comprised of formative and summative program evaluation approaches. It will be a single-group, non-experimental type of design with pre-post summative program evaluation using parametric type of statistics for analysis. Qualitative data will be collected in the formative program evaluation portion, and quantitative data will be collected in the summative program

evaluation portion of this research design.

Formative/Qualitative Design

The research design for collecting formative information will involve conducting semi-structured interviews and a short survey developed by the author containing open-ended questions. The semi-structured interviews will be conducted with ~eight program participants and ~five mentors after the initial pilot launch of the program, within 3–4 months of the program start date, which is roughly halfway for most participants since the program duration will be approximately six months. The semi-structured interviews will aim to elicit in-depth information about participants' and mentors' experience in the program thus far, in terms of how the program activities are going, exploring short-term benefits, and discussing the components that have been most helpful/unhelpful. The survey will help supplement this information and will maintain participants' anonymity, which will hopefully allow for more honest responses.

Summative/Quantitative Design

The research design for collecting summative information will involve conducting a non-experimental, pre-post study with a single group. Measures will be administered immediately before program initiation and re-administered one week after program completion. To evaluate for the sustainability of the outcomes, a few of the standardized measures will also be re-administered three months following program completion. The independent variable will be the program/intervention, and key dependent variables will be burnout levels, professional resilience, staff retention, and work satisfaction. Statistical analyses will be conducted to determine whether there are statistically significant

differences between pre-program tests and post-program tests. This process will be expanded on in the next sections.

Methods

Institutional Review Board Approval

Prior to data collection, the author and the Professional Practice research assistants will apply to the Institutional Review Board. As a research and teaching hospital, the pilot organization has its own Research Ethics Board (REB) that meets the requirements of the Tri Council Policy Statement (Government of Canada, 2018) and also meets the requirements of international research ethics standards. The REB provides support for the application process and undertakes initial and continuing reviews of human research. As such, the author and the research assistants will apply to through the REB and will receive guidance from the Board regarding this process.

Confidentiality

Confidentiality will be carefully ensured in line with Institutional Review Board (IRB) regulations. All participants will be asked to provide written informed consent prior to participating in the program and will be notified that participation is voluntary. The consent form will describe the program, review the risks/benefits of participation, and will describe the program evaluation research and data collection processes involved. In terms of data management, all of the participants will be assigned a code designation — a mix of letters and numbers — which will be used throughout data analysis, and this code will not contain any personally identifiable information. An organized spreadsheet that connects each participant with their code will be stored in an encrypted, secure folder

on a password protected computer and will be stored separately from other data collection files.

All data collected, including interview recordings, interview transcriptions, survey data and measurement data will be stored on clearly labeled, encrypted file folders on a password protected computer. Only the author and the Professional Practice research assistants directly involved in data collection/analysis will have access to the files and the computer. Any data sent via email will be done through a secure email account, such as the pilot organization's Outlook email program, which has the highest level of security. All data will be backed up using a secure external hard drive, which will be stored in a locked cabinet.

Formative/Qualitative Data Collection Methods

Setting, Timing and Participant Group

The formative data collection will take place completely virtually, and will occur approximately 3–4 months following the program's pilot launch. The semi-structured interviews will be conducted via the WebEx platform, which is a platform that has been approved by the pilot organization and is deemed to be highly secure. The survey will be comprised of open-ended questions and will be collected via Qualtrics. The formative data will be collected from ~8 program participants and ~five program mentors. All participants will be randomly selected from the pool of total participants and mentors, and will be recruited by the Professional Practice research assistants via email. The inclusion criteria to be asked to participate in the interviews will be as follows: i) Has consented to complete both the interview and the survey; ii) Has participated in the

program for at least three months; iii) Has demonstrated active participation in the program by attending at least 80% of the scheduled mentorship sessions and working through at least two of the support toolkit modules.

Qualitative Information Gathering

The semi-structured interviews will be scheduled via an Outlook calendar invitation one month in advance by the Professional Practice research assistants. This will occur once participants are approaching the three-month mark of participating in the pilot program. Each interview will be scheduled for 45 minutes and will be facilitated by a Professional Practice research assistant. Interviews will be conducted via the WebEx platform, and will be recorded directly on WebEx. Credibility and confirmability of findings will be optimized by having two different research assistants involved in the coding process and analysis, which will allow for analyst triangulation. In addition, member checking will be conducted by sharing the findings with the participants via a short report to affirm whether findings/themes are accurate.

Sample Questions

In the semi-structured interviews with *program participants*, sample questions include:

- In what ways has the program helped, if at all, with increasing engagement in clinician self-care activities?
- In what ways has the program helped, if at all, with your professional development?
- Has the program helped with shaping your sense of professional identity?
- What components of the program, if any, have been most helpful in building resilience? What components have been least helpful?

- What has your experience been like receiving mentorship?
- How has the support toolkit been helpful/unhelpful in supporting your learning and development needs?

In the semi-structured interviews with *program mentors*, sample questions include:

- What has your experience been like providing mentorship?
- How effective do you think the program is in terms of helping with burnout and building participants' resilience?

In the open-ended survey for *program participants*, sample questions include:

- What are the main benefits and challenges you have experienced from participating in the program so far?
- What are some strategies and skills, if any, that you have gained from the program that you believe will act as a buffer against clinician burnout?

Methods for Formative/Qualitative Data Management and Analysis

The recorded interviews will be transcribed verbatim using NVivo. The open-ended survey responses will be compiled and categorized by question. The interview and survey data will be analyzed using Braun and Clarke's (2006) guidelines for thematic analysis. Two research assistants will manually code the interviews individually, and then will meet together to review the codes and determine a master coding scheme. Then, a final set of codes will be grouped into themes. A third research assistant will review the final set of themes. Credibility and trustworthiness will be strengthened through triangulation of analysts and through multiple data collection methods, as well as member checking with participants by sharing the findings.

Summative/Quantitative Data Collection Methods

Setting, Timing and Participant Group

The summative data collection will take place completely virtually via Microsoft Outlook and Qualtrics. The pre-tests will occur the week prior to the program start date, and the post-tests will occur one week following the program end date, which will be approximately 6-months after the start date. All participants in the initial pilot launch will be asked to participate in the pre- and post-tests, with the max number being 15, as it is not expected that there will be more than 15 participants total. The inclusion criteria to be asked to participate in the post-tests will be as follows: i) Has consented to participate in both the pre- and post-tests; ii) Has completed pre-test measures; iii) Has completed at least six months of the program including the wrap-up activities; iv) Has demonstrated active participation in the program by attending at least 80% of the scheduled mentorship sessions throughout, and completing over 75% of the toolkit modules/activities.

Quantitative Information Gathering

Two Professional Practice research assistants will be helping to conduct and collect measurement tools both pre- and post-program. The survey and scales will be completed and submitted electronically. In order to optimize validity and reliability, the core measurement tools used will have high validity/reliability as supported by the literature. Study protocols will be carefully followed to ensure that participants go through the same process in terms program implementation and data collection.

Independent Variables, Dependent Variables and Measurement

The independent variables in the study include the program components and

activities — i.e., mentorship, the support toolkit, and the professional development/clinician self-care plans. The key dependent variables will be burnout levels, professional resilience, staff retention and work satisfaction. In terms of measuring the dependent variables, the following tools/scales will be utilized:

- **Burnout** – The Maslach Burnout Scale for Human Services will be administered pre- and post-program. This burnout scale is known to have high validity and reliability, and has been widely used in burnout literature since the 1990s (Maslach, Jackson & Leiter, 1996). This scale has also been used in occupational therapy burnout literature (e.g., Edwards & Durette, 2010). The scale is comprised of 22 self-report items with a 6-point Likert scale covering three domains of burnout: emotional exhaustion, personal accomplishment and depersonalization. Higher scores equate to higher burnout levels.
- **Resilience** – The Connor Davidson Resilience Scale will also be administered pre- and post-program. This scale defines resilience as adaptive functioning following hardships and adversity (Connor & Davidson, 2003). The scale has 25-items – e.g., “can achieve goals despite obstacles”, which are scored on a five-point Likert scale. The higher total scores equate to higher resilience levels. This scale is used widely across different populations and contexts and is considered to be valid and reliable (Kuiper et al., 2019).
- **Staff retention** – The retention rates will be measured by how many of the participants leave the organization or change to a non-occupational therapy role throughout the duration of the program, which is ~six months. Retention rates among the group of

participants will be compared to retention rates among new hire occupational therapists at the organization for the 12 months preceding the program start date. Retention rates will also be compared to the provincial average retention rates for occupational therapists in Ontario.

- Work satisfaction – A 5-point Likert scale survey will be administered pre- and post-program that will ask participants to rate their work satisfaction, sense of professional identity and meaningfulness of the role. For example, “On a scale of 1-5, how would you rate your overall satisfaction with your job and specific role?”

Methods for Summative/Quantitative Data Management and Analysis

The survey responses will be collected electronically through Qualtrics. All data and scores will be organized on a spreadsheet, and mean scores for all of the measures will be calculated. The Statistical Package of the Social Sciences for Windows, Version 27.0 (IBM, 2020) will be used for statistical analysis. Paired t-tests will be used to analyze changes in participants’ burnout levels, resilience levels and work satisfaction ratings before and after participating in the program. Demographics such as age, gender and education level will also be recorded, as this may be helpful information to determine if there are differences across demographic groups.

Anticipated Strengths and Limitations

As is the case for many pilot programs, there are a number of anticipated strengths and limitations. Some anticipated strengths include that this program is multi-pronged in its approach and uniquely combines different evidence-based interventions. This program also comes at a time in which it is highly relevant, as the healthcare system

and mental health system in Canada are currently experiencing severe staffing shortages and retention issues, hence this program can help fulfill an urgent, system-level need. Another strength of this program is that it is relatively cost effective, and there are many hospital leaders and managers that would likely view this program as an investment.

In terms of anticipated limitations, it may be challenging for the author to recruit potential participants because if OTs/mental health clinicians are already feeling overwhelmed and burnt out, they may be more reluctant to participate in extra programming. Although many leaders and managers would be very supportive of this type of program, there will likely be some that are skeptical of the program, especially allowing their staff to attend it during work hours due to time and resource constraints.

Additionally, during the administration of the post-assessments, it may be difficult to tease out whether the outcomes are solely due to the impact of the program or whether there may be other extraneous variables at play (e.g., other professional development opportunities, other supports in place, etc.). Extraneous variables can thus impact the outcomes of the study and lead to inaccurate conclusions. Further, because the pilot program will likely have a smaller pool of participants (e.g., 15 participants max) this smaller sample size may also make it difficult to determine if a particular outcome is a true finding. These limitations will be important to consider for the author and the research team, as well as exploring potential strategies to help mitigate these risks.

Summary and Conclusion

The main program components, including the resource toolkit, mentorship and the professional development/self-care plans are the independent variable in the study. The

key dependent variables include professional resilience, burnout rates, work satisfaction and staff retention. A range of scales and evidence-based measures will be used to evaluate outcomes. A non-experimental, pre-post study with a single group will be applied and statistical analyses will be completed to determine if there are statistically significant outcomes. A diverse range of stakeholders will be the intended users of the evaluation results. This stakeholder group ranges from: OTs working in mental health, clinical managers and hospital administration, Professional Practice and OT Discipline Chief, Ontario Ministry of Health, and clients/families.

CHAPTER SIX – Dissemination Plan

The *New Hire Support Program for Mental Health Occupational Therapists (OTs)* aims to minimize burnout risk and promote resilience-building for clinicians new to the area of mental health. As recommended by Morse et al. (2012), this program involves a multi-pronged intervention approach. It combines multiple evidence-based support strategies, including mentorship, a toolkit, and professional development/self-care plans to help achieve its goal around supporting new mental health OTs. The pilot phase of the program will occur for a six-month period at a large mental health hospital located in Ontario, Canada, with the hope that this program will eventually expand to other mental health settings across the province.

Dissemination Goals

There are many anticipated outcomes hoped to achieve through disseminating the key messages related to this project. One anticipated outcome is that this program will raise awareness about the importance of preventing burnout for mental health OTs, and will encourage and inspire mental health OTs to reflect on their own wellness needs. That is, by merely hearing about this program, it may prompt mental health OTs to consider their own vulnerability to burnout and may help them to recognize the need for burnout prevention and resilience supports in their settings. Another anticipated outcome is that the key messages from this project may resonate deeply with healthcare leaders and hospital administration, including both leaders within the area of mental health and outside the area of mental health. It is anticipated that these leaders may want to adopt this program (or a similar program) in their respective settings as they aim to manage

high clinician burnout rates and issues with retention.

The following outlines the program's long-term dissemination goals:

- After the pilot phase, the New Hire Support Program for Mental Health OTs will expand and spread more widely across many mental health settings in Ontario, and will also expand outside of mental health settings to include other types of healthcare settings (e.g., medical hospitals and rehabilitation centers).
- Burnout prevention and resilience for OTs will be discussed more openly within mental health settings, and will be prioritized at the organizational-level. As more and more mental health OTs participate in this program, the notion of clinicians enrolling in burnout prevention programs will become normalized.
- Attrition rates for mental health OTs will decrease and retention rates will increase across mental health settings in Ontario.

The following outlines the program's short-term dissemination goals:

- Following the pilot phase of this program, the evaluation outcomes will provide evidence to relevant stakeholders (e.g., mental health OTs, management/hospital administration, mental health leaders, government stakeholders, etc.) that this program has the potential to reduce staff burnout rates, increase resilience levels, increase work satisfaction and strengthen retention efforts.
- Following the pilot phase, clinical managers, hospital administration and mental health leaders will be more open to hearing and learning about burnout

prevention programs for mental health OTs, as leaders begin to recognize the many benefits associated with these types of programs.

- More OTs in Ontario may be open to working in the area of mental health given the added supports that are available through this program, and more OTs will be open to participating in this program specifically.

Target Audiences

The primary audience will be OTs new to the area of mental health, since this is the main target group that the program is intended to support. Following the pilot phase, which will include a limited number of OT participants, the key messages will be important for mental health OTs especially as the program aims to spread, expand and increase participants. The Project Team's hope is that mental health OTs will be able to recognize the value in this program and understand the benefits they will gain from participating, thus encouraging other OTs to participate.

The secondary target audience will be mental health clinical managers and hospital administration/leaders, since gaining support and endorsement from this group is key for the program to be able to operate. Managers and leaders in mental health settings will be responsible for approving the implementation of the program and approving participation and budget, along with supporting some the operational aspects of it (e.g., use of clinical spaces/equipment, allocating time for participation, etc.). As such, it is vital that key messages are disseminated to management and leaders in mental health settings to help provide education on the benefits and impact that this program has on mental health OTs, and to help increase buy-in.

Key Messages

The key messages for the primary target audience, OTs new to the area of mental health, include themes focused on how this program is evidence-based, multi-pronged and is designed specifically to support OTs working in this challenging practice area. These key messages will validate the real challenges of working as a new clinician in mental health. The key messages will acknowledge the high burnout rates in this area, while also shedding light on how this program can promote hope in terms of the support that is available. They will highlight how this program can have a direct impact on OTs' overall wellness, work satisfaction and resilience levels.

The following are a few of the specific key messages for the primary target audience:

- 1. With the stress of the recent COVID-19 pandemic, ongoing and worsening staffing shortages and the current mental health crisis throughout Ontario, now more than ever, OTs who are new to working in the area of mental health are experiencing high burnout levels and are leaving the field at alarming rates. The New Hire Support Program for Mental Health OTs was designed to help address and provide support for these real challenges. The promising outcomes from the pilot phase demonstrate the positive impact that this program has on mental health OTs' burnout levels, resilience and work satisfaction. Given the current landscape of healthcare in Canada and the real challenges that come with working in the field of mental health, OTs deserve the ability to access the type of support that this program offers.*

2. *This program is evidence-based and uses a multi-pronged intervention approach to ensure participants are provided comprehensive support from multiple angles. Feedback from participants highlights that this multi-intervention support program, which includes components such as a new hire toolkit and access to discipline-specific mentorship, is empowering and highly effective at achieving its intended outcomes. Participant feedback from the pilot phase indicates that participants feel well-supported through this program through building connections with other OTs, promoting professional growth and development, bolstering resilience and other evidence-based strategies.*

The key messages for the secondary target audience, mental health clinical managers and hospital administration/leaders, include themes focused on how this program will help with clinician job satisfaction, improve recruitment and retention, and enhance the quality of patient care. From a retention standpoint, one of the key messages will include highlighting how this program can strengthen retention at the organizational level and decrease the number of staff members going on sick/stress leave, thus yielding cost-saving effects and better team morale and team functioning.

The following are a few of the specific key messages for the secondary target audience:

1. *During this time of massive staffing shortages and service gaps within the area of mental health, the recruitment and retention of mental health clinicians are high priority issues. The New Hire Support Program for Mental Health OTs is a*

program with promising results, especially as it pertains to retention. Results from the pilot phase indicate that program participants were significantly less likely to leave their jobs in mental health, less likely to take sick/stress leave relative to other clinicians in the field, and had higher job satisfaction levels. From a recruitment standpoint, this program may attract potential OT candidates who are looking for supportive employers who prioritize clinician wellness and demonstrate care for their employees.

- 2. From a morale standpoint, this program helps to decrease attrition rates, improve job satisfaction and thereby enhances staff and team morale. An increase in staff morale and clinician wellness can also lead to improved patient care, which is an area that all mental health settings strive for.*
- 3. With improved retention efforts and reduced attrition, this program can also bring cost-saving benefits, as there will be less time and resources spent on maintaining high turnover rates for mental health OTs. From a budget perspective, the costs associated with maintaining turnover rates and backfilling for burnout-related sick leave, far exceed the costs associated with implementing this program.*
- 4. The program is multi-pronged and evidence based, and feedback from OT participants highlights the positive impact it had on reducing burnout rates and bolstering resilience. Further, participant feedback indicated how grateful they were to their managers and employers for providing an opportunity to access discipline-specific support and burnout support.*

Dissemination Activities

For the OT audience, the pilot organization's Occupational Therapy Discipline Chief will be the spokesperson for the key messages given the author's involvement as Project Lead as well as his discipline leadership role. For the mental health clinical managers and hospital administration/leaders, the pilot organization's Director of Practice will be the spokesperson for the key messages given that this senior leadership role involves advocating for professional practice initiatives. The Director of Practice also has direct connections with hospital administration and clinical managers, which highlights the level of influence associated with this role. For both the primary and secondary target audiences, quotes and feedback from the participants in the pilot phase will be included to help validate and substantiate key messages.

Written Information

For the primary target audience (mental health OTs), a professional brochure will be provided, which will include an overview of the program and its multi-pronged interventions, as well as its outcomes. The brochure will also include a few short testimonials from participants highlighting how they benefitted from the program. This brochure will be sent electronically and in hardcopy (via interoffice mail) by the Project Team to all OTs at the pilot organization, and as the program expands to other sites, will be sent to OTs across the province through professional associations such as the Ontario Society of Occupational Therapist and the Canadian Association of Occupational Therapists. Further, the brochure will be posted on the program's website, and a link to it will be sent electronically to all of the other Occupational Therapy Practice Leaders and

Discipline Chiefs in Ontario (through an OT Professional Practice network distribution list) so that they can distribute it to their respective teams. At the pilot organization, a link to the brochure will also be included in the monthly Professional Practice Newsletter. For this target audience, the brochure will be prioritized as one of the primary dissemination activities.

Further, the author/Project Lead and a Research Assistant will aim to publish an article that provides an overview of the program, with a summary of the preliminary outcomes from the pilot phase. This article will hopefully be published in the Canadian Journal of Occupational Therapy. A link to the journal article will also be sent to mental health OTs through the various communication channels, both internally and externally, using the methods outlined above.

For the secondary target audience, mental health clinical managers and hospital administration/leaders, an executive summary report will be provided both electronically and in hardcopy format by the author/Project Lead and the Research Assistant, which will include a summary of the program with an emphasis on key benefits related to burnout prevention, work satisfaction, improved retention and enhanced patient care. At a high-level, the summary will include some of the preliminary results from the pilot phase, as well as some participant quotes and testimonials that will highlight the components of the program that they found most helpful and how this impacted their overall resilience levels. This group will also receive the link to the professional journal article to help supplement the executive report. The executive report will serve as the primary dissemination activity for this target audience.

Electronic Media

For the mental health OT group, the author/Project Lead will work with the Ontario Society of Occupational Therapists (OSOT) to feature information about this program, including a link to the electronic brochure, on the Mental Health section of their website. For both target audiences, information on this program will be heavily featured on the pilot organization's social media accounts (LinkedIn, Twitter, Instagram, and Facebook posts) as well as on other mental health organizations' social media pages who opt to endorse and/or adopt this program. The social media posts will include links to the program's website and the professional brochure. The author/Project Lead will also connect with other external occupational therapy groups and associations to promote this program on their respective social media pages.

Person-to-person Contact

The author/Project Lead will promote this program internally at the pilot organization through Hospital Rounds and at Occupational Therapy Council meetings for both the primary and secondary audiences. Externally, the author/Project Lead and Research Assistant will promote this program at provincial and national occupational therapy and mental health conferences, including the Annual Canadian Association of Occupational Therapists (CAOT) Conference and the Canadian Mental Health Association (CMHA) National Conference. A podcast episode and a webinar will also be offered through the Ontario Society of Occupational Therapists' (OSOT) monthly webinar series, which will provide information about the program, highlight the importance of burnout prevention initiatives, and will also summarize some of the

preliminary results from the pilot phase. Lastly, the Project Team will arrange to speak to final year OT Students at local universities, such as the University of Toronto, to provide them information regarding this existing program and encouraging them to participate if they choose to work in the area of mental health.

Budget

The table below provides an outline of a preliminary budget for the dissemination activities by audiences (primary and secondary).

Table 6.1

Dissemination Activities Expenses

Dissemination resource/activity	Target audience	Cost	Year One	Year Two
Professional brochure – tri-fold, printed in color, double-sided printing, gloss stock paper	Primary – OTs working in mental health	<p>Creating the content and design of the brochure – pro-bono</p> <p>0.50 cents CAD per copy x 1,000 copies = \$500.00 CAD</p> <p>\$1.00 per mail stamp x 1,000 copies = \$1,000</p> <p>\$500.00+ \$1,000 = \$1,500.00</p>	\$1,500.00 CAD	\$1,500.00 CAD
Journal article, published in the Canadian Journal of Occupational Therapy	<p>Primary – OTs working in mental health</p> <p>Secondary - mental health clinical managers and hospital administration/leaders</p>	<p>Composing the journal article – pro-bono for author/Project Lead; per diem hourly rate at \$33.00 CAD for Research Assistant</p> <p>\$33.00 x 12 hours = \$396.00</p>	\$396.00 CAD	\$0.00 CAD

Annual Executive Summary Report, printed in colour	Secondary – mental health clinical managers and hospital administration/leaders	Creating the content and design of the executive summary – pro-bono 0.50 cents CAD per copy x 500 copies = \$250.00 \$1.00 per mail stamp x 500 copies = \$500.00 \$500.00 + \$250.00= \$750.00	\$750.00 CAD	\$750.00 CAD
Social media posts and OSOT podcast episode	Primary – OTs working in mental health Secondary - mental health clinical managers and hospital administration/leaders	Associations and organizations will post on their social media accounts free of charge. OSOT offers free use of their equipment to record occupational therapy podcast episodes as part of their programming.	\$0.00 CAD	\$0.00 CAD
Professional conference presentations – CAOT Annual Conference, CMHA Annual Conference, OSOT webinar	Primary – OTs working in mental health Secondary - mental health clinical managers and hospital administration/leaders	Presenting at 2 national conferences per year (expenses include conference registration, travel and lodging) \$1500.00 per conference x 2 = \$3000.00	\$3000.00 CAD	\$3000.00 CAD
Total dissemination expenses			\$5,646.00 CAD	\$5,250.00 CAD

Evaluation:

There will be many methods involved in evaluating the success of the dissemination efforts. These methods will include surveying the recipients of the dissemination activities, as well as measuring view counts for the electronic materials (i.e., brochure and executive summary). Another evaluation strategy will include asking

prospective participants and managers/leaders who express interest in the program how they heard about the program, and tracking these numbers to determine which dissemination activity created the most traction and interest. An additional evaluation strategy will be examining the number of managers/leaders that opt to adopt the program at their respective organizations. Finally, the overall evaluation of the dissemination efforts will examine the extent to which the program has increased and expanded in terms of both sites/locations and number of participants. At a minimum, it is expected that through these dissemination activities, the program will quadruple in size in terms of number of participants. Appendix H includes a table with an overview of the dissemination activities, respective evaluation strategies and anticipated outcomes.

Summary and Conclusion

Disseminating the key messages from this project is essential in order to raise awareness about the problem that this program is aiming to address. Dissemination will help to inform potential participants and mental health leaders about this existing program and the promising results from the pilot phase. Dissemination activities will include a range of written, electronic and person-to-person activities. Anticipated outcomes include a relatively high level of engagement with the dissemination material by primary and secondary target groups, increased awareness and interest in the program, expanded program sites/locations, and increased participant numbers. Each dissemination activity will be evaluated for effectiveness, and the activities that are identified to be the most impactful will be capitalized on for future use.

CHAPTER SEVEN – Funding Plan

The *New Hire Support Program for Mental Health Occupational Therapists* is a program that aims to help with burnout prevention and aims to build resilience for occupational therapists (OTs) new to the area of mental health. Although the pilot phase of this ~six-month program will be trialed at a single mental health hospital in Ontario, Canada, the long-term goal is for this program to have it be made accessible across various mental health settings. With this being achieved, OTs working within the mental health field can receive adequate support on a province-wide basis.

The purpose of this funding plan is to provide an overview of the resources needed to support the implementation and sustainability of this program both at the pilot site and when the program expands to other sites. This funding plan may also be beneficial for other OTs and healthcare leaders in Canada, regardless of practice settings, who may want to replicate a similar burnout prevention/resilience building program in their setting. It demonstrates the funding sources that may be available for these types of programs, as well as the respective budget breakout.

Program Budget

There are two main resources required for this program: 1) personnel expenses; and 2) technical expenses. For personnel expenses, at the pilot program, there will be many clinical staff involved in this program. The main and largest expense associated with the pilot program is backfilling time for the mentors and mentees who will be meeting for their mentorship sessions during work hours.

There are also some expenses associated with some of the personnel involved

within the implementation and evaluation process, including research assistant support and administrative support. For example, the research assistant will be expected to provide help with ensuring participants sign consent forms for the evaluation process, administering the pre- and post-evaluations, conducting the semi-structured interviews and analyzing the data. The administrative support will be expected to assist with participant recruitment, organizing the mentor-mentee assignment, ensuring participants are provided with proper access to the electronic toolkit, scheduling stakeholder meetings and providing ongoing administrative support to the project leads. The OT Discipline Chief and the Manager of Professional Practice, who will be leading and organizing the pilot program, will offer these services pro-bono, as these services fit within the scope of their existing roles and responsibilities. Of note, for the pilot site, providing support for staff capacity building and well-being is a priority for the Professional Practice Office at this time.

Table 7.1

Human Resources Expenses

Personnel	Cost per unit	Year One	Year Two	Justification
OT Discipline Chief	\$0.00 CAD (pro-bono)	\$0.00 CAD	\$0.00 CAD	This project fits within the Discipline Chief's role and thus would not be an additional expense.
Manager of Professional Practice	\$0.00 CAD (pro-bono)	\$0.00 CAD	\$0.00 CAD	This project fits within the Manager of Professional Practice's role and thus would not be an additional expense.
OT mentors (backfilling)	Per diem hourly rate at \$47.00 CAD 3 hours per month x ~6	108 x 47 = \$5076.00 CAD	108 x 47 = \$5076.00 CAD	The mentorship sessions will be scheduled during work hours, and the OT mentors' time will have to be backfilled by covering OTs (e.g., part-time OTs would be provided the

	<p>months = 18 hours</p> <p>18 hours x 6 mentors = 108 hours</p>			option to cover these gaps, or the OT mentors could work overtime hours).
OT mentors' responsibility pay stipend	\$100.00 CAD stipend per mentor	6 x 100 = \$600.00 CAD	6 x 100 = \$600.00 CAD	To help incentivize participation among prospective mentors, a small stipend will be provided to each mentor at the end of the program.
OT mentees (backfilling)	<p>Per diem hourly rate at \$40.00 CAD</p> <p>3 hours per month (mentorship) x ~6 months = 18 hours</p> <p>18 hours x 12 mentees = 216 hours</p>	216 x 40 = \$8,640 CAD	216 x 40 = \$8,640 CAD	The mentorship sessions will be scheduled during work hours, and the OT mentees' time will have to be backfilled by covering OTs (e.g., part-time OTs would be provided the option to cover these gaps or the OT mentees could work overtime hours).
Administrative support	<p>Per diem hourly rate at \$27.00 CAD</p> <p>3 hours per week administrative support x ~6 months (24 weeks) = 72 hours</p>	72 x 27 = \$1944.00 CAD	72 x 27 = \$1944.00 CAD	An administrative staff member will be hired to assist with tasks such as participant recruitment, matching mentors to mentees, scheduling, supporting the toolkit rollout, providing technical support to the participants, and providing ongoing administrative support to the project leads (e.g., organizing meetings, taking meeting minutes, etc.).
Research assistant support	<p>Per diem hourly rate at \$33.00 CAD</p> <p>3 hours per week research assistant support x ~6 months (24 weeks) = 72 hours</p>	60 x 33 = \$1980.00 CAD	60 x 33 = \$1980 CAD	A research assistant will be hired to help with tasks such as distributing consent forms, administering pre- and post-evaluations and assessments, assisting with data collection, conducting data analysis and assisting with co-authoring the article.

	72 hours – 12 hours (dissemination activity support) = 60 hours			
Total personnel expenses		\$18,240 CAD	\$18,240 CAD	
Total dissemination expenses		\$5,646.00 CAD	\$5250.00 CAD	Refer to Chapter 6 for more details regarding the dissemination plan.

Regarding technical expenses, fortunately most of the technical requirements for this program will already be satisfied through the pilot organizations' existing equipment expenses. For example, all of the hardware and software required for virtual mentorship meetings, including the computer, monitor, webcam, headset, Internet access, and the WebEx platform will already be provided to all employees at the pilot organization. The electronic support toolkit, however, will be offered via SharePoint, which is a web-based, document management platform that integrates with Microsoft Office. The toolkit modules will be located in folders that will be comprised of resources, tips and strategies for each module. SharePoint has an annual subscription fee that will need to be purchased for the purposes of this pilot program. The pilot organization can choose whether they want to renew subscription following the pilot phase.

In terms of data collection, surveys will be distributed and collected via Qualtrics, which is a web-based experience management software that allows users to create surveys and generate results. Qualtrics also has an annual subscription, which will need to be purchased. Finally, SPSS Version 7.0 will be used to conduct statistical analysis as part of the data analysis process, which will also need to be purchased and is subscription

based. As such, the primary technical expenses are associated with program subscriptions.

Table 7.2

Technical Expenses

Personnel	Cost per unit	Year One	Year Two	Justification
Hardware (computer, monitor, webcam, headset, phone) and Internet services	\$0.00 CAD (pilot site hospital's expenses)	\$0.00 CAD	\$0.00 CAD	All clinical employees at the pilot site are providing access to workstations with computers, webcams, Internet access and all other essential technical equipment required for this program.
WebEx platform for video meetings	\$0.00 CAD (pilot site hospital has existing corporate subscription)	\$0.00 CAD	\$0.00 CAD	All employees are provided with a complimentary, full-access WebEx account.
SharePoint (for online toolkit)	\$12.80 CAD/user/month 12.80 x 20 participants (mentees and mentors) x 6 months	\$1536.00 CAD	\$1536.00 CAD	SharePoint is the electronic document management program that will be used to store the toolkit modules and embedded resources. Each mentor and mentee participant will be provided with their own SharePoint subscription.
Qualtrics subscription (for data collection)	\$1500.00 CAD annual fee	\$1500.00 CAD	\$1500.00 CAD	Qualtrics is a web-based experience management software that allows users to create surveys and collect survey data. A one-year corporate Qualtrics subscription will be ordered for the purposes of this pilot program.
SPSS Version 27.0 (for data analysis)	\$99.00 CAD/month x 6 months	\$594.00 CAD	\$594.00 CAD	SPSS 27.0 will be use for the purposes of conducting statistical analyses of the collected data following the program delivery. A six-month subscription will be ordered for the purposes of this pilot program.
Total technical expenses		\$3,630.00 CAD	\$3,630.00 CAD	

Funding Sources

In terms of funding, there are a number of internal and external funding sources that will be explored. As the pilot organization is an academic teaching hospital, there is already an established research fund for any research project that enhances the quality of care in mental health settings. Given the organization's current heavy focus on staff retention and maintaining wellness, as well as on workplace mental health, this project has a higher chance of qualifying for internal funding.

Externally, the provincial association for occupational therapy, called the Ontario Society of Occupational Therapists (OSOT), offers an annual grant for research projects that promote occupational therapy practice in Ontario (OSOT, 2022). Mental health has been a significant focus and priority for OSOT and many mental health projects have received grants from OSOT in recent years, especially in light of the pandemic and the current mental health crisis across the province. Further, there are also national organizations that provide health research funding, including the Canadian Occupational Therapy Foundation (COTF) and the Canadian Institute of Health Research (CIHR). The former is a foundation that provides research funding specific to the field of occupational therapy (COTF, 2023), and the latter is Canada's largest federal funding institute for health research (CIHR, 2023). Both organizations may be suitable funding sources for this type of research project given the project's focus on advancing mental healthcare through promoting staff resilience, reducing burnout rates and improving patient care.

Table 7.3

Internal and External Potential Funding Sources

Type of Funding	Funding Source
Pilot organization – research fund Estimated amount: \$10,000.00 CAD	The pilot organization’s Research Department offers significant funding through their Discovery Program for innovative research projects that enhance quality of care in mental health settings, which this project may qualify for.
Ontario Society of Occupational Therapists (OSOT) – research fund Estimated amount: \$5,000.00–\$10,000.00 CAD	OSOT provides an annual grant of up to \$10,000 per application to support clinical research that promotes the evolution of occupational therapy practice in Ontario and addresses OSOT practice priorities. Of note, mental health and workplace health are both OSOT priority areas.
The Canadian Occupational Therapy Foundation (COTF) – research grant Estimated amount: \$2,000.00 CAD	The purpose of the COFT is to support research and scholarship in the field of occupational therapy, which have an impact on client care. There are a number of research grants that this program may be eligible for, including a grant specific to research that enhances the practice of occupational therapy and mental health.
Canadian Institute of Health Research (CIHR) – project grant Estimated amount: Up to \$10,000 CAD	The CIHR is Canada's federal funding agency for health research, which supports innovations that improve Canadians’ health and strengthen Canada’s healthcare system. The Project Grant Program is available for research ideas that support the potential to advance fundamental or applied healthcare, health systems and/or health outcomes, especially new or innovative ideas. Given the innovative nature of this support program for mental health OTs, as well as its focus on strengthening Ontario’s mental health system, an application to this grant may be fruitful.

Conclusion

This funding plan outlines the start-up costs for piloting the *New Hire Support Program for Mental Health Occupational Therapists*. There are two main expenses, personnel and technical expenses, with the former expense being the most significant.

The heaviest cost is associated with backfilling for the OT mentors' and OT mentees' time to participate in the mentorship component of the program. There are a number of potential funding sources that can help fund this program, both internally at the pilot organization, as well as externally at the provincial and national levels. As Ontario and Canada grapple with a current mental health crisis and increased burnout rates of mental health clinicians, focusing on burnout prevention and clinician well-being is timely and top of mind among key stakeholders, including healthcare leaders and the provincial and federal government. It is expected that these key stakeholders will welcome this proposed program and will endorse its funding plan given the current level of attention and support for these high priority issues.

CHAPTER EIGHT – Conclusion

The *New Hire Support Program for Mental Health OTs* provides rapid, comprehensive support for occupational therapists (OTs) who are new to the area of mental health, using a multi-pronged, multi-intervention approach and applying Knowles' (1980) adult learning principles. This program is comprised of three main components that are complementary and evidence-based: A new hire resource support toolkit, development plans and mentorship. Given the current high level of burnout rates and staffing shortages in the area of mental health in Ontario, Canada, this program is both timely and relevant. OTs working in mental health are at increased risk of burnout compared to clinicians working in other sectors (Scalan & Hazelton, 2019), and clinicians who are new to the field are at higher risk of burnout compared to more experienced clinicians (McCombie & Antanavage, 2017; Painter et al., 2003). Clinician burnout can lead to mental and physical health problems, increased absenteeism, retention issues and reduced quality of patient care (Dreison et al., 2018).

The literature evidence indicates that there many factors that contribute to increased burnout and decreased professional resilience for mental health OTs/mental health clinicians. These factors include the stressful nature of the work and heavy demands of the role, as well as lack of available training and resource shortages. In addition, factors such as lack of rewards, decrease sense of control, limited discipline-specific support and diminished sense of professional identity are also found to increase burnout risk for mental health clinicians (Abendstern et al., 2017; Devery et al., 2018; Gupta et al., 2012; Lloyd et al., 2005; Parkinson et al., 2010; Scanlan & Still, 2013). This

program uses evidence-based interventions that not only help to mitigate these risk factors, but also work directly to bolster resilience, strengthen professional identity and protect against burnout. Projected outcomes include decreased rates of burnout, increased professional resilience, improved work satisfaction and retention levels, and enhanced quality of care in terms of engagement in patient care activities.

This program has a number of key implications for occupational therapy, especially in the area of mental health. Firstly, this program comes at a crucial time as pandemic-related staffing shortages have reached critical levels, and burnout is prevalent in the area of mental health, with pandemic-related demands for mental health services reaching unprecedented levels (Statistics Canada, 2022a; Statistics Canada 2022b). This program has the potential to address both burnout rates and retention by supporting those who are at higher risk of burning out – i.e., OTs who are new to working in the area of mental health. It can help transform the way that mental health OTs support each other, fostering strengthened discipline-specific professional connections within and across the field and bolstering professional identity. These items are significant protective factors for burnout. This program has the potential to prevent further decline of an already struggling mental health workforce by helping to sustain OTs, who are an essential part of the interprofessional team delivering integrated mental health care.

Another major implication of this program is how it helps to fill an important gap with respect to the limited burnout prevention programs that specifically target mental health OTs. That is, the existing literature demonstrates that there have been burnout prevention interventions and programs dedicated to OTs and other healthcare

professionals working in physical/medical settings, as well as some interventions directed to mental health professionals more broadly (but not specific to OTs). However, there have been very few studies examining the impact of burnout prevention interventions that specifically target OTs working in the area of mental health. As such, this intervention and its program evaluation research plan will help to add to the very limited body of existing literature focused on burnout prevention strategies and resilience-building strategies for mental health OTs. Filling this gap is important as OTs/clinicians working in this area experience unique challenges that heighten their burnout risk. As such, while a major benefit of this program is the outcomes directly related to burnout prevention and resilience-building, another important benefit is how the program evaluation research findings will help contribute a distinct lens to the very limited body of burnout prevention literature for mental health clinicians.

APPENDIX A – Program Features and Supporting Evidence

Program Features	Supporting Evidence
<p>Component 1: Toolkit</p> <ul style="list-style-type: none"> • The program will include an electronic, easy-to-access, discipline-specific toolkit comprised of pertinent mental health OT resources and professional development tools. • This toolkit will be easy to navigate in a self-directed manner as it will be organized into e-modules based on topics. • The following are some topic areas that will be included in this toolkit: <ol style="list-style-type: none"> 1. Occupational therapy and mental health best practice guidelines and clinical resources 2. Professional networking resources – e.g., the Ontario Society of Occupational Therapists, information on special interest groups and other OT networks, local/regional mental health associations, etc. 3. Clinician self-care and resilience strategies and tools 4. A list of professional development/training options 	<ul style="list-style-type: none"> • Access to discipline-specific support, resources and training focused on clinical skills as well as self-care and resilience is a significant strategy for burnout prevention and building resilience (Dreison et al., 2018; Gilbody et al., 2006; Gupta et al., 2012; Matheson et al., 2016). This toolkit will provide clinicians with access to OT clinical resources as well as professional development and self-care tools and resources. It will also provide a list of relevant additional training options that OTs can consider pursuing (e.g., clinical trainings, leadership trainings, diversity/health equity trainings, etc.), and it is documented that access to training can help protect against burnout. • Knowing how to access professional support networks and getting connected to discipline-specific special interest groups help to bolster professional resilience and is a protective factor for burnout (Ashby et al., 2013; Devery et al., 2018). This toolkit will provide information that will help link new OTs to professional networks in both the areas of occupational therapy and mental health. • Providing training/resources specific to professional resilience is found to be an effective intervention for increasing resilience skills (Matheson et al., 2016; Rogers, 2016). This toolkit will include modules dedicated to the topics of self-care and resilience, and will provide basic education on evidence-based strategies (e.g., coping strategies, relaxation techniques, cognitive behavioral techniques) along with links to more extensive resilience training options and resources.
<p>Component 2: Mentorship</p> <ul style="list-style-type: none"> • A significant component of the program will involve group mentorship, with one OT mentor 	<ul style="list-style-type: none"> • There is a wealth of literature that supports supervision, mentorship and peer support as effective strategies for helping with burnout protection and building resilience (Ashby et al., 2013; Dreison et al., 2018; Edwards &

<p>assigned to a couple of OT mentees. Group mentorship allows newer OTs to gain support from both their mentor and peers.</p> <ul style="list-style-type: none"> • The mentorship program will focus on discipline-specific skill acquisition, psychosocial support, strengthening professional identity, exploring self-care strategies and building professional development and professional resilience for new mental health OTs. • The OT mentors will be senior OTs nominated by their managers/supervisors, who will complete a mentorship training before program enrollment and will review mentorship literature. Mentors will be committed to this role for the duration of the program. • Mentors and mentees will set mutually agreeable expectations/objectives and will meet at least once every few weeks for a minimum of six months. • Sample topics that may be covered in a typical mentorship session include reflective practice (e.g., a review of complex cases and discussion about the recent application of specific occupational therapy skills and occupation-focused interventions), discussion about the progression of OT professional development goals, and a review of clinician self-care and resilience strategies. 	<p>Dirette, 2010; Goh et al., 2019; Woo et al., 2019).</p> <ul style="list-style-type: none"> • It is evident that OTs working in mental health value making connections with other OTs and being able to receive discipline-specific social support (Goh et al., 2019). • Mentoring is specifically noted as an intervention that can help reduce burnout among clinicians, and it is described as a safe space for providing guidance, facilitating reflection, promoting professional development and managing burnout (Cavanaugh et al., 2021). • This mentorship program will allow senior OTs to be paired with newer OTs, and the group format will provide the opportunity for new OTs to receive both peer support from fellow mentees, as well as support from an experienced mentor. While applying mentoring approaches outlined previously (e.g., reflective practice, etc.), the proposed topics that will be covered in the mentorship sessions are in line with burnout prevention and resilience literature. For example, sessions will include monitoring discipline-specific professional development goals and reviewing self-care strategies. • Exploring strategies to strengthen professional identity is also found to be effective in building resilience and protecting against burnout for OTs (Ashby et al., 2013; Devery et al., 2018; Edwards & Dirette, 2010). This mentorship program will include focusing on topics directly relevant to professional identity, such as reflecting on the use of specific OT skills and occupation-focused interventions, and supporting professional development specific to occupational therapy. The ample opportunities for direct discipline-specific support should help to strengthen professional identity and drastically reduce professional isolation.
<p>Component 3: Professional development and self-care plans</p> <ul style="list-style-type: none"> • A professional development plan and clinician self-care plan will be completed by mentees as part of the 	<ul style="list-style-type: none"> • Self-care strategies (including personal coping strategies, work-life balance, physical fitness, prayer/spirituality, taking regular breaks from work, etc.) and ongoing opportunities for professional growth are key to minimizing

<p>program. The professional development plan will be loosely based off the plan established by the College of Occupational Therapists of Ontario.</p> <ul style="list-style-type: none"> • The professional development plan will enable new OTs to reflect on and outline their short- and long-term professional goals, along with action steps to work towards these goals, and identify resources to help achieve these goals. • The self-care plan will allow new OTs to proactively and formally outline their self-care goals and personalized wellness and resilience-building strategies in a structured way, allowing for increased accountability. • OTs enrolled in the program will be expected to review and track their professional development and self-care plans with their assigned mentor and co-mentee(s). 	<p>burnout risk and increasing resilience (Devery et al., 2018; Dreison et al., 2018; Gupta et al., 2012; Maslach & Leiter, 2016). Creating self-care and professional development plans not only helps newer OTs to more seriously consider these strategies, but also helps provide concrete areas of focus during mentoring sessions, as mentees will be expected to track their goals and plans with their mentors/ co-mentee(s).</p> <ul style="list-style-type: none"> • The process of reviewing the plans with their mentor utilizes a combination of important burnout prevention strategies – e.g., focusing on implementing self-care strategies and pursuing professional development, while also gaining discipline-specific psychosocial support and guidance from fellow OTs. Evidence shows that combined interventions can be effective for burnout prevention (e.g., Morse et al., 2012).
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APPENDIX B – Sample Burnout Handout in the Support Toolkit

MODULE 1: CLINICIAN BURNOUT 101

New Hire Support Program for Mental Health OTs

LEARNING OBJECTIVES

- Define burnout
- Describe the contributing factors, signs and impact of burnout
- Describe evidence-based strategies for clinicians to manage burnout within three main areas: Organizational, professional and personal
- Create a personalized burnout management toolkit

DEFINITIONS

- Compassion fatigue: “the profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate” (Tend Academy, 2023, para. 4)
- Burnout: “the physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work” (Tend Academy, 2023, para. 5)

*Some people use these terms interchangeably

Taken directly from: <http://www.tendacademy.ca/what-is-compassion-fatigue/>

CONTRIBUTING FACTORS

- Personal:
 - Current life circumstances
 - Coping style and strategies
 - Past experiences
 - Personality type
 - Resources/supports
- Situational:
 - Helping professionals often do work that other people don't want to deal with or hear about
 - Exposure to traumatic stories and events
 - Stressful/emotional work environment

SIGNS AND SYMPTOMS

Physical	Behavioural	Psychological
<ul style="list-style-type: none"> ❖ Exhaustion ❖ Headaches ❖ Insomnia ❖ Somatization ❖ Increased susceptibility to illness 	<ul style="list-style-type: none"> ❖ Absenteeism ❖ Increase use of alcohol/drugs ❖ Increased irritability ❖ Avoidance of patients ❖ Poor personal relationships ❖ Wanting to leave one's area of work ❖ Reduced quality of care ❖ Reduced ability to make decisions ❖ Distancing 	<ul style="list-style-type: none"> ❖ Emotional exhaustion ❖ Poor concentration ❖ Dissociation ❖ Flashbacks and intrusive imagery ❖ Ruminating about patients at home ❖ Discouragement, hopelessness, dispirited, cynical ❖ Depression, anxiety ❖ Negative self-image ❖ Reduced ability to feel empathy ❖ Professional helplessness ❖ Dread of working with patients

IMPORTANCE OF ADDRESSING THE ISSUE

Given the impact that burnout has on work attendance and performance, the emotional/physical/psychological toll it has on clinicians, and how it affects the quality of care provided to patients, it is essential that organizations address and support people struggling with this issue.

SCREENING

It is very important for mental health OTs/clinicians to learn more about burnout and regularly monitor for its signs and symptoms

- ProQOL: <https://www.tendacademy.ca/category/proqol-self-test>
- Secondary Traumatic Stress Scale & Self-compassion Scale: http://www.figleyinstitute.com/documents/Workbook_AMEDD_SanAnton_io_2012July20_RevAugust2013.pdf
- Self-care assessment: <https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-assessment.pdf>

STRATEGIES TO MANAGE BURNOUT



ORGANIZATIONAL STRATEGIES

*Current research shows one of the most effective strategies for managing burnout is **working in a healthy organization.**

- Talk about burnout and compassionate fatigue in the workplace, normalize this experience and provide education about it
- Supportive, flexible manager
- Workload assessments
- Reduced or staggered trauma exposure
- Ongoing professional education
- Good quality supervision and mentorship
- Flexible schedules
- Regular check-ins, mental health days, breaks, balancing workloads

PROFESSIONAL STRATEGIES

- Peer support (formal and informal)
- Debriefing
- Set emotional boundaries
- Don't be afraid to delegate tasks
- Learn to say no
- Look for warning signs for compassion fatigue
- Apply grounding exercises to connect to your identity and present moment
- Take mini-breaks
- Practical – visual or kinesthetic reminders of lives outside of work

PERSONAL STRATEGIES

- Maintaining strong social supports at work and home
- Work-life balance
- Transition time
- Increased self-awareness (e.g., mindfulness, journaling, breathing exercises)
- Self-care routine
- Resiliency skills
- Regular exercise and engagement in meaningful activities
- Personal debriefing
- Reduce trauma exposure/intake, limit screen time and reading the news
- Compassionate self-talk

DEBRIEFING

- Group discussion after a difficult event to help process what happened
- Non-blaming approach
- Reflect on what happened and what the experience was like
- Use active listening
- Ask the person their perspective first
- Make plan moving forward
- Affirm strengths and provide encouragement

SETTING BOUNDARIES

- Learn to say no
- Delegate
- Have a mindful “letting go” process
- Allow yourself to receive help from others
- Proactively plan build-in breaks
- Assess your trauma inputs

SELF-AWARENESS

- The ability to tune in to our own experience and thoughts/feelings
- Powerful tool for detecting when we might need to focus attention to ourselves
- Examples:
 - Journaling
 - Mindfulness meditation
 - Prayer
 - Nature walks
 - Spiritual activities
 - Counseling

SELF-CARE

- Fundamentals: Sleep, nutrition, exercise, rest, vacations
- Activities that help you feel replenished and nourished
- Examples:
 - Nature walks
 - Spending time connecting with family
 - Maintaining good personal hygiene
 - Prayer
 - Play music

SELF-CARE TOOLKIT

- Know your warning signs
- Schedule regular self check-ins
- Identify self-care strategies that help reduce stress and help you feel replenished

APPENDIX C – Sample Professional Networking Handout in the Support Toolkit

** Please note: All external resources listed are for information purposes only and do not constitute an endorsement by the author or Boston University, or guarantee any particular outcome.*

New Hire Support Program for Mental Health OTs

Professional networking resources:

Networking Resources	Brief Description	Notes
ECHO Ontario https://camh.echoontario.ca/	This virtual training and capacity building model helps healthcare professionals in delivering high quality, evidence-based mental health care.	
Evidence Exchange Network (EENet) Communities of Interest (COI) / Practice (CoP) https://kmb.camh.ca/eenet/communities	These COIs/CoP's bring together people with a common problem, share knowledge and evidence-informed practices and help to improve understanding. The main focus is mental health and addictions on a system/service-level.	
CAOT Practice Networks https://caot.ca/site/practices/otn?nav=sidebar&banner=4	The goals of the practice networks are to build capacity related to the area, provide resources, provide networking and mentoring opportunities and lobby for OT services.	
OSOT Communities of Practice (CoP) https://www.osot.on.ca/docs/practice_resources/Communities_of_Practice_FAQ.pdf	CoP's help to facilitate professional networking, sharing of advice, best practices and resources	
OSOT Special Interest Groups https://www.osot.on.ca/OSOT/Practice_Resources/Pages/	There are a wide range of special interest OT groups listed throughout the province.	

** Please note: All external resources listed are for information purposes only and do not constitute an endorsement by the author or Boston University, or guarantee any particular outcome.*

<u>Networking Pages/ Interest Groups.aspx</u>		
OSOT Teams and Task Forces <u>https://www.osot.on.ca/OSOT/About_Pages/Committees_Teams.aspx</u>	OSOT Teams and Task Forces are organized around key practice sectors and can be an excellent contact for questions or consultation	
Occupational Therapists for Equity Advancement (OTEA) <u>https://oteanetwork.wixsite.com/home</u>	An independent network for diverse OTs that support the increase of inclusion, diversity, equity and access in OT in the Greater Toronto Area	

APPENDIX D – Sample Tracking Handout in the Support Toolkit

** Please note: All external resources listed are for information purposes only and do not constitute an endorsement by the author or Boston University, or guarantee any particular outcome.*

New Hire Support Program for Mental Health OTs

Professional networking resources tracking document:

Networking resource	Specific group or meeting that I joined or participated in	What have I learned or gained from joining/ attending?	What are my next steps? How will I remain involved and strengthen my connections? How will I apply what I learned in practice?

APPENDIX E – Professional Development Plan Handout

New Hire Support Program for Mental Health OTs

Professional Development Plan Template

This is your professional development plan to log and track your development goals. Please remember to review your plan with your mentor and discuss your progress at each mentorship session. Please update the Goal Status/Progress column following each session.

Tips for completing this template:

1

Ensure your goals are Specific, Measurable, Actionable, Realistic and Timely (SMART)

2

Goals should be prioritized in accordance with your professional interests/values, identified areas for improvement, relevance to your current role and organizational priorities

3

Set a timeframe to achieve each goal and start off by setting a max of 3-4 goals

4

Reach out to your mentor, leaders and colleagues for support and guidance

Goal	Significance	Actions and resources	Evaluation and timeline	Goal status/progress
<i>What is your SMART goal?</i>	<i>Why is this goal important to you?</i>	<i>What steps will you take to achieve this goal? What resources will you need?</i>	<i>How will you know when this goal has been met? By what date will this goal be achieved by?</i>	<i>What is your current goal status? In what ways have you made progress toward your goal?</i>

APPENDIX F – Self-Care Plan Handouts

New Hire Support Program for Mental Health OTs

Self-Care Plan Template Part 1: Reflections

This is your self-care plan to log and track your self-care activities and goals. Please remember to review your plan with your mentor and discuss your progress at each mentorship session. Please update the Goal Status/Progress column regularly.

What makes me feel relaxed, rested and soothed?




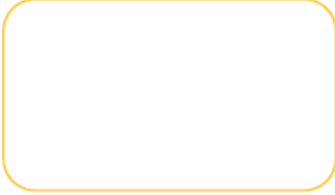
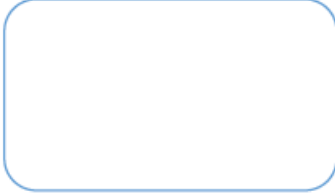
What energizes and replenishes me?

Who are my main sources of support (personal and professional)?

What do I need to add and what do I need to remove to maximize my self-care?

Self-Care Plan Template Part 3: Self-Care Activities

It is important to engage in self-care activities in different dimensions of wellness. In the boxes below, brainstorm a list of your go-to self-care activities within each of the dimensions.

		
Physical	Psychological / Emotional	Spiritual / Cultural
		
Social		Lifestyle

Appendix G – Program Evaluation Research Questions

Stakeholder or Stakeholder Group	Types of Program Evaluation Research Questions
Researcher	<p><i>Qualitative question:</i></p> <ul style="list-style-type: none"> • Were the program components and activities sufficient in helping participants minimize burnout risk and build resilience? If so, in what ways were they helpful? • What components of the program were most helpful for participants in terms of building resilience? <p><i>Quantitative question:</i></p> <ul style="list-style-type: none"> • To what extent did program participants experience lower burnout rates and higher resilience levels after completing the program?
Persons who will be actively involved in program delivery (Professional Practice staff, mentors) and persons who will directly benefit from the program (occupational therapist participants)	<p><i>Qualitative:</i></p> <ul style="list-style-type: none"> • How do you think participants responded to the program and benefitted from the program? • Do you think the program’s structure, pace and duration were sufficient in meeting the participants’ needs? • Do you think the program’s virtual format was sufficient in meeting the participants’ needs? • Which parts of the program were most helpful in terms of decreasing burnout and strengthening resilience? • What was your experience like providing/receiving mentorship? Was there adequate training and support for mentors? Was the mentorship process overly structured or did it lack structure? • What was your experience like with using the toolkit? Is there content that was missing from the toolkit that should be added in? • What components, activities or logistics of the program should be changed or refined to better meet the needs of participants? • What unexpected gains/benefits, if any, did participants experience? <p><i>Quantitative:</i></p> <ul style="list-style-type: none"> • To what extent did program participants demonstrate an increased awareness of the warning signs of burnout? • To what extent did program participants demonstrate enhanced engagement in clinician self-care activities? • To what extent did program participants demonstrate an increase in self-reported feelings of connectedness with other occupational therapists? • To what extent did program participants report an increase in professional identity as an occupational therapist?

	<ul style="list-style-type: none"> To what extent did participants gain burnout prevention and resilience skills consistent with program objectives?
Hospital administration, management	<p>Qualitative:</p> <ul style="list-style-type: none"> How did the program contribute to staff wellness? What were the primary benefits and challenges of the program? Did the program's outcomes have an impact on work satisfaction and staff retention? If so, in what ways did they help? In what ways are the program's goals in line with the organization's goals and values? From the participants' perspectives, how was the program helpful with minimizing burnout and building resilience? What were the benefits of the program in terms of a cost-benefit analysis? How did the gains of the program outweigh the resources required to operate it? <p>Quantitative:</p> <ul style="list-style-type: none"> Will the research data show that participants experienced lower burnout rates after completing the program? Will the research data show that participants experienced strengthened professional resilience after completing the program? Will the research data demonstrate that the program positively impacted work satisfaction levels? Will the research data demonstrate improved staff retention after participation in the program?
Funders, including the Ontario Ministry of Health	<p>Qualitative:</p> <ul style="list-style-type: none"> In what ways did the program contribute to staff retention? Are the long-term goals of the program feasible and sustainable? Is the program model generalizable to other disciplines and settings within the area of mental health and healthcare in general? <p>Quantitative:</p> <ul style="list-style-type: none"> From a cost-benefit perspective, is the program justified based on the research findings? Will the research data demonstrate improved staff retention and improved work satisfaction? Will the research data demonstrate the need for ongoing and additional burnout prevention / resilience-building programs for mental health professionals?
Clients and families	<p>Qualitative:</p> <ul style="list-style-type: none"> How did the program impact occupational therapists' work engagement levels?

	<ul style="list-style-type: none">• Did the occupational therapists report that the program helped with patient care? If so, in what ways did it help? <p><i>Quantitative:</i></p> <ul style="list-style-type: none">• Will the research data demonstrate that occupational therapists who complete the program demonstrate increased engagement in patient care?
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Appendix H – Dissemination Activities and Evaluation Strategies

Dissemination resource/activity	Target audience	Evaluation strategies / metrics	Anticipated outcomes
Professional brochure	Primary – OTs working in mental health	<ul style="list-style-type: none"> • Number of electronic brochures distributed • View count on the brochure page on the project’s website • Number of hardcopy brochures distributed; polling recipients to determine approximate number who’ve read brochure • Number of prospective participants who reached out to the Project Team expressing interest in the program (when reaching out, the Project Team will ask how they heard about program) • A short survey to OTs at the pilot organization evaluating how effective the brochure is at increasing awareness regarding burnout risk for mental health clinicians, explaining what the program entails and the benefits of participating. The survey will include a few Likert scale questions and an open-ended, qualitative question focused on how the brochure could be improved. 	<ul style="list-style-type: none"> • 70% of participants who receive brochure (both hardcopy and electronic copy) will review it after receiving a reminder email • 200+ prospective participants will reach out expressing interest in the program (stemming from receiving the brochure); 50+ will register for the program • The survey results will show that 85% of OTs at the pilot organization agree or strongly agree that the brochure is effective at increasing awareness regarding burnout risk for mental health clinicians, explaining what the program entails and the benefits of participating
Journal article, published in the Canadian Journal of Occupational Therapy	Primary – OTs working in mental health	<ul style="list-style-type: none"> • Number of prospective participants or managers who reached out to the Project Team expressing interest in the program or seeking additional 	<ul style="list-style-type: none"> • 100+ prospective participants will reach out expressing interest in the program (stemming from reading the

	Secondary - mental health clinical managers and hospital administration/ leaders	<p>information (when reaching out, the Project Team will ask how they heard about program)</p> <ul style="list-style-type: none"> • Managers will track numbers of team members who request to register for the program • Number of times the journal article is cited in other articles • Number of managers/ leaders that opt to adopt the program at their respective organization 	<p>journal article); 25+ will register for the program</p> <ul style="list-style-type: none"> • 50+ managers/ leaders will reach out expressing interest in the program (stemming from reading the journal article) • 20 managers/ leaders will opt to adopt the program at their respective organization
Annual Executive Summary Report, in colour	Secondary – mental health clinical managers and hospital administration/ leaders	<ul style="list-style-type: none"> • Number of electronic executive summaries distributed; number of summaries viewed electronically • Number of hardcopy executive summaries distributed • Number of prospective participants or managers who reached out to the Project Team expressing interest in the program or seeking additional information (when reaching out, the Project Team will ask how they heard about program) • Managers will track numbers of team members who request to register for the program • Number of managers/ leaders that opt to adopt the program at their respective organization 	<ul style="list-style-type: none"> • 70% of managers/ leaders who receive executive summary (both hardcopy and electronic copy) will review it after receiving a reminder email • 100+ prospective participants or managers will reach out expressing interest in the program (stemming from reviewing the executive summary); 50+ will register for the program • 20 managers/ leaders that opt to adopt the program at their respective organization
Social media posts and OSOT podcast episode	Primary – OTs working in mental health	<ul style="list-style-type: none"> • Number of “likes” on social media posts featuring a link to the program’s website 	<ul style="list-style-type: none"> • 100+ prospective participants will reach out expressing interest in the

	<p>Secondary - mental health clinical managers and hospital administration/leaders</p>	<ul style="list-style-type: none"> • Number of “plays” of the podcast episode • Number of prospective participants or managers who reached out to the Project Team expressing interest in the program or seeking additional information (when reaching out, the Project Team will ask how they heard about program) • Managers will track numbers of team members who request to register for the program 	<p>program (stemming from social media posts or listening to the podcast); 25+ will register for the program</p>
<p>Professional conference presentations – CAOT Annual Conference, CMHA Annual Conference, OSOT webinar</p>	<p>Primary – OTs working in mental health</p> <p>Secondary - mental health clinical managers and hospital administration/leaders</p>	<ul style="list-style-type: none"> • Number of attendees at the conference presentations and webinar workshop • Post-presentation feedback surveys • Number of prospective participants or managers who reached out to the Project Team expressing interest in the program or seeking additional information (when reaching out, the Project Team will ask how they heard about program) • Managers will track numbers of team members who request to register for the program 	<ul style="list-style-type: none"> • 30–40 attendees per presentation • The survey results will show that 85% of attendees at each presentation agree or strongly agree that the presentation achieved its learning objectives and was effective at increasing awareness regarding burnout risks, explaining what the program entails, reviewing preliminary results, and the benefits of participating • 30+ prospective participants will reach out expressing interest in the program; 10+ will register for the program

APPENDIX I – Executive Summary

Working in the area of mental health in Ontario, Canada can be an extremely stressful environment. In addition to being significantly underfunded, there are current staffing shortages, high stress levels, limited resources, complex cases and exposure to stories of trauma (Dreison et al., 2018). Burnout is widespread among mental health clinicians (Morse et al., 2012), and staffing/resource gaps have reached critical levels in recent years due to the pandemic. Occupational therapists (OTs) working in this field are not immune to burnout, and are actually at heightened burnout risk compared to therapists working in other service areas (Scalan & Hazelton, 2019).

For OTs working in the area of mental health, there are many contributing factors that increase their risk of burnout, including the demands of the job, the nature of the work, decreased sense of control, lack of rewards, minimal discipline-specific support, lack of access to training and resources, and a decreased sense of professional identity (Abendstern et al., 2017; Devery et al., 2018; Gupta et al., 2012; Lloyd et al., 2005; Parkinson et al., 2010; Scanlan & Still, 2013). This issue is concerning as burnout can have a negative impact on an individual and organizational level, including contributing to mental and physical health problems amongst staff, lower quality of patient care, and lower staff retention (Dreison et al., 2018). *The New Hire Support Program for Mental Health OTs* is a program which aims to address the problem of increased burnout risk for mental health clinicians. More specifically, the program's objectives are to help reduce burnout risk and build professional resilience for new mental health OTs using a range of interventions, including mentorship, a discipline-specific resource toolkit and a

professional development plan/clinician self-care plan.

Project Overview

This program will be offered to OTs who have been working in the area of mental health for two years or less, and will be piloted at a large, urban mental health hospital in Ontario, Canada. OT participants will be encouraged to enroll in the program once they start working in the mental health field. The hope is to eventually expand this program to other mental health settings across Ontario.

This will be a voluntary program that will involve a self-directed learning format based on Adult Learning Theory principles (Knowles, 1980). That is, each OT participant will be expected and encouraged to go through the program's support toolkit at their own pace and focus on the topics that are most in line with their learning needs. The program will include the following core elements:

- i) An electronic, easy-to-access, discipline-specific resource toolkit comprised of pertinent mental health occupational therapy resources in Ontario. This electronic resource will be easy to navigate and will be organized into e-folders.
- ii) A professional development plan and clinician self-care plan:
 - The professional development plan will enable new OTs to reflect on and outline their short- and long-term professional goals, along with action steps.
 - The self-care plan will proactively allow new OTs to reflect on and outline their self-care goals and personalized wellness/resilience strategies
 - Participants will be expected to review their professional development and self-care plans with their assigned mentor

iii) Mentorship program:

- Participants will engage in a group mentorship program with one mentor assigned to a couple of mentees. The mentorship program will be scheduled during work hours and will focus on reflection, professional connections, psychosocial support, strengthening professional identity and development, and building resilience. The OT mentors will be experienced clinicians with more than four years of clinical experience working in mental health.
- The mentorship program will require a level of commitment from the mentor and mentee – e.g., mentors must complete a mentorship training beforehand, mentors/mentees will have mutually agreeable goals/expectations, mentors/mentees will meet on a regular basis for a minimum of six months.
- Mentees and mentors will be expected to track each of the sessions using a mentorship log template. At the end of the six-month term, the mentor and mentees can discuss whether there is a need to continue meeting, reduce frequency of the sessions, or wind down the mentoring sessions.

Each of these interventions included in the program are expected to be completed by participants in an integrated manner. That is, participants will work through modules in the support toolkit, while simultaneously participating in the structured mentorship program, and while working to complete their professional development and self-care plans. This multi-intervention approach is designed to maximize the extent and types of

support available.

Best Practices for Intervention

This program incorporates many of the burnout prevention strategies and resilience interventions supported by literature, including mentoring, discipline-specific resources and support, access to professional development, self-care strategies, and strengthening of professional identity (Ashby et al., 2013; Cavanaugh et al., 2021; Devery et al., 2018; Dreison et al., 2018; Edwards & Durette, 2010; Gilbody et al., 2006; Goh et al., 2019; Gupta et al., 2012; Matheson et al., 2016; Woo et al., 2019). As recommended by Morse et al. (2012), a multi-pronged, combined intervention approach will be applied. The mentorship component in this program will follow an approach to mentorship that is evidence-based. That is, it will provide a space for facilitating professional development through guidance and reflection, while also specifically supporting burnout management and self-care strategies approaches, which are supported by literature (Cavanaugh et al. 2021; Rogers, 2016).

This program purposely places an emphasis on OT-specific resources and OT social support to help reduce professional isolation and to foster increased professional identity, which is line with current evidence (Ashby et al., 2013; Devery et al., 2018; Edwards & Durette, 2010). Participants in the program are projected to not only experience short-term gains, but through being connected with relevant resources and OT networks, and by having established self-care plans, participants are projected to experience long-term, sustainable gains.

Outcome Measures

In terms of short-term outcomes for this program, participants are anticipated to experience an increase in awareness and knowledge about burnout warning signs, burnout risks, and prevention strategies, as well as stronger connections with the occupational therapy community, and improved sense of professional identity. In terms of intermediate-term outcomes, it is anticipated that participants will experience reduced individual burnout levels, as well as strengthened professional resilience levels. Finally, in terms of longer-term outcomes, it is anticipated that there will be increased retention rates among participants, increased levels of work satisfaction and overall enhanced engagement in patient care/improved quality of care.

Both during and after the pilot phase of the program, information will be collected to help evaluate its outcomes and to determine its effectiveness. Measures will be administered immediately before program initiation and re-administered one week after program completion. To evaluate for the sustainability of the outcomes, a few of the measures will be re-administered three months following program completion. Some of the specific outcome areas that will be evaluated include: Burnout levels, professional resilience, staff retention and work satisfaction. A mix of standardized measurement tools, rating scales and survey questions will be used to help collect data as part of the evaluation process. The program research findings will contribute to the occupational therapy knowledge base as there is a significant lack of literature on occupational therapy and burnout prevention, and especially a lack of literature on burnout prevention for OTs working in the area of mental health.

Funding Plan

In terms of start-up costs for piloting this program, there are two main expenses, personnel and technical expenses, with the former expense being the most significant. The heaviest annual cost (~\$8,640 CAD) is associated with backfilling for the OT mentors' and OT mentees' time to participate in the mentorship component of the program. The total annual combined cost for the program, including both personnel and technical expenses, is \$21,870 CAD. Fortunately, there are a number of potential funding sources and grants that can help fund this program, both internally at the pilot organization as well as externally at the provincial and national levels. For example, potential funding sources include the Ontario Society of Occupational Therapists (OSOT), The Canadian Occupational Therapy Foundation (COTF) and the Canadian Institute of Health Research (CIHR). As Ontario and Canada grapple with a current mental health crisis and increased burnout rates of mental health clinicians, focusing on burnout prevention and clinician well-being remains a top priority among OTs/clinicians, healthcare leaders and the provincial and federal government.

General Conclusions

The *New Hire Support Program for Mental Health OTs* is a multi-intervention, comprehensive support program that aims to decrease burnout risk and foster professional resilience for OT participants who are new to the area of mental health. Given the high level of staffing shortages and burnout rates in the mental health field in recent years, this program comes at a crucial time. The program uses evidence-based, supportive interventions, including mentorship, a resource toolkit and professional

development/clinician self-care plans, to provide rapid, discipline-specific support to new mental health OTs. It is projected that, in addition to helping to reduce burnout levels and strengthening professional resilience, this program will contribute to better retention rates for mental health OTs, and ultimately, improved quality as it pertains to patient care.

APPENDIX J – Fact Sheet



**A New Hire Support Program for Mental Health OTs:
Preventing Burnout and Building Resilience**
Matthew Tsuda, M.Sc.OT, OT Reg. (Ont.)
Doctoral Candidate

Mental Health Occupational Therapists and Burnout:

- Burnout can be defined as the end state of prolonged stress. It is characterized by three dimensions: Emotional exhaustion, depersonalization and decreased feelings of personal accomplishment (Maslach & Jackson, 1981).
- Recent literature indicates that burnout is widespread among mental health clinicians, and occupational therapists (OTs) are part of this group.
- OTs working in mental health settings, especially those newer to the field, are vulnerable to high burnout rates. OTs working in mental health are at heightened burnout risk compared to therapists working in other sectors.
- In Ontario, Canada, current additional stressors in the mental health sector include lack of funding, pandemic-related staffing shortages and having limited access to resources.



Figure 1. From Work Burnout Signs: What to Look for and What to Do about It, by Thalia Plata, 2022, The Brink. <https://www.bu.edu/articles/2022/work-burnout-signs-symptoms/>

Contributors and Consequences of Burnout:

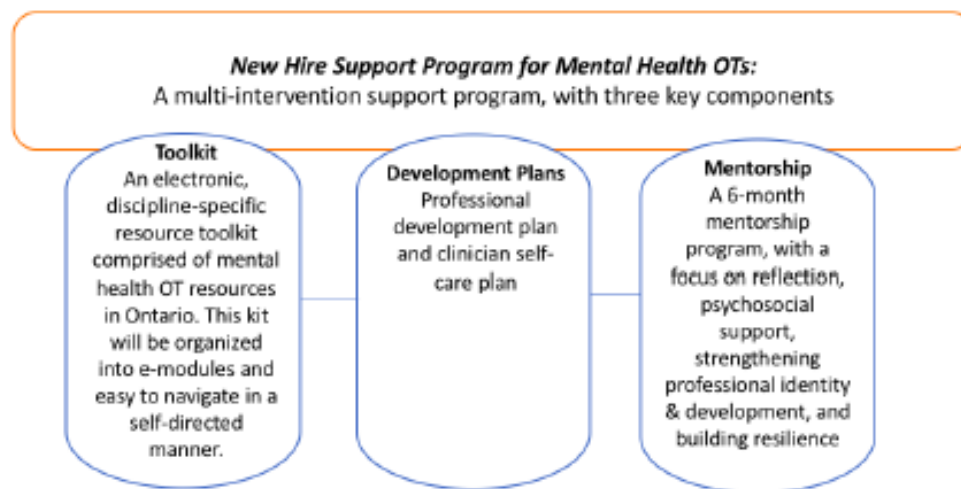
- Mental health settings have unique stressors for OTs, given the level of exposure to emotional suffering, stories of trauma, and the complexity of cases.
- The demands of the job, nature of work and lack of rewards can be overwhelming and can lead to emotional exhaustion.
- Many OTs working in mental health also work on interdisciplinary teams where they are the only OT, and receive minimal discipline-specific support as well as minimal resources/training, which can lead to professional isolation and decreased professional identity.
- Emotional exhaustion, professional isolation and decreased professional identity can lead to increased stress and burnout levels.
- This problem is important because burnout and lower resilience can impact the quality of patient care, can significantly impact clinician well-being, can affect productivity levels, and can lead to absenteeism and retention issues.

The Proposed Solution:

- *The New Hire Support Program for Mental Health OTs* is available for OTs in Ontario, Canada who have been working in the area of mental health for two years or less.

- The program's goals are to minimize burnout risk and build professional resilience for mental health OTs.
- It will be piloted at the author's place of employment, which is a large mental health teaching-hospital in Ontario, Canada.
- A combination of interventions will be used for optimal outcomes.
- This program places an emphasis on OT-specific resources and OT social supports to help reduce professional isolation and increase professional identity.
- The total annual start-up cost of implementing the program is projected to be ~\$21,870 CAD.

Figure 2. An overview of the program's interventions.



Implications for Occupational Therapy:

- Given the high level of staffing shortages and burnout rates in the mental health field and occupational therapy field in recent years in Ontario, Canada, this program comes at a critical time.
- Through using evidence-based, supportive interventions to provide rapid, discipline-specific support to new mental health OTs, this program will aim to reduce burnout levels and strengthen professional resilience, and is projected to improve retention rates while also enhancing the quality of patient care.
- Further, this work will add to the limited body of existing literature focused on burnout prevention strategies for mental health clinicians/occupational therapists.

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- Please see the following QR code



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