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Self-Reported Stress and Coping Strategies of Occupational Therapy Faculty Employed at or Graduated from a Large Midwestern United States University

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Abstract

Purpose: As occupational therapy programs grow, both in number of students and level of education provided, occupational therapy faculty face increasing workload expectations. Though the literature shows an increase in faculty workload across higher education, there is little research on how that increase is impacting faculty performance. This study explores current stress levels, how faculty use coping mechanisms to manage their stress levels, and what steps are still needed to support faculty at this time. **Method:** Occupational therapy faculty were surveyed using a combination of the Perceived Stress Scale 10 item questionnaire, the Brief COPE, and short answer and multiple-choice questions about faculty mentorship, coping mechanisms, and current institutional support levels.

Results: This study informs occupational therapy programs on the current stress levels of faculty members and potential methods programs can use to reduce those levels. The participants reported moderate stress levels as well as a wide range of generally healthy coping mechanisms. Increased institutional support in stress management as a faculty development tool should be a priority as healthcare higher education expands.

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Keywords: Stress management; Medical profession; Occupational therapy; Faculty; Education

1. Introduction

The landscape of occupational therapy education is changing. The current entry level requirements for

occupational therapists (OT) allow a new graduate to practice in the field with either a master's or doctoral degree from an accredited institution. However, in anticipation of increasing requirements (as physical therapy programs saw in 2017) many occupational therapy programs across the country have started to transition programs to the doctoral level.¹⁰ In addition to increased education, according to the Bureau of Labor Statistics, the profession is poised to grow by 24% from 2016–2026.² Evolving curricula and an influx of students will create a greater burden and

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increase stress on faculty. Many faculty must work to balance teaching, clinical practice, research, and academic advising.¹⁰ To balance these responsibilities, research has shown that educating future academics on teaching methods and having more experienced faculty members mentor new instructors helps to navigate the increasing demands of the profession.^{13,17} Another key to new faculty success is maintaining a sense of work life balance.⁷ An organized approach to faculty success must be considered since all these changes can lead to increased faculty stress and emotional burnout at a time of growth when the profession can least afford it.

Faculty stress can be broken down into five categories: work overload, role conflict, faculty interaction, academic advancement, and aging considerations.⁹ Eddy and Gaston-Gayles studied new faculty in their first three years of teaching and found the main causes of stress were struggling with balanced living, unclear expectations, and trying to establish oneself at the institution.⁷ New faculty can struggle with balance because while as a practitioner, they may have dealt with a heavy caseload, their responsibilities may not have varied as greatly in scope as they do in academia. Since many faculty members come to institutions with diverse backgrounds and can teach a variety of classes, there is not always a one size fits all job description that institutions can give new faculty members. This can lead to uncertainty as a new faculty member works to fit in and add to their institution. When considering how to manage stress among faculty, it is important to consider the variety of categories that impact stress in the workplace.

The growth of the profession puts extra pressure on faculty to broaden their scope of practice in both quality of teaching and quantity of research. Doctoral programs have different standards than master's programs when it comes to student training in scholarship, therefore programs need to have appropriately trained faculty to provide this level of education. As doctoral programs are being established, to meet demands without burning out one curriculum approach faculty can take is to conduct research while instructing by overseeing student run clinics and establishing community partnerships for students. At Virginia Commonwealth University (VCU), this approach enabled faculty to teach effectively while also publishing research on the collaboration.¹⁰ In order to succeed in these various responsibilities, it is important to aim for creative solutions to meet increasing demands.

One possible way to meet the expanding needs of OT education is to have more experienced faculty members mentor new instructors and help them navigate the increasing demands of the profession. According to a study of full-time faculty members from accredited OT professional programs in the United States, the primary reason faculty choose to go into academia is a love of teaching, but a passion for teaching is not always enough to withstand the demands of the field.¹⁷ Having a mentor in the first few years of teaching leads to a more positive adjustment.¹⁷ Mentored faculty see higher research productivity, confidence in performance, skill development, and a sense of loyalty to their program.⁸ Departments that encourage socialization to the program through mentorship in addition to encouraging and supporting research projects are critical.¹⁴ These relationships not only benefit new faculty, but they also give more seasoned faculty an opportunity to learn from the new faculty member's experience and expertise.

Occupational therapy educators are not the only profession to go through increases in faculty demands and entry level requirements. Observing how other health professions handle faculty development can be a valuable resource. The benefits of faculty to faculty mentoring has also been replicated in medical, physical therapy, and nursing programs.⁸ The University of Massachusetts Medical School created a more open and supportive environment for their faculty when they implemented a late-career faculty support program for the retirement transition.³ As an administration they invested in listening to faculty needs, and the whole faculty, not just those who were close to retirement, responded positively.

Though several internal and external factors are putting high expectations on faculty and programs, this is not the first time that the profession has changed to grow the profession. Using past experience, creative solutions, and the experience of other health professional programs, occupational therapy faculty have the tools they need to make this transition, but they will need mental and social support to succeed. Considering all these contributing factors, the purpose of this study was to explore current self-reported stress levels of occupational therapy faculty and how mentorship impacts that self-reported stress. Based on the benefits of mentoring for faculty development, the hypothesis of this study was that faculty mentoring would have a positive impact on self-reported stress levels in OT faculty.

2. Method

2.1. Participants

This project was a nonexperimental pilot study with a survey design. Participants were occupational therapy faculty recruited from a large midwestern university including current faculty and graduates of the program who have gone on to faculty positions in occupational therapy. The university is a Level I research institution with a student body of over 200 master's and doctoral candidates. At the time of this study, the occupational therapy program was going through a curriculum redesign. Potential participants were identified through a faculty email list-serv and the alumni database. All participants were engaged in research and student instruction as part of their faculty position. Student instruction included, but was not limited to, providing student mentorship, guest lecturing, and serving in a traditional course master role. This study was approved by the Institutional Review Board (IRB) and consent was obtained from every participant.

2.2. Instruments

This study used the Perceived Stress Scale 10 item questionnaire (PSS-10),⁵ the Brief Coping Orientation to Problems Experienced Inventory (Brief COPE), and a non-standardized survey. The PSS-10 is a 10 item self-report measure that looks at perceived stress over the past month on a Likert scale. Internal consistency reliability and validity are well reported for the PSS-10. Scores ranging from 0 to 13 indicate low perceived stress, scores from 14 to 26 indicate perceived moderate stress, and scores from 27 to 40 indicate high perceived stress.¹¹ The Brief COPE was used to assess coping strategies used by individuals in response to stress. It has 14 scales comprised of 2 items each. The Brief COPE does not have standardized score interpretation, but the 14 scales were ranked to indicate how and if participants used specific coping strategies. Participants were asked to indicate what they do and feel when they are experiencing stress at work specifically to help isolate faculty induced stress from personal stress.⁴ In addition to the PSS-10 and the Brief COPE, the survey included questions that allowed participants to report whether or not they have or have had a faculty mentor in their career as well as what methods they use in their lives to help them cope with workplace stress. The questions were a combination of multiple-choice responses and open-ended short answer format.

2.3. Procedures

This study occurred after receiving approval from the Washington University IRB. Participants were recruited via email. Email addresses of current faculty were gathered from the faculty listserv with permission. Email addresses of alumni who self-identified as faculty were retrieved from the alumni database also with permission. Potential participants received recruitment emails for the study and if they chose to participate, electronic consent was sent. Once consent was obtained, the survey was sent using Qualtrics. Participants received a single use link for completing their survey and data was deidentified immediately. The study was open for two weeks and participants could choose to participate at any time.

2.4. Data analysis

Quantitative data was analyzed using Statistical Package for the Social Sciences (SPSS). Long form answers were coded and analyzed by two researchers to ensure interrater reliability. Results were analyzed for presence or absence of perceived stress and frequency of reported coping mechanisms.

3. Results

Of the 69 participants invited to participate in the study, 25 responded. The Perceived Stress Scale (PSS-10) results showed an average score of 16.8 indicating moderate stress. While the average stress level reported was lower than initially anticipated, the responses still indicate that participants are feeling stressed. The highest reported contributors to stress in the PSS-10 (unexpected events, feeling nervous and stressed, and not being able to cope with all the things you had to do) corresponded with the short answer responses about contributions to work related stress. See [Table 1](#).

The highest reported coping mechanisms from the Brief COPE were planning, acceptance, active coping, and positive reframing with the majority of participants reporting use of these strategies on a regular basis. The lowest reported strategies were self-blame, denial, behavioral disengagement, and substance abuse. Some participants reported that they rarely used these strategies, while most reported that they did not use them at all. All of the highest strategies were positive coping mechanisms while the lowest strategies correlated with negative coping mechanisms. The short answer responses also showed a trend to cope with stress in a healthy way. See [Table 2](#).

Table 1

Stress contributors from the PSS-10 that correlate with self-reported contributions to work related stress.

PSS-10 Stressors	Self-Reported Stressors
Unexpected events	Fieldwork issues Interruptions Responsibilities that distract from teaching and presentations
Feeling nervous and stressed	Fear of poor student feedback
Not being able to cope with all the things you had to do	Heavy workload Competing responsibilities High expectations Inability to find balance

While these measurements overlapped in the categories listed above, self-report results also indicated that occupation-based stress management (reading and exercise), a change of environment, and flexibility are valuable coping strategies that are not included in the Brief COPE. The Brief COPE and short answer responses to the survey indicate the PSS-10 results may not have exceeded a moderate level because participants' successful use of coping mechanisms.

Some individuals had broad overarching ideas of how they would like to be supported (e.g., culture shift, open discussion of burnout, recognition) while others had more specific intervention suggestions (e.g., grief support, monthly/bimonthly small group stress management sessions, hiring more faculty, a formal mentoring program, and a sensory room for calming). As a whole, participants did not ask for lighter workloads, but either flexibility in how work is completed (such as the ability to work from home) or recognition for the amount of work they do in the form of increased compensation or formal acknowledgement.

4. Discussion and conclusions

The purpose of this study was to look at the effects of mentorship and other coping mechanisms on faculty stress levels. While participants indicated that faculty mentorship would be beneficial, only one participant identified mentorship as a desired stress management strategy. Most wanted acknowledgement of their heavy workload and the stress that accompanies it. The results indicated that faculty have not identified a formal faculty mentorship program as a potential solution to stress. This could be because it has not been used in this capacity in the past, so it is not part of their stress management frame of reference.

The main stressors reported in this research (finding balance, heavy workload, work relationships, and

unrealistic expectations) align with Eddy and Gaston-Gayles research on new faculty in their first three years of teaching (balanced living, unclear expectations, and trying to establish oneself at the institution). However, the participants in this study were not limited to new faculty.⁷ This indicates that the stressors are not solely a result of adjusting to a new role but are more generally stressors of being in academia itself. Stress impacting faculty at all levels of experience is an important distinction for institutions to note as steps that are taken to change workplace culture and mitigate stress should not be isolated to a subsection of the faculty but address the institution as a whole.

While one participant reported that their institution is helping alleviate stress by hiring additional faculty, no one reported retiring faculty as a main contributor to stress. This does not align with Hendel and Horn who reported aging considerations as one of the five categories of faculty stress.⁹ Though managing retiring faculty and hiring new candidates is an aspect of academia that needs to be considered, based on the responses of the participants in this study, it may be more of an administrative concern than an individual faculty concern.

Faculty want more institutional support when it comes to stress management, but it has to be organized and accessible. Supports could also be set up in a way that encourage positive coping strategies such as being able to share how faculty are feeling without it being a complaining session and having a venting session that leads to problem solving. Sessions could focus on the most reported coping mechanisms allowing individuals to share their success in using a specific strategy. Overall faculty did not ask for less work, but more support and flexibility in handling their workload as well as frequent acknowledgement of their efforts.

Table 2

Strategies from the Brief COPE that correlate with self-reported strategies to manage stress.

Brief COPE coping strategy	Self-Reported Strategies
Planning	Organization Working ahead Scheduling breaks Routine
Acceptance	"Knowing it will all get done"
Active Coping	Cognitive strategies Goal directed
Positive Reframing	Celebrating small victories
Emotional Support	Being flexible for personal life Friendships and relationships
Instrumental Support	Hiring professional help
Religion	Prayer

Therefore, institutions should not shy away from stress management programs for fear of decreased productivity but think of them as tools to unlock untapped potential.

The implications of faculty stress are not limited to faculty. The stress and overwork that the faculty feel trickles down to the student's experience leading to decreased teaching quality and lower learning capacity. Explicit support at an institutional level encouraging work life balance may be needed. Since faculty generally do not feel that their efforts are being recognized, many are caught feeling that the only solution is to work harder and take less time for self-care and stress management.

This study was limited in the size and variance of the faculty participants. For convenience purposes, all participants either worked at or graduated from the same institution. However, as a pilot study, the number of participants was adequate. Future research would require a larger sample size representing a greater diversity of institutions. In addition, with a response rate of 36% of the invited participants, the sample may not be representative of the whole.

Although the researchers only looked at faculty at OT programs, OT faculty do not have a monopoly on stress in academia. Healthcare occupations as a whole are projected to grow 18% from 2016–2026.² Therefore, the stress OT faculty are feeling in relation to an increasing student body, may be felt by faculty in other health professions. Future studies should be broadened in scope to explore faculty stress levels in other higher education settings as well as measuring how student performance and well-being is impacted by faculty stress.

Further research should also involve piloting stress management measures such as holding a bi-monthly stress management session or starting a formalized faculty mentoring program. Institutions that implement these programs would then measure stress levels and coping strategies before and after starting the programs. Continued research can identify strategies that create the best environment for faculty to produce high quality research, further their profession, and help mold students into the highest caliber healthcare professionals.

Ethical approval

IRB approved.

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