

Therapist Burnout, Productivity and Ethical Implications in Geriatric Settings

Ashley Coleman OTD, OTR/L
Ellen McLaughlin OTR/L, Ed.D. FAOTA

Welcome: Introductions



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Research Article

Practitioner Burnout and Productivity Levels in Skilled Nursing and Assisted Living Facilities, Part 1: A Descriptive Quantitative Account

Ashley Coleman, Ellen McLaughlin, Michael Floren

Importance: Understanding burnout among practitioners in skilled nursing facilities (SNFs) and assisted living facilities (ALFs) while considering contextual factors may lead to practices that enhance therapist and patient satisfaction as well as quality of care.

Objective: To examine productivity standards and burnout in the context of setting and role, as reported by therapy practitioners in geriatric settings, and to explore relationships between productivity standards and perceived ethical pressures.

Design: Cross-sectional online survey with descriptive data.

Participants: Practitioners ($N = 366$) included occupational therapists, physical therapists, speech-language pathologists, and occupational and physical therapy assistants working in SNFs and ALFs in the United States. A survey integrating the Maslach Burnout Inventory: Human Services Survey for Medical Personnel (MB-HSS) and questions addressing demographics and contextual factors was distributed via social media.

Results: Of 366 practitioners, 20.5% were burned out, exhibiting extreme scores for Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA) on the MBI-HSS. Significant relationships between productivity requirements and EE, DP, and PA, after accounting for covariates, were evident. Significant relationships between productivity standards and five of the six ethically questionable behaviors existed. Role affected productivity requirements, specifically between therapists and assistants, whereas setting did not.

Conclusions and Relevance: Productivity standards and related pressures are associated with concerning aspects of burnout among practitioners working in geriatric settings. Advocating for change in defining productivity and incorporating positive support in the work environment may assist in reducing burnout and turnover rates and improve patient satisfaction and care.

Plain-Language Summary: This research highlights the prevalence of burnout and perceived pressures related to productivity requirements among occupational therapy practitioners working in skilled nursing and assisted living facilities.

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Burnout is "a significant occupational hazard that can impair physical health, psychological well-being, and work performance" (Maslach & Leiter, 2008, p. 498). Maslach and Leiter (2022) have conceptualized burnout as including three constructs: extreme emotional exhaustion (EE); extreme depersonalization (DP), and low levels of personal accomplishment (PA). EE is often associated with high workloads, DP results in disengagement and cynicism toward one's work, and

low PA results in feelings of inefficacy. In recent years, practitioner stress may have been complicated by changing payment models and a global pandemic (Maslach & Leiter, 2022). The patient-driven payment model (PDPM), in effect since 2019, projects patient needs on the basis of diagnosis rather than therapist evaluation, removing therapy as the determinant for reimbursement in skilled nursing facilities (SNFs) "Medicare Program," 2019). Changes in the PDPM

Learning Objectives

Discuss the components of professional burnout and how they are expressed in a sample of clinicians

Describe factors that may contribute to burnout, specifically examining issues surrounding productivity

Analyze how pressure to meet productivity requirements can increase pressure for ethically questionable actions

Generate a proactive, hopeful approach to navigating burnout and productivity in the future

Burnout

- Job requirements exceed individual's available capacity
 - Can cause physical and psychological effects
 - Cardiovascular problems
 - Headaches
 - GI disorders
 - stress/exhaustion
 - depression/anxiety
- Meta-analysis of 82 studies concluded that high burnout levels in healthcare professionals correlate to negative patient outcomes such as decreased satisfaction, perception of safety, and perceived quality of care



(Salyers, et al., 2017)

Maslach Burnout Inventory

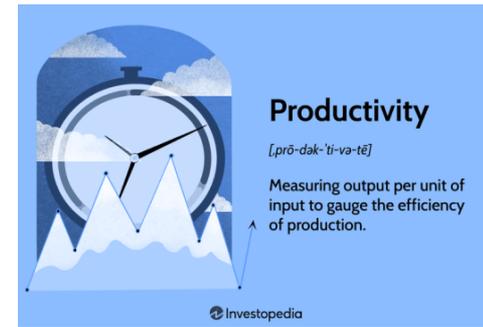
Three Domains within the MBI

- Emotional Exhaustion
 - High scores
- Depersonalization
 - High scores
- Personal Accomplishment
 - Low scores

Profiles established for MBI

- **Overextended** = extreme score in Emotional Exhaustion
- **Disengaged** = extreme score in Depersonalization
- **Ineffective** = extreme score in Personal Accomplishment
- **Burned Out** = extreme scores in all three dimensions
- **Engaged** = favorable scores in all three dimensions.

Productivity



- Standard created by employers to track practitioners job efficiency
- Different types of tracking productivity depending on settings
 - Billable minutes divided by total minutes on the clock - Our research focus
 - Unit requirements
 - Patient visit requirements
- Increase in productivity, decrease in allotted time to complete other job demands not directly with patient
- Employers pushing increased standards can lead to decreased quality of care for patients and possible ethical issues

(Coleman, et al., 2024)

Ethical Issues

- There have been companies that have been found to commit fraudulent behavior
- Behaviours can include:
 - Setting unrealistic financial goals without considering patient needs
 - Keeping patients on caseload longer than necessary
 - Recording minutes actually practiced by one discipline to another
 - Submitting for skilled services when a patient was sleeping, refused or unable to benefit from treatment
 - Promoting working off the clock
 - Changing codes to maximize reimbursement
 - Increase session length
 - Falsify information

(Coleman, et al., 2024)

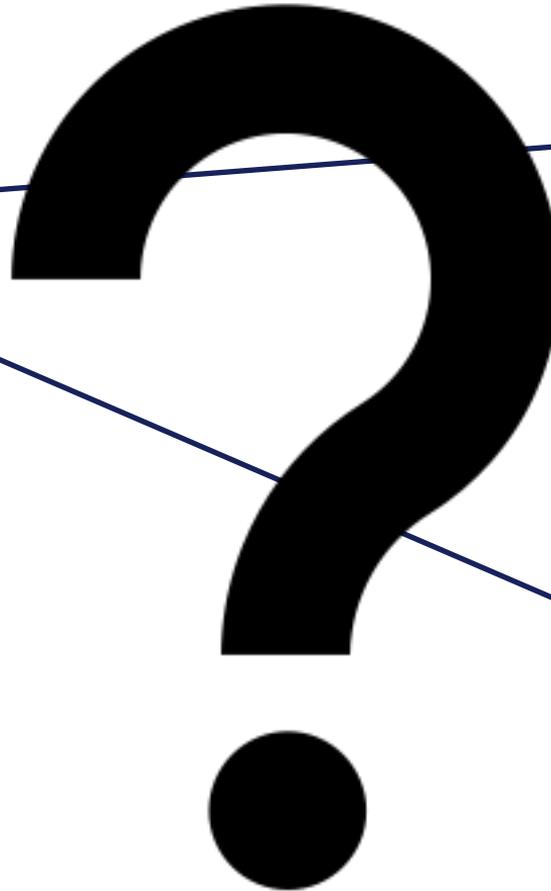
Our Research Questions

What is the experience of burnout for therapy practitioners who work in geriatric settings?

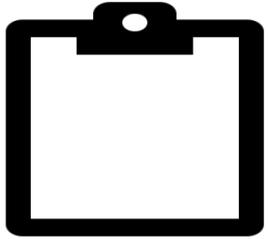
How is this burnout related to pressures toward questionable behaviors?

How is this burnout related to setting or role?

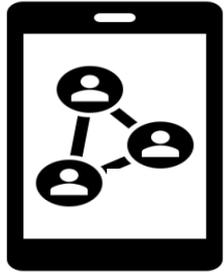
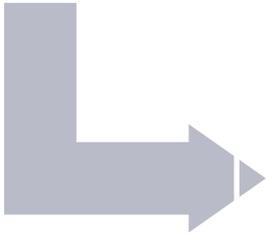
How is this burnout related to productivity standards?



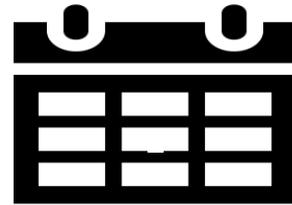
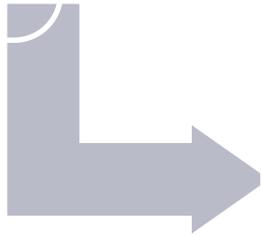
Our Research Methods



- survey



- social media



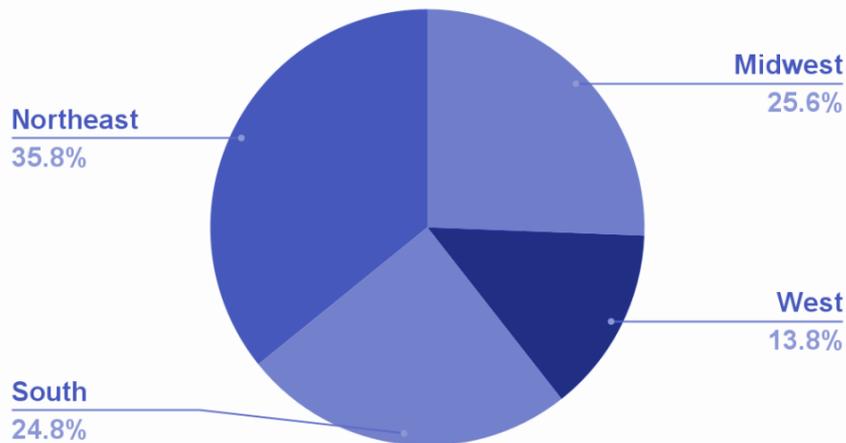
- timeline

Our 366 Participants

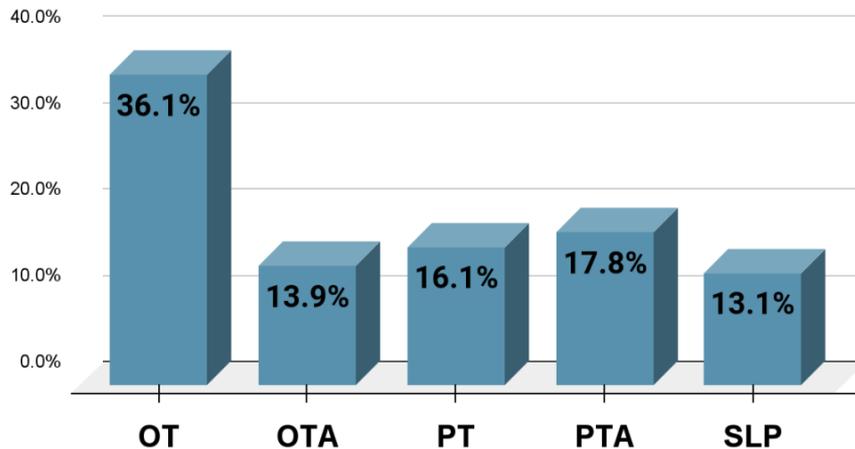
(Coleman, et al., 2024)

36.4
years

Regions of respondents



Percent of Respondent's in Each Role



87%

Average productivity

What is the experience of burnout for therapy practitioners who work in geriatric settings?

RESULTS



emotional
exhaustion



depersonalization



personal
accomplishment

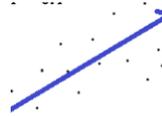


How is burnout related to.....

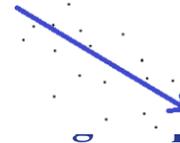
setting and role?

- ❖ **No significant difference between SNF and ALF settings.**
- ❖ **No significant difference between OT, PT, SLP, but some difference between therapists and therapy assistants.**

productivity standards?



Higher productivity levels were significantly associated with higher Emotional Exhaustion and higher Depersonalization



productivity levels were significantly associated with lower Personal Accomplishment scores.

Burnout Profiles for Practitioner Types

Table 3. Burnout Profiles by Practitioner Role

Practitioner Role	Burnout Profiles, <i>n</i> (%)				
	Overextended (Extreme EE)	Disengaged (Extreme DP)	Ineffective (Extreme PA)	Burned Out (Extreme EE, DP, PA)	Engaged (No Extremes)
Occupational therapist	105 (82.0)	62 (48.4)	37 (28.9)	21 (16.4)	21 (16.4)
Occupational therapy assistant	50 (79.4)	37 (58.7)	16 (25.4)	14 (22.0)	11 (17.5)
Physical therapist	48 (81.4)	35 (59.3)	14 (23.7)	7 (11.9)	7 (11.9)
Physical therapy assistant	62 (92.5)	47 (70.1)	29 (43.3)	20 (29.9)	3 (4.5)
Speech-language pathologist	43 (87.8)	31 (63.3)	16 (32.7)	13 (26.5)	4 (8.2)
Total ^a	308 (84.2)	212 (57.9)	112 (30.6)	75 (20.5)	46 (12.6)

Note. Profiles and scores are as follows: Overextended = extreme scores (≥ 27) on the Emotional Exhaustion (EE) scale; Disengaged = extreme scores (≥ 10) on the Depersonalization (DP) scale; Ineffective = extreme scores (≤ 33) on the Personal Accomplishment (PA) scale; Burned Out = extreme scores in all three dimensions; Engaged = favorable scores in all three dimensions.

^aTotal indicates combined *n* and average percentage of all practitioners who met the profile criteria.

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(Coleman, et al., 2024)

How frequently do therapist experience pressures to partake in questionable behaviors?

% that experience frequent, consistent, weekly or daily pressure to:

Change billing codes	17.3%
Falsify documentation	28.7%
Change clock time	33.5%
Bill for patient refusals	55.1%
Increase session length	54.5%
Keep patients on caseload longer than clinical judgement suggests	67.4%

Note: 9% of respondents never experienced any of these pressures.

(Coleman, et al., 2024)

How do productivity requirements play a role in this pressure?

- Spearman's rho was used to determine the relationship between productivity and ethical pressures.
- Small statistically significant relationships were found between productivity and all of the pressures listed except for the pressure to change billing codes ($r = .06$, $p = .30$).

What AOTA Code of Ethic Principles Apply?



This Is Your Brain On Burnout

Ellen McLaughlin
Ed.D., OTR/L, FAOTA



For poster references.



Dysregulation of the HPA Axis, and the inability to bring cortisol levels back to baseline levels produces systemic inflammation, increasing susceptibility to illness and risk for heart disease, diabetes, and high blood pressure (Oosterholt, et al. 2015). This inflammation can also lead to....

INFLAMMATION

Excitotoxicity, which occurs when neurons excessively release excitatory neurotransmitters like glutamate, can cause the death of the neuron.

EXCITOTOXICITY

As neurons die, areas of the cortex become thinned and structures become smaller. The hippocampus, and dorsolateral prefrontal cortex, anterior cingulate cortex, putamen and caudate get smaller, and the amygdala increases in volume.

STRUCTURAL CHANGES

Difficulties with concentration, memory, and decision-making occur...

IMPAIRED COGNITIVE FUNCTION

Based on resting fMRI, decreased global efficiency of brain networks, with local changes in the visual network were seen in individuals with burnout(Shang, et al., 2022).

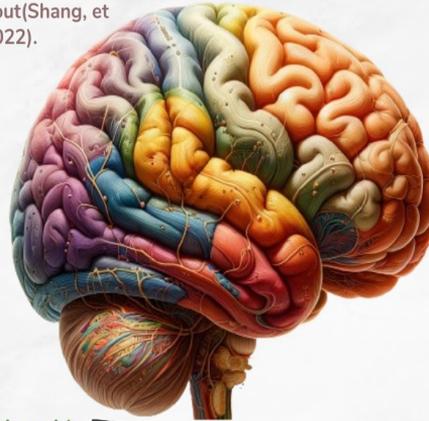
ALTERED BRAIN CONNECTIVITY

anxiety
depression
apathy
alexithymia

IMPAIRED MENTAL HEALTH

REDUCED SERUM BDNF

Brain derived neurotrophic promotes neuronal survival and neuroplasticity.



SLEEP DISTURBANCES

Disrupted sleep patterns negatively affect memory consolidation, and impairing the nightly cleansing of our brain through the glymphatic system, increasing risk for neurological disorder.

NEURO-TRANSMITTER IMBALANCE

Increased stress hormones like cortisol, affecting serotonin and dopamine levels, potentially leading to mood disorders and cognitive issues.

Discussion

- A positive relationship between productivity levels and EE and DP exists, with a negative relationship between productivity levels and PA.
- Call for action! 20% of practitioners are characterized as burned out and over 67% are demonstrating extreme exhaustion, disengagement or low professional accomplishment.
- Reports of unethical behaviors in context of productivity are concerning
- Increased feelings of burnout can lead to decreased mental and physical health
↓ Decreased in quality of care for patients
- Practitioners may leave the field to pursue less demanding occupations
- Actions are warranted to mitigate these effects

(Coleman, et al., 2024)

Recommendations to Address Burnout

Our Mind, Body and Souls



- **Balanced Diet and Hydration**
 - Consume a nutritious and well-balanced
 - Drink plenty of water throughout the day to stay properly hydrated.
- **Regular Exercise**
 - Engage in regular physical activity, such as walking, jogging, yoga, or any form of exercise you enjoy.
- **Adequate Sleep**
 - Prioritize getting enough sleep each night (7-9 hours of quality sleep)
- **Stress Reduction:**
 - Practice stress-reduction techniques like meditation, deep breathing exercises, progressive muscle relaxation, or **mindfulness**.
- **Self-Compassion**
 - Be kind and compassionate toward yourself. Avoid self-criticism and perfectionism, which can contribute to burnout. Practice self-care and self-acceptance.
- **Professional Support**
 - Seek help from a therapist, counselor, or coach if you experience chronic stress or signs of burnout. They can provide guidance and strategies to manage your mental health.
- **Mindful Technology Use**
 - Limit your screen time and be mindful of how technology affects your stress levels.
 - Consider digital detoxes

Recommendations to Address Burnout

Our Work Environment

- **Establish Boundaries**
 - Set clear boundaries between work and personal life.
 - Avoid overworking or bringing work-related stress home.
 - Create dedicated spaces for work and relaxation.
- **Seek Social Support**
 - Build a strong support network with friends, family, and colleagues.
 - Share your feelings and concerns with them and seek their help and advice when needed.
- **Workspace Organization**
 - Keep your workspace clean, organized, and comfortable.
- **Learn to Say No**
 - It's okay to decline additional responsibilities or commitments when you're already feeling overwhelmed.
- **Positive Work Culture**
 - Advocate for a positive work environment where collaboration, communication, and employee well-being are valued.
- **Professional Development**
 - Invest in continuous learning and skill development.
- **Delegate**
 - Don't try to handle everything on your own, especially if it's beyond your capacity.
- **Seek Help**
 - Consider seeking help from a colleague or supervisor
- **Become a Change Maker/Advocate**
 - Take on positions of influence, join professional organizations, or talk to your local Reps



Image retrieved from:
<https://www.worldskillsuk.org>

Recommendations to Address Burnout

Other recommendations



Image retrieved from: [clipart-library.com](https://www.clipart-library.com)

- **Accept What You Can Change and What You Can't**
- **Hobbies and Interests**
 - Dedicate time to activities and hobbies you enjoy. Engaging in leisure pursuits can provide a sense of fulfillment and relaxation.
- **Social Connections**
 - Maintain and nurture your relationships with friends and loved ones.
- **Vacation and Breaks**
 - Plan regular breaks and vacations to disconnect from work and recharge.
- **Reflect and Adjust**
 - Regularly assess your stress levels and well-being. If you notice signs of burnout, take action to adjust your lifestyle, routines, and priorities accordingly.
- **Seek Fulfillment**
 - Find meaning and purpose in your daily activities
 - Align your work and personal life with your values and passions

Recommendations to Address Burnout

Advocacy: A Change in Meaning

- Changing the definition of productivity should be viewed as an achievable goal
- Other aspects other than billable time should be included in the definition of productivity
 - Including documentation, interprofessional collaboration, chart reviews, completing training, supervision, and cleaning equipment. Redefining productivity can keep
 - It could also be productivity to allow employees to take a short self care session which can improve patient outcomes and reduce employee burnout
 - With a different meaning, practitioners can still complete job tasks and turnover rates can be reduced



Image retrieved from: <https://youthvillage.co.za/2014/10/10-steps-making-career-change/>

Conclusion

- Practitioners are reporting burnout with increased feeling of emotional exhaustion
 - Influenced by high productivity standards and other perceived pressures
- Burnout can cause physical and mental problems
- Employers need to recognize what these pressures are contributing to their employees
- **Changing the definition of productivity, engaging in self-advocacy, incorporating a supportive work environment, and use of coping strategies are all ways that can help improve the overall well-being with therapy practitioners and improve patient care.**

Thank you!

Dr. Ashley Coleman, OTD, OTR/L
ashleycoleman1@gmail.com

Dr. Ellen McLaughlin, Ed.D., OTR/L, FAOTA
Professor, Post Professional Program Director
emclaughlin@misericordia.edu
570-674-6399

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